



Josephine County Circuit Court Remote Hearings: Exhibits and Witnesses

During COVID-19 restrictions, the court will hold most court hearings remotely. This means, parties will appear remotely, by video conferencing software or at times by phone. Parties may also submit exhibits and have witnesses testify, which **must** also be done remotely.

Josephine County Circuit Court Presiding Judge Order (PJO 20-010 [Amended]) along with Chief Justice Order (CJO 20-006 [Amended]) allow for exhibits to be filed using the e-filing system. Additionally, if parties are not able to access or use the e-filing system, a process for alternate submission has also been developed.

Labeling Exhibits – Exhibits must be labeled with “Exhibit #” on the bottom right hand corner of each page of each exhibit. Pursuant to UTCR 6.080, **exhibits must be labeled using the following system:**

- If you are the **Plaintiff/Petitioner** label exhibits - # **1 - 100**
- If you are the **Defendant/Respondent** label exhibits - # **101 - 199**

Exhibits that are submitted prior to a court hearing, **must be submitted at least 24-hours prior to the hearing and in one of the following ways:**

E-Filing

- Users can visit <https://oregon.tylerhost.net/ofsw eb> and register for an account
- There is no filing fee to file exhibits
- Filers must use a cover sheet in substantially the same format as the attached local “Exhibit List Cover Page and Witness List”
- All exhibits may be filed under one “EB” (Exhibit) code as long as they are listed on the cover sheet.
- All exhibits and list of potential witnesses must be served on all parties in the case. A certificate of service (included in attached cover sheet) must be completed and accompany any submitted exhibits or witness lists.

Faxing to Court – 541-471-2079

- Faxed exhibits must have a cover sheet included. The cover sheet must be substantially in the same format as the attached “Exhibit List Cover Page and Witness List”
- The fee for sending faxes is WAIVED at this time
- All exhibits and list of potential witnesses must be served on all parties in the case. A certificate of service (included in attached cover sheet) must be completed and accompany any submitted exhibits or witness lists.

Filing In Person

- File exhibits with the proper unit/department at the courthouse
- There is no filing fee to file exhibits
- Filers must use a cover sheet in substantially the same format as the attached local “Exhibit List Cover Page and Witness List”
- All exhibits and list of potential witnesses must be served on all parties in the case. A certificate of service (included in attached cover sheet) must be completed and accompany any submitted exhibits or witness lists.

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

| | | |
|-----------------------|---|---|
| |) | |
| |) | |
| Petitioner/Plaintiff, |) | Case No. _____ |
| |) | <input type="checkbox"/> Petitioner/Plaintiff |
| and |) | <input type="checkbox"/> Respondent/Defendant |
| |) | EXHIBIT LIST COVER SHEET AND |
| |) | WITNESS LIST |
| |) | |
| Respondent/Defendant. |) | |

Date of Hearing: _____

| Exhibit # | Description of Exhibit |
|-----------|------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Page – “Exhibit List Continued” Attached

POTENTIAL WITNESSES

| Name (first, last) | Contact Telephone Number |
|--------------------|--------------------------|
| | |
| | |
| | |

Additional Page – “Potential Witness List” Attached

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy of this document and all attachments to (name of party/attorney) _____ at the following address and/or fax number: _____

_____ by the following methods:

- by **mailing** a full, true and correct copy in a sealed, first-class postage-prepaid envelope, addressed to the party(ies) listed above, and deposited with the United States Postal Service, on the date set forth above.
- by **hand-delivering** a full, true and correct copy thereof to the party(ies) listed above, on the date set forth above.
- by **faxing** a full, true and correct copy thereof to the party(ies) listed above at the fax number(s) shown above, on the date set forth above.

Date: _____

Signature: _____

Printed Name: _____

Contact Address

City State, Zip Code

Phone Number