

INFORMATION AND ADVICE OF RIGHTS

You (or your child in certain cases) have the right to have a lawyer ('counsel') represent you in court. You may be eligible to have a lawyer appointed by the court if you financially qualify.

Application

You must provide the court with information about income and assets for both yourself, your spouse or Registered Domestic Partner, and any legal dependents in your household.

- You will be asked to sign a *Release of Information* form to allow the court to verify your information including employment, public benefits, and account information.
- The court may require proof of the information provided including bank statements, mortgage or lease information, and pay stubs.
- You will be asked for your Social Security Number for verification and collection purposes. You are not required to provide your SSN and cannot be denied appointed counsel if you do not provide it.
- Your financial information is confidential and will not be viewable by the public. The court may provide the information to the district attorney under certain circumstances and may provide it to an outside collection agency and/or the Oregon Department of Revenue if necessary.
- If the court has reason to believe you knowingly provided false information, your financial statement may be sent to the district attorney for possible filing of criminal charges, your appointed attorney may be withdrawn, and you may be required to repay the cost to the state of providing court-appointed counsel.

Fees

- Application Fee: There is a \$20 application fee for appointed counsel. This fee is due today, even if your request for appointment of counsel is denied. The court may waive the fee in some cases based on your financial situation.
- Contribution Amount: If you qualify for appointed counsel, the court will determine whether you are able to contribute to the cost of your lawyer. This depends on your income, cash available, and certain assets.
- If you are ordered to pay an Application Fee and/or a Contribution Amount, the amount ordered will be entered as a Limited or Supplemental Judgment in your case. Unless the judgment is later changed, you are required to pay these amounts regardless of the outcome of your case.
- If you qualify for appointment of counsel, you cannot be denied a lawyer for failure to pay the Application Fee and Contribution Amount ordered.

Hearing or Appeal

- You can ask for a hearing with the trial court at any time to dispute any decision made on your application for appointment of counsel, including an order that you pay an Application Fee or Contribution Amount. This is not an appeal of a judgment, this is a request for a judge at the trial court to review the court's own decision.
- You also have a right to appeal a judgment ordering you to pay an Application Fee and a Contribution Amount. See below for more information about appeals. Appeals must be filed with the Oregon Court of Appeals, which has different rules than the Circuit Court (trial court). The appeals process asks a higher court (the Court of Appeals) to review the decisions of the trial court (Circuit Court).
 - Filing an appeal about appointed counsel will not delay your underlying case.

Recovery of Costs

- At the end of the case, you may be ordered to repay all or part of the cost of appointed counsel. This is called “recoupment.” Recoupment will be ordered if the court determines you are financially able to repay these costs.
 - o If you are ordered to pay recoupment, any amount already ordered as a Contribution Amount will be credited against the recoupment amount.
- If you fail to pay the recoupment amount as ordered, you may be subject to contempt of court and civil judgment remedies. If payment is a condition of probation, you may have your probation revoked if you cannot show good cause why you failed to pay. Your information may be sent to the Department of Revenue for collections actions. You remain entitled to civil judgment debtor protections and exemptions.

Changes to your Information

- If your financial situation changes during your case, you must tell the court. The court may appoint counsel if counsel was previously denied, waive the Contribution Amount, or end the appointment of counsel.
- You can ask the court for a full or partial waiver of any costs (application fee, contribution amount, and recoupment) ordered due to a change in your financial situation.

Right to Appeal

Under [Oregon Revised Statutes \(ORS\) 137.020\(5\)](#) you have the right to ask the court to review a judgment related to appointment of counsel, including any fees and costs ordered, at any time.

Under [ORS 19.205\(1\)](#) you have the right to appeal a judgment related to appointment of counsel to the Court of Appeals. Your appointed counsel cannot help you with your appeal.

PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL

IMPORTANT: You could lose your right to appeal by not following the Oregon Revised Statutes (ORS) and Oregon Rules of Appellate Procedures (ORAP)!

