

## **APPENDIX OF FORMS**

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- A.  I selected this document for myself, and I completed it without paid assistance.
- B.  I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form/document.

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_ Division - \_\_\_\_\_  
(court's address and phone number)

Case name: _____	)	CASE No. _____
Plaintiff Name _____	)	
v.	)	<b>UTCR 2.100 AFFIDAVIT,</b>
1 <sup>st</sup> Defendant Name _____	)	<b>REQUEST TO SEGREGATE PROTECTED</b>
	)	<b>PERSONAL INFORMATION FROM</b>
	)	<b>CONCURRENTLY FILED DOCUMENT</b>

**IMPORTANT NOTE TO PERSON COMPLETING THIS AFFIDAVIT:** Except as specifically ordered by a court, this affidavit and UTCR form 2.100.4b **cannot be used for contact information** (addresses, telephone numbers, employer identification, and similar information that can be used to contact someone, see *UTCRC 2.100*). The type of information that can be protected by this form is limited to what is listed in UTCR 2.100.

**To the court:** By this affidavit under UTCR 2.100, I request that the protected personal information in the form attached to this affidavit be segregated from information that the general public can see in the case noted above.

The protected personal information I request to be segregated is as follows:

<p>A. The following is a <b>general</b> description of the protected personal information (<i>example description: "my social security number" or "parent's bank account number"</i>). <b><u>Do not include specific protected personal information here.</u></b></p>	<p>B. The following is the legal authority by which I believe this information may be exempt from public inspection (<i>cite to statute, rule, case, etc.</i>). Row numbers correspond to those in column A. Add rows in both columns as necessary.</p>
1.	1.
2.	2.
3.	3.
4.	4.

**PERSON MAKING REQUEST MUST COMPLETE ALL THE FOLLOWING AS INDICATED:**

1. *(Initial to confirm)* \_\_\_\_\_ The specific protected personal information described above is provided on the attached UTCR 2.100 segregated information sheet.
2. *(Initial to confirm)* \_\_\_\_\_ I have segregated the information described above from another document or form that I am submitting at the same time, *(describe document or form)* \_\_\_\_\_, to keep the protected information from being available to the general public. I appropriately noted in that other document the places where information has been provided in the attached information sheet rather than in that document. *(No fee is charged when information is segregated at time of submission.)*
3. I *(initial one)* \_\_\_\_\_ have OR \_\_\_\_\_ have not attached a self-addressed, stamped postcard with language required by UTCR 2.100 so that the court can inform me of its response to this request.
4. *(Initial to confirm)* \_\_\_\_\_ I understand that while the protected personal information may be withheld from the general public if this request is granted, it may still be available to some persons and government agencies as described in UTCR 2.100.
5. *(Initial to confirm, "na" if not applicable)* \_\_\_\_\_ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this affidavit and the attached form as required by UTCR 2.010(7).
6. *(Initial to confirm)* \_\_\_\_\_ I have mailed or delivered copies of this request *(not including the attached UTCR Form 2.100.4b and its attachments)* to the persons required by UTCR 2.080.

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 \_\_\_\_\_  
OSB# *(if applicable)* \_\_\_\_\_

Signature \_\_\_\_\_  
Type or print name \_\_\_\_\_

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For office use:

Request \_\_\_\_\_ granted OR \_\_\_\_\_ denied *(state reason)* \_\_\_\_\_

Date: \_\_\_\_\_

TRIAL COURT ADMINISTRATOR  
By \_\_\_\_\_

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

\_\_\_\_\_ Division - \_\_\_\_\_  
(court's address and phone number)

Case name: _____	)	CASE No. _____
Plaintiff Name _____	)	<b>UTCR 2.100 SEGREGATED INFORMATION SHEET</b>
v.	)	
_____	)	
<sup>1</sup> ST Defendant Name _____	)	

**ATTENTION COURT STAFF: Except as your trial court administrator tells you otherwise, this sheet and its attachments are:**

- **to be separated from the attached affidavit, and**
- **NOT to be placed in any court file where they can be seen by the public, and**
- **NOT to be provided to any member of the public to see or copy.**

**PLEASE follow UTCR and Judicial Department instructions for protecting information on this form. Ask your trial court administrator if you have questions.**

The requestor MUST complete all of the following information:

