## 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 Applic waiver of fees $\Box$ on the court's own motion $or \Box$ or as follows:	

**<u>No Change</u>** 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  $\Box$  immediately **or**  $\Box$  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: <u>State of Oregon, (name, address & phone number of this court)</u>:
- 2. Judgment Debtor

0	
Name	
Address	
Year of Birth	
SSN (last 4)	
Driver License #	
(last 4) & State	
Attorney (and bar #)	

**OJD OFFICIAL** (Feb 2022)

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: 
plaintiff/petitioner 
defendant/respondent 
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