

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

Case No. _____

Plaintiff/Petitioner

v.

**APPLICATION FOR DEFERRAL
OR WAIVER OF FEES
& DECLARATION IN SUPPORT**

Defendant/Respondent

Applicant's Full Name: _____
First Middle Last

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I am the plaintiff/petitioner defendant/respondent other: _____. I am unable to pay all or part of the fees right now.

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 fees are not waived, I understand that payment is a debt to the state of Oregon. Additional fees may be added for administrative and collection costs.**
- 3. I understand that if the clerk denies my application, I have the right to ask a judge to review my application**
- 4. Any waiver or deferral I am granted during the case may be revoked in full or in part at the end of the case based on the final outcome**

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 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 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