1. Requestor information:
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Telephone number: \_\_\_\_\_
  - Other contact information: \_\_\_\_\_
  - Relationship to case: \_\_\_\_\_

2. Protected personal information that is segregated:

Row number used to identify on affidavit	<b>General</b> description of the protected personal information ( <i>same as on affidavit</i> )	Relates to ( <i>Person's name</i> )	The following is the specific Protected Personal Information to be segregated ( <i>give the specific fact, e.g. social security number, that is being protected</i> ). This can be a reference to an attachment. <b><u>Do not use for contact information</u></b> ( <i>addresses, telephone numbers, employer identification, and similar information that can be used to contact someone</i> ) unless specifically ordered by a court. The type of information that can be protected by this form is limited to what is listed in UTCR 2.100. Add rows as necessary.

3. There are attachments to this information sheet: \_\_\_ Yes \_\_\_ No  
If so, how many pages \_\_\_\_\_

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For Office use:

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

In the Matter of: \_\_\_\_\_ )  
 )  
 \_\_\_\_\_, )  
 Petitioner, )  
 )  
 and )  
 )  
 \_\_\_\_\_, )  
 Respondent. )

Case No. \_\_\_\_\_

UTCR 2.100 AFFIDAVIT WITH  
REQUEST TO SEGREGATE SOCIAL  
SECURITY NUMBERS ONLY

By this affidavit under UTCR 2.100 and as required by ORS 107.840, I request that the social security number(s) in the attached "Segregated Information Sheet" be segregated (kept separate) from information that the general public can see. The social security numbers that I request be segregated are as follows:

A. Protected Personal Information	B. Legal Authority
<input type="checkbox"/> Petitioner's Social Security Number	ORS 107.840
<input type="checkbox"/> Respondent's Social Security Number	ORS 107.840
<input type="checkbox"/> Child/Children's Social Security Number(s), if applicable	ORS 107.840

I have mailed or delivered copies of this request (**not including the attached information sheet**) to the opposing party in this matter.

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

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): \_\_\_\_\_ Type or Print Name: \_\_\_\_\_







**3. Confirming additional requirements completed:**

- a. *(Initial to confirm, "na" if not applicable)* \_\_\_\_\_ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this affidavit and the attached form as required by UTCR 2.010(7).
- b. *(Initial to confirm)* \_\_\_\_\_ I have mailed or delivered copies of this request to the following persons required by UTCR 2.080 *(list names)*: \_\_\_\_\_.
- c. *(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 \_\_\_\_\_  
OSB# *(if applicable)* \_\_\_\_\_

Signature \_\_\_\_\_  
Type or print name \_\_\_\_\_

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For Office use:

Request to inspect \_\_\_\_ granted OR \_\_\_\_ denied *(state reason)* \_\_\_\_\_

Related comments: \_\_\_\_\_

Date: \_\_\_\_\_

TRIAL COURT ADMINISTRATOR  
By \_\_\_\_\_

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

\_\_\_\_\_ Division - \_\_\_\_\_  
(court's address and phone number)

Case name: \_\_\_\_\_ )

CASE No. \_\_\_\_\_ )

Plaintiff Name \_\_\_\_\_ )

v. \_\_\_\_\_ )

1<sup>ST</sup> Defendant Name \_\_\_\_\_ )

**UTCR 2.110 AFFIDAVIT, REQUEST TO  
REDACT PROTECTED PERSONAL  
INFORMATION FROM DOCUMENT EXISTING IN  
CASE FILE**

**IMPORTANT NOTE TO PERSON COMPLETING THIS AFFIDAVIT:** Except as specifically ordered by a court, this affidavit and UTCR Form 2.100.4b **cannot be used for contact information** (addresses, telephone numbers, employer identification, and similar information that can be used to contact someone, see *UTCR 2.110*). The type of information that can be protected by this form is limited to what is listed in UTCR 2.100.

**To the court:** By this affidavit under UTCR 2.110, I request that the protected personal information in the form attached to this affidavit be redacted from a document in the case file for the case noted above that the general public can see.

The protected personal information I request to be segregated is as follows:

A. The following is a <b>general</b> description of the protected personal information ( <i>example description: "my social security number" or "father's bank account number"</i> ). <b><u>Do not include specific protected personal information here.</u></b>	B. The following is the legal authority by which I believe this information may be exempt from public inspection ( <i>cite to statute, rule, case, etc.</i> ). Row numbers correspond to those in column A. Add rows in both columns as necessary.
1.	1.
2.	2.
3.	3.
4.	4.

