

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

**APPLICATION FOR REVIEW OF  
WAIVED OR DEFERRED FEES and  
DECLARATION IN SUPPORT**

\_\_\_\_\_  
Defendant/Respondent

1. I, (name) \_\_\_\_\_, was granted a deferral of fees in this case. I am unable to pay all or part of the remaining balance of deferred fees because:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

2. The current balance of fees due is \$\_\_\_\_\_

3. I am requesting a waiver of the remaining fees because I cannot pay the fees now or in the reasonable future. I request a:

**Full Waiver**

Or  **Partial Waiver** (of \$\_\_\_\_\_). I understand that I will have to pay additional administrative and collection costs if I do not pay the balance of \$\_\_\_\_\_ within 30 days of the judgment entered on this application.

---

---

**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

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

LIMITED  SUPPLEMENTAL  
JUDGMENT RE: DEFERRED  
OR WAIVED FEES

\_\_\_\_\_  
Defendant/Respondent

**Applicant:** (name of person asking for waiver) \_\_\_\_\_

The court deferred or waived fees on behalf of Applicant. The court re-examines deferral or waiver of fees  on the court's own motion *or*  on motion by Applicant and awards judgment as follows:

**No Change** to prior deferrals or waivers

**Waiver or deferral is modified**

previously deferred or waived fees are assessed to another party as below

The amount in Section 3 is due  immediately *or*  according to a payment plan to be established by the court

**Waiver** of remaining fees is granted

**Partial Waiver** of fees is granted. Judgment debtor must pay \$\_\_\_\_\_  due immediately *or*  according to a payment plan to be established by the court. The difference of fees is waived

---

---

**MONEY AWARD**

1. Judgment Creditor: State of Oregon, (name, address & phone number of this court):

\_\_\_\_\_  
\_\_\_\_\_

2. Judgment Debtor

Name		
Address		
Year of Birth		
SSN (last 4)		
Driver License # (last 4) & State		
Attorney (and bar #)		

3. The total amount awarded by this judgment is \$ \_\_\_\_\_. This amount does not include interest, attorney fees, or prevailing party fees. No interest will accrue post-judgment. Additional collection costs may be added without further notice to judgment debtor under ORS 1.202.

*Judge Signature:*

---

---

---

**Certificate of Readiness**

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

Submitted by: <input type="checkbox"/> plaintiff/petitioner <input type="checkbox"/> defendant/respondent <input type="checkbox"/> other: _____	
_____ Signature	_____ Print Name

I understand that I am subject to penalty for perjury for giving false information to the court. I believe all factual information in this Judgment is true. I understand that this Judgment is enforceable by the court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone