IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____
_____ Division - _____
(court's address and phone number)

Case Name: **Case No:** _____

_____
Plaintiff

v.

_____
1st Defendant

REQUEST TO INSPECT UTCR 2.100 SEGREGATED INFORMATION SHEET

By this form, I request to see or obtain a copy of part or all of a UTCR 2.100 Segregated Information Sheet (SIS) that is being withheld from the public. I have completed this form to provide the information the court requires of me to make this request. I understand the court will not automatically grant this request but will use applicable law to decide whether I have a right to see or copy the information I request. I understand this request will be a public record whether or not granted.

1. Information about me:

a. My Name: _____
b. My Address: _____
c. My Telephone number: _____
d. Other contact information for me: _____
e. I believe I have a legal right to see the information because *(explain reasons)*: _____
_____

2. To identify the UTCR 2.100 Segregated Information Sheet (SIS) I am requesting:

a. Name of person who submitted request for SIS: _____
b. Date request submitted: _____
c. Description of document from which information is segregated: _____
_____
d. General description(s) of protected personal information I am requesting to see *(use same general description as on request in file):* _____
_____
e. Row number(s) of description of this information on request: _____
f. Name of person to whom information relates *(if known):* _____
g. The request for the SIS shows that the SIS includes other information I am not requesting to inspect or copy (check one) ☐ Yes OR ☐ No. *(If Yes, this other information will be redacted)*

3. Confirming additional requirements completed:

a. *(Initial to confirm)* _____ I have mailed or delivered copies of this request to the following persons required by UTCR 2.080 *(list names):* _____

_____

b. *(Initial to confirm)* _____ I understand that I will be responsible for any costs resulting from the court responding to this request except those costs for which I have obtained a waiver, and will advance money to cover those costs if requested by the court.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

_____ _____

Date Signature

_____ _____

OSB# *(if applicable)* Name *(typed or printed)*

For office use:

Request ☐ granted OR ☐ denied *(state reason)* _____

Related comments: _____

Date: _____

TRIAL COURT ADMINISTRATOR

By _____