**PERSON MAKING REQUEST MUST COMPLETE ALL THE FOLLOWING AS INDICATED:**

1. *(Initial to confirm)* \_\_\_\_\_. The specific protected personal information described above is provided on the attached UTCR 2.100 segregated information sheet.
2. The specific protected personal information is in the document in the case file that the following identifies:
  - a. Case file number where found: \_\_\_\_\_.
  - b. Description of document containing the information: \_\_\_\_\_.
  - c. Page number (*identification*) of the page(s) containing the information: \_\_\_\_\_.
  - d. A copy of the object page(s) showing specifically the information to be redacted is attached (*required*):  
 Yes  No
3. I have attached the required fee of \$\_\_\_\_\_ per page for all of the \_\_\_\_\_ (*number of pages*) pages I have requested be redacted for a total amount of \$\_\_\_\_\_ (*total amount of check or money order attached*).  
 Yes  No
4. I (*initial one*) \_\_\_\_\_ have OR \_\_\_\_\_ have not attached a self-addressed, stamped postcard with language required by UTCR 2.110 so that the court can inform me of its response to this request.
5. *(Initial to confirm)* \_\_\_\_\_. I understand that while the protected personal information may be withheld from the general public if this request is granted, it may still be available to some persons and government agencies for purposes described in UTCR 2.100.
6. *(Initial to confirm, write "na" if not applicable)* \_\_\_\_\_. If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this affidavit and the attached form as required by UTCR 2.010(7).
7. *(Initial to confirm)* \_\_\_\_\_. I have mailed or delivered copies of this request (*not including the attached UTCR Form 2.100.4b and its attachments*) to the persons required by UTCR 2.080.

I hereby declare that the above statement, the attached information sheet, and any attachments to the information sheet are 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 \_\_\_\_\_  
OSB# (*if applicable*) \_\_\_\_\_

Signature \_\_\_\_\_  
Type or print name \_\_\_\_\_

For office use:

Segregation \_\_\_\_\_ granted OR \_\_\_\_\_ denied (*state reason*) \_\_\_\_\_

Date: \_\_\_\_\_

TRIAL COURT ADMINISTRATOR  
By \_\_\_\_\_

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

STATE, )  
 )  
 )  
 v. ) PROSECUTING ATTORNEY'S CERTIFICATION  
 ) OF COMPLIANCE WITH CRIME VICTIMS'  
 ) RIGHTS NOTIFICATION AND CONSULTATION  
 ) LAWS IN SECTIONS 42(1)(a) to (g) AND 43,  
 ) ARTICLE I OF THE OREGON CONSTITUTION  
\_\_\_\_\_, )  
Defendant. )

I, \_\_\_\_\_, the prosecuting attorney in this case, certify that my file indicates that I or a person known to me made a reasonable effort to give the following victim information about the rights granted to victims by sections 42(1)(a) to (f) and 43, Article I of the Oregon Constitution:

Victim's Name: \_\_\_\_\_

- Is  Is not named in the charging instrument.
- Victims' rights information was sent to the victim's last known address, but
  - The letter was returned.
  - The victim did not contact the prosecuting attorney's office.
- Did not request to be informed in advance of any critical stage of the proceeding.
- Did request to be informed in advance of the following critical stages of the proceeding:
  - All
  - Plea and Sentencing
  - Sentencing Only
  - Specific Hearing(s): \_\_\_\_\_
- Did not request that the prosecuting attorney assert and enforce a right granted to the victim by sections 42(1)(a) to (f) or 43, Article I of the Oregon Constitution or did make a request, but the prosecuting attorney did not agree to assert or enforce any rights.
- Did request that the prosecuting attorney assert and enforce the following right(s) granted to the victim by sections 42(1)(a) to (f) or 43, Article I of the Oregon Constitution, and the prosecuting attorney has agreed to assert and enforce the following right(s): \_\_\_\_\_
- The court suspended the victim's constitutional rights listed in sections 42(1)(a) to (g) and 43, Article I of the Oregon Constitution as the prosecuting attorney requested under section 42(5), Article I of the Oregon Constitution.

I further certify that the charging instrument

- Does include the name or pseudonym of each victim known to the prosecuting attorney;
- Does not include the name or pseudonym of each victim:
  - The additional victim(s) name(s) or pseudonym(s) known to this prosecutor is listed on this form or on the attached "supplemental victim information page."
  - Compliance would cause a substantial hardship to the prosecuting attorney.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Prosecuting Attorney  
OSB No. \_\_\_\_\_

I, \_\_\_\_\_, the prosecuting attorney in this case, certify that my file indicates that I or a person known to me made a reasonable effort to give the following victim(s) information about the rights granted to victims by sections 42(1)(a) to (f) and 43, Article I of the Oregon Constitution:

Victim's Name: \_\_\_\_\_

- Is  Is not named in the charging instrument.
- Victims' rights information was sent to the victim's last known address, but
  - The letter was returned.
  - The victim did not contact the prosecuting attorney's office.
- Did not request to be informed in advance of any critical stage of the proceeding.
- Did request to be informed in advance of the following critical stages of the proceeding:
  - All
  - Plea and Sentencing
  - Sentencing Only
  - Specific Hearing(s): \_\_\_\_\_
- Did not request that the prosecuting attorney assert and enforce a right granted to the victim by sections 42(1)(a) to (f) or 43, Article I of the Oregon Constitution or did make a request, but the prosecuting attorney did not agree to assert or enforce any rights.
- Did request that the prosecuting attorney assert and enforce the following right(s) granted to the victim by sections 42(1)(a) to (f) or 43, Article I of the Oregon Constitution, and the prosecuting attorney has agreed to assert and enforce the following right(s): \_\_\_\_\_
- The court suspended the victim's constitutional rights listed in sections 42(1)(a) to (g) and 43, Article I of the Oregon Constitution as the prosecuting attorney requested under section 42(5), Article I of the Oregon Constitution.

Victim's Name: \_\_\_\_\_

- Is  Is not named in the charging instrument.
- Victims' rights information was sent to the victim's last known address, but
  - The letter was returned.
  - The victim did not contact the prosecuting attorney's office.
- Did not request to be informed in advance of any critical stage of the proceeding.
- Did request to be informed in advance of the following critical stages of the proceeding:
  - All
  - Plea and Sentencing
  - Sentencing Only
  - Specific Hearing(s): \_\_\_\_\_
- Did not request that the prosecuting attorney assert and enforce a right granted to the victim by sections 42(1)(a) to (f) or 43, Article I of the Oregon Constitution or did make a request, but the prosecuting attorney did not agree to assert or enforce any rights.
- Did request that the prosecuting attorney assert and enforce the following right(s) granted to the victim by sections 42(1)(a) to (f) or 43, Article I of the Oregon Constitution, and the prosecuting attorney has agreed to assert and enforce the following right(s): \_\_\_\_\_
- The court suspended the victim's constitutional rights listed in sections 42(1)(a) to (g) and 43, Article I of the Oregon Constitution as the prosecuting attorney requested under section 42(5), Article I of the Oregon Constitution.



I believe this conduct violated the following right(s) granted by sections 42(1)(a) to (g) and 43, Article I of the Oregon Constitution:

- To be present at and, upon specific request, to be informed in advance of any critical stage of the proceedings held in open court when the defendant is present, and to be heard at the pretrial release hearing and the sentencing.
- To, upon request, obtain information about the conviction, sentence, imprisonment, criminal history, and future release from physical custody of the criminal defendant or convicted criminal.
- To refuse an interview, deposition, or other discovery request by the criminal defendant or other person acting on behalf of the criminal defendant.
- To receive prompt restitution from the convicted criminal who caused the victim's loss or injury.
- To have a copy of a transcript of any court proceeding held in open court, if one is otherwise prepared.
- To, upon request, be consulted regarding plea negotiations involving any violent felony.
- To be informed of the above-listed rights as soon as practicable.
- To be reasonably protected from the criminal defendant or the convicted criminal throughout the criminal justice process.
- To have decisions by the court regarding the pretrial release of a criminal defendant based upon the principle of reasonable protection of the victim and the public, as well as the likelihood that the criminal defendant will appear for trial.

