

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

Case No. _____

Plaintiff/Petitioner

v.

**APPLICATION FOR APPOINTMENT
OF COUNSEL
& DECLARATION IN SUPPORT**

Defendant/Respondent

Applicant Name: _____
(Name of person to be represented) First Middle Last

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

I am the ☐ plaintiff/petitioner ☐ defendant/respondent ☐ other: _____

1. I am applying for appointment of counsel in this case because I cannot pay for a lawyer without substantial financial hardship
2. I understand that payment is a debt to the state of Oregon. Additional fees may be added for administrative and collection costs.
3. I understand that if I am appointed counsel, I may be ordered to pay a portion of the cost based on my financial ability
4. I understand that if any information provided on this application is not true, I may be required to pay the full cost of my representation. I understand I may be charged with a crime and/or contempt of court.

Declaration

1. PERSONAL

Date of Birth (month/day/ year) _____ Driver License/State ID: _____

*SSN: _____ *I am providing my Social Security number voluntarily. I understand that I cannot be forced to provide it or be denied consideration solely for failure to provide it. It may be used to verify my identification, employment information, and for collection of fees.

Number of legal dependents in your household: _____

Complete the rest of the form with amounts for yourself and your spouse/Registered Domestic Partner combined

2. INCOME AND EMPLOYMENT Amount received per month (after taxes are taken out)

Wages, Salary, other work income:		Unemployment payments:	
Spousal/Partner Support:		Retirement (pension/401K/IRA):	
Child Support:		SSI:	
Tribal benefits:		Income from other sources*:	
*including annuities, settlement income, and any other source of funds or support			

TOTAL INCOME FROM ALL SOURCES: _____

Employment Information (the court may contact your employer to verify information)

List all current employers and sources of income for **yourself**

Name	Address or Location	Phone	Income/mo

List all current employers and sources of income for **your spouse/Registered Domestic Partner**

Name	Address or Location	Phone	Income/mo

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4. ASSETS ☐ Additional page attached titled "Assets, cont."

Total cash available from all accounts: _____ (cash, checking account, savings, etc.)

➤ Bank Accounts (in your name or your spouse's/Registered Domestic Partner's name)

Name of Bank	Account #:	Current Balance:

➤ Real Property (in your name or your spouse's/Registered Domestic Partner's name)

Address	Equity

➤ Vehicle (regular use car, truck, motorcycle, scooter, etc.)

Year, Make, Model:	Value:	Equity:

➤ Personal Property (including additional vehicles, boats, recreational vehicles, guns, jewelry, livestock, business interests, etc.)

Description:	Value:

TOTAL VALUE OF ALL ASSETS & CASH: _____

5. MONTHLY EXPENSES (per month)

Child care:	
Court fines or judgments:	
Medical expenses and health insurance costs:	
Student loans and education expenses:	

TOTAL MONTHLY EXPENSES: _____

6. Debts (in your name or your spouse's/Registered Domestic Partner's name)

Description:	Total:

☐ Additional page attached titled "Debts, cont."

☐ Other information I want the court to consider is on the attached page titled "Other Information"

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature

Name (printed)

Contact Address

City, State, ZIP

Contact Phone