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

State of Oregon		Case No:	
v.	Citation #:		
		DEFENDANT'S D	ECLARATION
Def	endant	(Trial by Dec	laration)
I waive my right to appear personally at t court. I understand that I will be notified	rial and su by mail of	bmit my evidence by this the court's decision.	s Declaration to the
Additional page attached			
I hereby declare that the above stat and belief. I understand they are m subject to penalty for perjury.			
Date	<_AllI	Defenda_> (signature)	
	Print N	Same Same	
Contact Address	City, St	ate, Zip	Contact Phone

FOR THE COUNTY OF	
541-278-0341	6th.District@ojd.state.or.us
Date Prepared:	
Defendant Name	

Defendant Address

## **Trial by Declaration Information**

IN THE CIRCUIT COURT OF THE STATE OF OREGON

You have pled Not Guilty and requested a Trial by Declaration. Please complete the enclosed form.

The declarations must be signed and submitted to the court clerk by

By submitting the **Defendant's Declaration** form you waive both your and the officer's presence at trial. It allows you and the officer to appear by submitting a declaration of what happened, the same as you would tell the judge if you appeared in person.

The judge will make a decision based on all of the declarations. The declarations will be considered the same as a personal appearance. The court will notify you of the decision by mail.

If you do not submit your declaration by the deadline, a default judgment will be entered against you, which means that you will be convicted and charged a fine.

**Witnesses:** If you want a witness to testify, you can make a separate copy of this form for the witness to fill out. The witness' declaration <u>must</u> be received by the court by the date above. If not, it will not be considered by the judge.

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

State of Oregon	Case No:	
v.	Citation No:	
		ING OFFICER'S LARATION
Defe	endant (Trial	by Declaration)
The Defendant has entered a plea of Not G submit your Declaration of the facts to the dismissed.	-	-
I am the Reporting Officer in this case, and	l I submit the following facts	s to the court:
		_
☐Additional page attached		
I hereby declare that the above state and belief. I understand they are ma subject to penalty for perjury.		
Date	Officer (signature)	
Agency	Officer Printed Name	
Contact Address	City, State, Zip	Contact Phone