4. In accordance with the rights provided in sections 42 and 43, Article I of the Oregon Constitution, I request the following remedy:

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5. I hereby request that the court grant an appropriate remedy or schedule a hearing to determine whether the victim's right(s) was violated.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Victim/Prosecuting Attorney/Private Attorney  
OSB No. \_\_\_\_\_

**Note: You must file this claim with the court clerk's office. You must also provide a copy of these forms to the prosecuting attorney and the defense attorney, or to the defendant if the defendant is not represented by counsel, and if the claim is regarding a judicial action, to the judge responsible for the judicial action.**

Supplemental Form - Victim Contact Information

Case Name: \_\_\_\_\_

Case No. \_\_\_\_\_

Please list your residential address or an alternate address at which you would like to receive information from the court regarding court hearings and court decisions. Until your claim is resolved, you must provide updated contact information to the court if your contact information changes. If you fail to keep the court informed, the court may dismiss your claim.

Name: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Note: You must provide this page to the court and the prosecuting attorney; you do not need to provide this page to the defendant.

THIS INFORMATION MUST BE KEPT UNDER SEAL.



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

	)	
	)	
Plaintiff,	)	CIVIL CASE NO. _____
v.	)	
	)	STATEMENT FOR ATTORNEY
	)	FEEs, COSTS, AND DISBURSEMENTS
Defendant.	)	FOR (PLAINTIFF/DEFENDANT)

The undersigned attorney offers the following facts in support of an award of reasonable and necessary attorney fees, costs, and disbursements:

1. Plaintiff/Defendant is entitled to recover attorney fees, costs, and disbursements pursuant to the following facts, statute or rule:

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2. Legal Fees including the number of hours and services provided in this matter by each attorney, clerk, and legal assistant and the hourly rates for each are set forth in detail in Exhibit 1. The total sum of these fees is \$ \_\_\_\_\_. Exhibit 1 is summarized as follows:

<u>Name</u>	<u>Position</u>	<u>Hourly Rate</u>	<u>Number of Hours</u>	<u>Fees</u>
-------------	-----------------	--------------------	------------------------	-------------

3. The specific factors supporting an award and the amount of legal fees pursuant to ORS 20.075 or other statute or rule are set forth in Exhibit 2.

4. Litigation expenses billable directly to the client that are not overhead expenses already reflected in the hourly rate for legal services are set forth in detail in Exhibit 3. The total sum of these costs and disbursements is \$\_\_\_\_\_.

5. Costs and disbursements supported by ORCP 68 A(2) or other statute or rule, including the prevailing party fee, are set forth in detail in Exhibit 4. The total sum of these costs and disbursements is \$\_\_\_\_\_.

6. In anticipation of efforts that will be spent in postjudgment proceedings, plaintiff/defendant seeks the additional sum of \$\_\_\_\_\_ as explained more fully in Exhibit 5.

7. In summary, plaintiff/defendant is entitled to an award of reasonable and necessary attorney fees in the sum of \$\_\_\_\_\_, litigation expenses in the sum of \$\_\_\_\_\_, costs and disbursements in the sum of \$\_\_\_\_\_, and postjudgment work in the sum of \$\_\_\_\_\_.

I hereby declare that the above statement, including the information contained in the exhibits to this 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) \_\_\_\_\_

Type or print name \_\_\_\_\_

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

Case name: \_\_\_\_\_ )  
\_\_\_\_\_ )  
Plaintiff, )  
v. )  
\_\_\_\_\_ )  
Defendant. )

Case No. \_\_\_\_\_  
UNIFORM NOTICE OF ENTRY OF  
VERDICT/JUDGMENT INCLUDING AN  
AWARD OF PUNITIVE DAMAGES

Written notification hereby is given to the Department of Justice, Crime Victims' Assistance Section,  
1162 Court St NE., Salem, Oregon 97301, that a [check appropriate box]

- verdict that includes an award of punitive damages
- judgment based on a verdict that includes an award of punitive damages

was entered in favor of \_\_\_\_\_, plaintiff/defendant/other [circle appropriate  
designation] in the above-captioned matter, on \_\_\_\_\_ [insert date]. This notice is  
given pursuant to ORS 31.735(3) and UTCR 5.120.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
OSB# (if applicable) \_\_\_\_\_ Type or print name \_\_\_\_\_

