

FEE WAIVERS/DEFERRALS

Effective: October 1, 2012
Revised: 10 February 2025

If you wish to apply for a fee deferral or waiver, you must meet with a member of the collections staff. Your application and declaration will be reviewed and decided by a collection clerk. Your civil documents may be filed the same day.

If you do not qualify for a fee deferral or fee waiver or the clerk recommends a denial you will be required to appear at ex-parte and a Judge will review your request for a fee deferral or fee waiver. These matters (*ex-parte*) are heard by a judge once a day, Monday through Friday at 1:00 pm excluding legal holidays and furlough days.

A \$25.00 for fee deferrals may be required on the same day and will be applied to your deferred filing fee. If your fees are waived there may not be a charge.

USE IF DETERMINATION IS BEING BASED ON GROSS INCOME								FOOD STAMP STANDARDS	
2025 INCOME GUIDELINES FOR WAIVER / DEFERRAL OF FEES									
Household Size	Gross Annual Income		Gross Monthly Income		Waive if Under	Defer if Between		Deny if Over	FS Payment Standard (TFP)
1	\$15,650		\$1,304		\$1,735	\$1,735 - \$2,413		\$2,413	\$292
2	\$21,150		\$1,763		\$2,344	\$2,344 - \$3,261		\$3,261	\$536
3	\$26,650		\$2,221		\$2,954	\$2,954 - \$4,109		\$4,109	\$768
4	\$32,150		\$2,679		\$3,563	\$3,563 - \$4,956		\$4,956	\$975
5	\$37,650		\$3,138		\$4,173	\$4,173 - \$5,804		\$5,804	\$1,158
6	\$43,150		\$3,596		\$4,782	\$4,782 - \$6,652		\$6,652	\$1,390
7	\$48,650		\$4,054		\$5,392	\$5,392 - \$7,500		\$7,500	\$1,536
8	\$54,150		\$4,513		\$6,002	\$6,002 - \$8,348		\$8,348	\$1,756
Each additional person add: \$458									Each additional person add: \$220

Supplemental Nutrition Assistance Program (SNAP) Standards	
SNAP Utility Standards - <i>Maximum shelter deductions</i>	\$ 712
Full Utility Allowance (FUA)	\$ 502
Limited Utility Allowance (LUA)	\$ 393
Individual Utility Allowance (IUA)	\$ 63
Telephone Utility Allowance (TUA)	\$ 79

**INSTRUCTIONS FOR FEE
DEFERRAL
OR WAIVER APPLICATION & DECLARATION**

Fees and costs are required in most civil cases. A list of fees is available at www.courts.oregon.gov or from the court clerk. You may ask the court to defer or waive those fees and costs. The court can only defer or waive fees if you are low-income (according to federal poverty guidelines).

Complete the *Application for Deferral or Waiver of Fees & Declaration in Support*, as well as an *Order Regarding Deferral or Waiver of Fees*. Complete the information about the case and the fee you want deferred or waived on the Order but DO NOT mark anything between "The court finds Applicant:" and the "Judge Signature." Do complete everything below "Judge Signature."

The **case heading** must be the same as on the papers you filed or received in the case you're filing in (party names and case number if available)

The *Application and Declaration* form is confidential - only the court can see it

The court may do one of four things:

- 1) Order your fees **waived**. You do not have to pay the fee unless the court makes a different order later in the case.
 - 2) Order you to pay the fees, but **defer when payment is due**. You may be placed on a payment plan. Additional costs for administration and collection may be added to your fee amount.
 - 3) **Postpone ruling on your application**. The court will not put you on a payment plan and will not add additional costs. The court will review your case information at a later date and at that time may deny your application, waive your fee, or order you to pay the fee but defer when payment is due. If payment is ordered but deferred, the court may place you on a payment plan with additional costs and fees added for administration and collection.
 - 4) **Deny** your application and order you to pay the fees
-

A judgment against you will be entered for any fees you are ordered to pay. The judgment will be on behalf of the State of Oregon and may include additional costs and fees.

At the end of your case, the court may review any earlier rulings regarding fees and make changes based on your status at the time and the result of the case.

