

Oregon Judicial Department
OJCIN OnLine
1163 State St
Salem, OR 97301
800-858-9658

OPDS PROVIDER DECLARATION

Name: _____

Business Name: _____

Business Type (please mark one): Attorney: _____ Private Investigator: _____

Member of a defense consortium: Yes: _____ No: _____

If Yes, name of consortium: _____

OPDS Contract Expiration Date: _____ or Non-Contracted _____

What percentage of your practice is work paid by OPDS? _____

What case types does your OPDS work include? _____

What counties does your OPDS work include? _____

I completed this declaration for the purpose of providing the Oregon Judicial Department with information to determine my eligibility for a fee waived or reduced rate OJCIN Online subscription. I hereby declare that the above statements are true.

Date

Signature

Name (print)

OPDS Verification:

Provider type: Contracted _____ Conflict _____ Non-Contracted _____ Appeals Board _____

Case Types: Juvenile _____ County(ies) _____
 Civil Comm _____ County(ies) _____