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

\_\_\_\_\_, )  
Plaintiff, )  
v. )  
\_\_\_\_\_, )  
Defendant. )

No. \_\_\_\_\_

AFFIDAVIT, MOTION, AND ORDER  
FOR COMMISSION TO TAKE  
FOREIGN DEPOSITION

I, \_\_\_\_\_, attorney for \_\_\_\_\_, state it is necessary in the above-entitled case to take the depositions of the following people in the state or country of \_\_\_\_\_:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
OSB# (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_  
Type or print name \_\_\_\_\_

\*\*\*\*\*

Pursuant to ORCP 38 and based on the above affidavit, \_\_\_\_\_ moves this court for an order issuing a commission for depositions to be taken in the state or country of \_\_\_\_\_, and that the commission be effective for \_\_\_\_\_ day(s) from the date of signing by the clerk.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Attorney Typed or Printed OSB No.

\*\*\*\*\*

IT IS ORDERED that the requested commission be issued and that the commission shall be effective for \_\_\_\_\_ day(s) from the date of signing by the clerk.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Judge's Name Typed or Printed

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

\_\_\_\_\_, )  
Plaintiff, )  
v. ) No. \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant. )  
COMMISSION TO TAKE FOREIGN  
DEPOSITION

TO ANY PERSON AUTHORIZED TO ADMINISTER OATHS IN \_\_\_\_\_:

Pursuant to ORCP, by order of the above-titled court made on application of \_\_\_\_\_  
in the above-captioned case, you are hereby appointed, commissioned, and authorized to take the depositions of  
the following named people in the state or country of \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are authorized to administer an oath to the above witnesses and to take their depositions on oral  
examination. You are further authorized and directed to cause the examinations of these witnesses to be  
recorded and to certify that the witnesses were duly sworn and that the deposition transcripts are a true record of  
the witnesses' testimony. This commission expires \_\_\_\_\_ day(s) from the date of signing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

TRIAL COURT ADMINISTRATOR

by \_\_\_\_\_

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

\_\_\_\_\_, )  
Plaintiff, ) No. \_\_\_\_\_  
v. )  
\_\_\_\_\_, ) PETITION AND ORDER TO REGISTER  
Defendant. ) FOREIGN DEPOSITION INSTRUMENT  
AND ISSUE SUBPOENAS

Petitioner certifies that:

The attached mandate, writ, commission, or letter rogatory was issued by \_\_\_\_\_ Court of the State or Country of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in case no. \_\_\_\_\_, requiring testimony of a witness within the State of Oregon and the authority granted by the document is in full effect.

Therefore, petitioner requests that:

The mandate, writ, commission, or letter rogatory be approved by the court for filing so witnesses may be compelled by subpoena to appear and testify in the same manner and by the same process and proceeding as may be employed for the purpose of taking testimony in proceedings pending in this state.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name of Attorney Typed or Printed OSB No.

\*\*\*\*\*

Petition granted. It is ordered that this petition and the attached mandate, writ, commission, or letter rogatory be filed, and upon filing, subpoena may be issued and served.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge's Signature  
\_\_\_\_\_  
Judge's Name Typed or Printed



10. (a) Are you or your present spouse entitled to receive **court-ordered** child support for any children now living with you? YES  NO  If "YES," complete the following and **ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS.**

<u>Name of Child</u>	<u>Age</u>	<u>Relation to You</u>	<u>Support Amount</u>

(b) Are those support payments being made? YES  NO

11. Are you required to pay a court-ordered child support obligation for a child of yours who is not listed in item 6 above? YES  NO  If "YES," complete the following and **ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS.**

<u>Name of Child</u>	<u>Age</u>	<u>Name of Recipient</u>	<u>Monthly Support Amount</u>

12. Are you ordered to pay or entitled to receive court-ordered **spousal** support? YES  NO  If "YES," complete the following and **ATTACH A COPY OF ALL SUCH SPOUSAL SUPPORT ORDERS.**

<u>Owed To</u>	<u>Paid By</u>	<u>Monthly Support Amount</u>
Owed Until: _____	(Date or Event): _____	

13. Are you incurring child care costs on behalf of the children listed in item 6 above? YES  NO  If "YES," complete the following and **attach documentation** verifying the information provided below:

<u>Name of Child</u>	<u>Day-care Provider and Address</u>	<u>Monthly (gross amount before application Cost of any tax credit or subsidy)</u>