Oregon Revised Statutes (ORS):

https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx

Oregon Rules of Appellate Procedure (ORAP) and forms for appeal:

<https://www.courts.oregon.gov/courts/appellate/rules/Pages/orap.aspx>

Within **30 days** from the date the judgment you want to appeal is entered on the case register, you or your appeals attorney must:

1. Prepare a written and signed notice of appeal.
2. Serve copies of the notice of appeal on all parties, including the district attorney and the trial court administrator.
 - If you want the transcript of oral proceedings to be part of the record on appeal, a copy of the notice of appeal must be served on the office of the trial court administrator, “Attention: Transcript Coordinator.”
 - Even if an audio or video record was made of the oral proceedings, rather than a written record, serve the transcript coordinator with a copy of the notice of appeal.
3. File the original, signed notice of appeal and proof of service at: State Court Administrator
Appellate Court Records Section
1163 State Street, Salem, OR 97301-2563
4. Pay the filing fee required by the Court of Appeals.

While your case is on appeal, the trial court may stay (pause) your financial obligations if you ask. The Court of Appeals may stay (pause) your financial obligations if you ask.

Needs Interpreter _____
LANGUAGE NEEDED

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

STATE OF OREGON _____
Plaintiff/Petitioner

Case No. _____

v.

**APPLICATION FOR APPOINTMENT
OF COUNSEL
& DECLARATION IN SUPPORT**

Defendant/Respondent

Applicant Name: _____
(Name of person to be represented) First Middle Last

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

I am the plaintiff/petitioner defendant/respondent other: _____

- I am applying for appointment of counsel in this case because I cannot pay for a lawyer without substantial financial hardship
- I understand that payment is a debt to the state of Oregon. Additional fees may be added for administrative and collection costs.
- I understand that if I am appointed counsel, I may be ordered to pay a portion of the cost based on my financial ability.
- I understand that if any information provided on this application is not true, I may be required to pay the full cost of my representation. I understand I may be charged with a crime and/or contempt of court.

RELEASE OF INFORMATION

I consent to the release of any information requested by the court in this case, regardless of whether the information is protected by federal or state law.

I consent to release information and records to the court's designee.

This release is valid for **6 months** from the date signed or until the conclusion of my case, whichever is sooner.

My Full Name: _____

My Date of Birth: _____

My Social Security Number: _____

My Driver License State and Number: _____

Date Signature

Name (printed)

Contact Address City, State, ZIP Contact Phone
____ Cell Phone

Declaration

1. PERSONAL

Date of Birth (month/day/ year) _____

*SSN: _____ Driver License/State 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, employment information, and for collection of fees.*

Number of legal dependents in your household: _____

Complete the rest of the form with amounts for yourself and your spouse/Registered Domestic Partner combined

2. INCOME AND EMPLOYMENT

Amount received per month (after taxes are taken out)

Wages, Salary, other work income: _____

Spousal/Partner Support: _____

Child Support: _____

Unemployment payments: _____

Retirement (pension/401K/IRA): _____

SSI: _____

Tribal benefits: _____

Income from other sources: _____

(including annuities, settlement income, and any other source of funds or support)

TOTAL INCOME FROM ALL SOURCES: _____

Employment Information *(the court may contact your employer to verify information)*

List all current employers and sources of income for **yourself**

Name	Address or Location	Occupation	Monthly Income

List all current employers and sources of income for **your spouse/Registered Domestic Partner**

Name	Address or Location	Occupation	Monthly Income

4. ASSETS

Total cash available from all accounts: _____ *(cash, checking account, savings, etc.)*

➤ **Bank Accounts** *(in your name or your spouse's/Registered Domestic Partner's name)*

Name of Bank	Account #:	Current Balance:

➤ **Real Property** *(in your name or your spouse's/Registered Domestic Partner's name)*

Address	Equity

➤ Vehicle (regular use car, truck, motorcycle, scooter, etc.)

Year, Make, Model:	Value:	Equity:

➤ Personal Property (including additional vehicles, boats, recreational vehicles, guns, jewelry, livestock, business interests, etc.)

Description:	Value:

Additional page attached titled "Personal property, cont."

TOTAL VALUE OF ALL ASSETS & CASH: _____

5. MONTHLY EXPENSES (per month)

➤ Child care: _____

➤ Court fines or judgments: _____

➤ Medical expenses and health insurance costs: _____

➤ Student loans and education expenses: _____

TOTAL MONTHLY EXPENSES: _____

6. Debts

(in your name or your spouse's/Registered Domestic Partner's name)

Description:	Total:

Additional page attached titled "Debts, cont."

7. OTHER INFORMATION YOU WANT COURT TO CONSIDER

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

Date

Signature

Name (printed)

Contact Address

City, State, ZIP

Contact Phone