

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH

Plaintiff/Petitioner
v.

Defendant/Respondent

Case No. _____

**Application & Declaration for
Deferral or Waiver of Fees for:**

- Plaintiff/Petitioner
 Defendant/Respondent

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

I am asking for deferral or waiver of fees in this case because I am unable to pay all or part of the fees right now. I understand that I must complete the **Declaration for Deferral or Waiver of Fees** to prove to the court that I do not have enough money to pay the fees. I understand that if I do not, my request can be denied.

1. I am applying for deferral or waiver of the following fees (check ONE box ONLY):

- Filing Fees Filing Fees + Sheriff's Service Fee* Motion Fee
 Arbitration Fee Trial Fee
 Other (describe): _____

*If you are requesting deferral or waiver of the sheriff's service fee, explain why you cannot find another person to serve the papers. Papers can be served by any competent person who is at least 18 years old, a resident of Oregon (or the state where service is made), and who is not a party to the case or a party's lawyer, employee, officer, or director.

2. If the court defers fees, I understand that:

- a. The fees are a debt I owe to the State of Oregon, and the court may put me on a payment plan. I agree to pay the fees according to the payment plan. If I fail to do so, the total amount of unpaid fees will be referred for collection.
- b. The court will enter a judgment against me for the unpaid amount of the fees that are deferred, and the judgment will be enforced regardless of the outcome of the case.
- c. If the court refers this judgment for collection, administrative and collection costs will automatically be added to the judgment without further notice to me or further action by the court.

3. I understand that if the clerk denies my application, I have the right to ask a judge to review my application.

Declaration

1. PERSONAL

Full Name of Applicant: _____
First Name Middle Name Last Name

Residence Address: _____
Street Address City State Zip

Mailing Address (if different): _____
Address City State Zip

Phone: _____ Date of Birth (month/day/year) _____

Marital Status: _____ *SSN: _____ DL/ID: _____

*I am providing my Social Security number voluntarily. I understand that I cannot be forced to provide it or be denied consideration solely for failure to provide it. It may be used to verify my identification, credit and employment information, and for collection of court-imposed monetary obligations.

Names and ages of legal dependents living in household:

| Name | Age | Name | Age |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. PUBLIC ASSISTANCE (include the amount you receive PER MONTH, if any)

- I am now receiving assistance from the following programs (check all that apply):
 - Food Stamps (SNAP-Supplemental Nutrition Assistance Program) - \$ _____
 - Supplemental Security Income (SSI) - \$ _____
 - Temporary Assistance to Needy Families (TANF) - \$ _____
 - Oregon Health Plan (OHP)

(If you checked any of the boxes above, you must show proof of the amount that you are receiving.)

3. EMPLOYMENT AND INCOME

Your Employment and Income

Currently Employed Not Currently Employed How long since last employment? _____

Employer Name (use previous employer if not currently employed) _____

Employer Address _____ Work Phone _____

Occupation (job title) _____ Length of Employment _____ Last Paycheck \$ _____

Wages/salary \$ _____ per _____ Hours Per Week _____

Monthly Income: Gross (before taxes) \$ _____ Net (after taxes) \$ _____

(If you are employed, you must show proof of your income. See Instructions.)

Household Members' Employment and Income

Name and relationship to you: _____

Currently Employed Not Currently Employed How long since last employment? _____

Employer Name (use previous employer if not currently employed) _____

Employer Address _____ Work Phone _____

Occupation (job title) _____ Length of Employment _____ Last Paycheck \$ _____

Wages/salary \$ _____ per _____ Hours Per Week _____

Monthly Income: Gross (before taxes) \$ _____ Net (after taxes) \$ _____

Any other income for you, household members, or dependents in addition to amounts listed in Section 2 (Social Security, food stamps, unemployment, retirement, public assistance, child support, workers' compensation, disability, tribal benefits, etc.):

Source of Income (describe) _____ Amount _____ How long received? How often? _____

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Additional Page Attached

Other Party's Employment and Income (if known to you)

Currently Employed Not Currently Employed How long since last employment? _____

Occupation (job title) _____ Wages/salary \$ _____ per _____ Hours Per
 Week _____ Monthly Income: \$ _____ gross (before tax) net (after taxes)

4. MONTHLY LIVING EXPENSES (Total: \$ _____)

Home

| | | |
|------------------|---------|----------|
| Rent/mortgage \$ | Food \$ | Trash \$ |
|------------------|---------|----------|

Utilities

| | | |
|-------------|-------------|----------|
| Electric \$ | Gas \$ | Water \$ |
| Sewer \$ | Phone \$ | Cell \$ |
| Cable \$ | Internet \$ | |

Transportation

| | | |
|---------------------|---------------------|--------|
| Vehicle payments \$ | Insurance \$ /month | Gas \$ |
| Bus \$ | Parking \$ | |

Other

| | | |
|-----------------|------------------|------------------|
| Credit cards \$ | Student loans \$ | Court fines \$ |
| Medical \$ | Child support \$ | Other (describe) |

(You must show proof of the amount you pay for monthly expenses. See Instructions.)

Any other individuals who help pay your living expenses:

| Relationship | Amount | Payment for what? |
|--------------|--------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. MONEY ON HAND / IN BANK

Cash \$ _____
 Checking Account # _____ Bank/Credit Union _____ Balance \$ _____
 Savings Account # _____ Bank/Credit Union _____ Balance \$ _____
 Other Account # _____ Institution _____ Balance \$ _____

6. VEHICLES

| Year, Make, and Model | Value | Amount Owed | Payments made to: |
|-----------------------|----------|-------------|-------------------|
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |

7. REAL ESTATE

| Address (include city and state) | Purchase Year | Purchase Price | Value | Amount Owed | Payments Made to: |
|----------------------------------|---------------|----------------|----------|-------------|-------------------|
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |

8. ALL OTHER PROPERTY OR ASSETS (such as: ATVs, RVs, boats, guns, jewelry, livestock, etc.):

| Description | Value | Description | Value |
|-------------|----------|-------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

9. LIQUIDATION OF ASSETS

If you are unable to sell or liquidate your assets, explain why: _____

10. MONEY OWED TO YOU BY OTHERS (tax refunds, judgments, trust funds, settlements, etc.):

| Name of Debtor Owing You Money | Amount Owed | Date Expected |
|--------------------------------|-------------|---------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

11. ARE YOU SEEKING TEMPORARY CHILD AND/OR SPOUSAL SUPPORT?

No Yes (How much? \$ _____)

12. OTHER INFORMATION YOU WANT COURT TO CONSIDER

Do you have a lawyer (or do you plan to) to represent you in this case? Yes No
Have you paid your lawyer money? No Yes (How much? \$ _____)
Do you have a contingency fee agreement with your lawyer? No Yes

Certificate of Document Preparation. Check all that apply:

- I chose this form for myself and completed it without paid help.
- A legal help organization helped me choose or complete this form, but I did not pay money to anyone.
- I paid (or will pay) _____ for help choosing, completing, or reviewing this form.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature of Applicant (Plaintiff/Petitioner Defendant/Respondent)

Name of Applicant (printed or typed)