STATE OF OREGON JUDICIAL DEPARTMENT

PROOF OF ADDRESS DECLARATION

To be completed by Central Services:		
Court: Clackamas Circuit Case #:	Case Name: State of Oregon v	
Payee Name:		
Payee Last Known Address:		
City:	State:	Zip:
Staff Initials:		
To be completed by Payee:		
Payee Name	My telephone number ()	
Mailing address is:		
City:	State:	Zip:
Physical address:		
City:	State:	Zip:
Payee: Please complete the declaration below a	and return the comple	ted form to the following address:
Oregon Judicial Department Business and Fiscal Services Division Attention: Central Services 1163 State St. Salem OR 97301-2563		
I completed this declaration for the purpos with an updated mailing address.	se of providing the	State of Oregon, Judicial Department
I hereby declare that the above statements in court and I could be subject to penalty f		stand they are made for use as evidence
Date		Signature
		Name (print)