

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH
1021 SW 4TH AVENUE, PORTLAND OR 97204

Tel #: 503-988-3235 Option 1

Trial by Declaration Information

You have pled Not Guilty and requested a Trial by Declaration. Please complete the enclosed form.

The declarations must be signed and submitted to the court clerk at least 24 hours prior to your trial date.

By submitting the **Defendant's Declaration** form you waive both your and the officer's presence at trial. It allows you and the officer to appear by submitting a declaration of what happened, the same as you would tell the judge if you appeared in person.

The judge will make a decision based on the all of the declarations. The declarations will be considered the same as a personal appearance.

It is the defendant's responsibility to contact the court after the trial date to obtain the court's decision.

If you do not submit your declaration by the deadline, a default judgment will be entered against you, which means that you will be convicted and charged a fine.

Witnesses: If you want a witness to testify, you can make a separate copy of this form for the witness to fill out. The witness' declaration must be received by the court by the date above. If not, it will not be considered by the judge.

Please mail your completed declaration and your signed citation to:

**P.O. Box 114
Portland, OR 97207**

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH
1021 SW 4TH AVENUE, PORTLAND OR 97204

State of Oregon
v.

Case No: _____

DEFENDANT'S DECLARATION

Defendant (Trial by Declaration)

I waive my right to appear personally at trial and submit my evidence by this Declaration to the court. I understand that it is my responsibility to contact the court after the trial date to obtain the court's decision.

Additional page attached

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)

Print Name

Contact Address City, State, Zip Contact Phone