You will receive a *Notice of Entry of Judgment* that will include the total amount due

Fees are payable to the State of Oregon, but payment must be made to the circuit court where your case was filed. The court accepts cash, credit and debit cards, and money orders or checks made out to the State of Oregon.

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 people living in your household: _____

2. PUBLIC ASSISTANCE /LEGAL AID

Are you represented in this case by a legal aid attorney?

- Yes (Name): _____
 No

Check any programs you currently receive assistance from:

*(Include the amount you receive **PER MONTH**)*

- Food Stamps (SNAP-Supplemental Nutrition Assistance Program) \$ _____
 Supplemental Security Income (SSI) \$ _____
 Temporary Assistance to Needy Families (TANF) \$ _____
 Oregon Health Plan (OHP)

Total monthly Public benefits received: \$ _____

Complete sections 3 - 6 with amounts for all members of your household combined

3. EMPLOYMENT AND INCOME

- Total monthly income from all jobs, before taxes are taken out: \$ _____
- Total monthly income from other sources: \$ _____
(Including annuities, settlement income, and any other source of funds or support)

TOTAL INCOME FROM ALL SOURCES: \$ _____

4. ASSETS

- Total cash available from all accounts: \$ _____ (cash, checking account, savings, etc.)
- List any assets you have including vehicles, real estate, boats, guns, jewelry, livestock, business interests, etc.:

Value of assets: _____

TOTAL VALUE OF ALL ASSETS & CASH: \$ _____

5. **LIVING EXPENSES** (per month)

- Home: \$ _____
(Rent, mortgage, utilities, cell phone, food)
- Transportation: \$ _____
(Parking, gas, bus, insurance, vehicle loan payments)
- Other: \$ _____
(Student loans, day care, court fines, medical child support, credit cards, etc.)

TOTAL MONTHLY LIVING EXPENSES: \$ _____

6. **OTHER INFORMATION YOU WANT THE COURT TO CONSIDER:**

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.
- Guide & File selected and completed this form and I did not pay anyone to review the completed form

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

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS**

_____,)
Petitioner/Plaintiff,)
v.)
_____,)
Respondent/Defendant.)

Case No. _____
**ORDER RE:
DEFERRAL OR WAIVER OF FEES**

The court reviewed the *Application for Deferral or Waiver of Fees and Declaration in Support*
For Applicant's Name: _____
First Middle Last

Regarding the following fees:

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

- | | |
|--|--|
| <input type="checkbox"/> Filing Fee Only | <input type="checkbox"/> Filing Fee + Sheriff's Service Fee* |
| <input type="checkbox"/> Arbitration Fee | <input type="checkbox"/> Trial Fee |
| <input type="checkbox"/> Motion Fee | <input type="checkbox"/> Other (describe): _____ |

The court finds Applicant:

- DOES qualify for a deferral or waiver of fees.
 DOES NOT qualify for a deferral or waiver of fees.

Additional findings: _____

The court orders:

- Determination of fee obligation is postponed at this time. No payment is due from the applicant until further order of the court.
- Fees are deferred for full payment. Payment must be made according to the terms of the attached payment plan (or) \$ _____ per month starting _____ until paid in full.
A judgment will be entered against Applicant; collection costs may be added without further notice if fees are not paid as ordered.
- Fees are waived. The court may change or revoke this waiver at a later time.
- Application is denied.
- Application is granted in part: _____
_____.

Date

Judge or Court Clerk Signature:

Certificate of Readiness

This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted **ex parte** as allowed by statute or rule.

Submitted by: plaintiff/petitioner defendant/respondent other: _____

Signature

Date

Print Name

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I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Order is true to the best of my knowledge and belief. I agree to the terms of this Order. I understand that this Order is enforceable by the court.

Date

Signature

Name (printed)

Contact Address

City, State, ZIP

Contact 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.*

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Value of assets: _____

TOTAL VALUE OF ALL ASSETS & CASH: \$ _____

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Date _____ Signature _____

Name (printed) _____

Contact Address _____ City, State, ZIP _____

Contact Phone _____