14. Do you receive any subsidy for such care? If so, amount \$ \_\_\_\_\_ per month.

15. **MEDICAL AND DENTAL ELECTIONS**--The child support recipient may elect to require the support payor to name the child(ren) as the beneficiary on a health/dental insurance plan. If so elected, the child support may be adjusted by an amount equal to all or a portion of the cost to parent who provides the child's(ren's) portion of the health/dental insurance premium. Please choose:

- I wish to require health/dental insurance coverage by the other party and understand that a portion of the premium may be deducted from support.
- I do not wish to require health/dental insurance coverage by the other party.
- I provide health/dental insurance through my employer; see page 4, item 18, of this schedule, for information.

**ATTACHMENTS**

**REQUIRED**

**OPTIONAL**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Last four (4) payroll stubs.</li> <li><input type="checkbox"/> Most recent federal and state income tax return.</li> <li><input type="checkbox"/> Copies of any and all relevant child/spousal support orders.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Child care documentation if you want this considered.</li> <li><input type="checkbox"/> Medical/dental insurance documentation.</li> </ul> |
|---|--|



(Income, Deductions and Medical/Dental Insurance)

You must complete and submit the following attachments. Copies of recent: (1) federal and state income tax returns, (2) last four pay stubs, and (3) if self-employed, most recent profit and loss statement.

16. Your Monthly Gross Income:

A. From Employment: If paid weekly, multiply weekly income by 4.3 to arrive at a monthly gross income and insert below. If paid every two weeks, multiple two weeks' income by 2.15 and insert below):

<u>Description</u>	<u>Monthly Amount</u>
Gross Hourly Wage: _____	_____
Average Number of Hours Worked Per Week: _____	_____
Gross Monthly Income:	_____
Gross Monthly Tips/Commissions/Bonuses (identify):	_____

**SUBTOTAL: 16.A.** \_\_\_\_\_

B. From Self-Employment: If you own an interest in a partnership or in a closely held corporation, attach last year's Schedule K-1, and/or corporation federal income tax return:

<u>Description</u>	<u>Monthly Amount</u>
Gross Receipts:	_____
Expense Reimbursements:	_____
Rental Income:	_____
Royalty Income:	_____
Less Ordinary/Necessary Expenses:	( _____ )
Plus Monthly Portion of Accelerated Component of any Depreciation	_____
Allowance or Investment Tax Credits:	_____

**SUBTOTAL: 16.B.** \_\_\_\_\_

C. Other Sources of Income: (Please attach verification of any income available to you as listed below):

<u>Description</u>	<u>Monthly Amount</u>
Dividends:	_____
Interest Income:	_____
Trust Income:	_____
Contract Payments (less underlying debt):	_____
Annuity Income:	_____
Retirement Benefits--Pension/IRA/Keogh (nonsocial security):	_____
Social Security Income:	_____
Workers' Compensation Benefits Per Week Multiplied by 4.3 =	_____ per month
Unemployment Benefits Per Week Multiplied by 4.3 =	_____ per month
Disability Income:	_____
Gift or Prizes:	_____
Spousal Support:	_____
Expense Reimbursements and/or Per Diem Allowance (not listed in item B. above):	_____
ADC Benefits:	_____
FCAS (food stamps):	_____
Other (specify): _____	_____

**SUBTOTAL: 16.C.** \_\_\_\_\_

D. Summary of Your Gross Income:

<u>Description</u>	<u>Monthly Amount</u>
Income from Employment (item 16.A. above):	_____
Self-Employment Income (item 16.B. above):	_____
Other Income (item 16.C. above):	_____

YOUR TOTAL MONTHLY GROSS INCOME: **ENTER HERE and on this Affidavit Page 1, line 9.A.** **16.D.** \_\_\_\_\_

17. Your Monthly Deductions from Gross Income:

A. Mandatory Deductions:

Number of exemptions claimed by you: \_\_\_\_\_

<u>Description</u>	<u>Monthly Amount</u>
State Income Taxes:	_____
Federal Income Taxes:	_____
Social Security (FICA):	_____
Workers' Compensation Insurance Premium:	_____
Wage Withholding, Wage Assignment or Garnishment:	_____
(Paid to: _____)	
Medical Insurance for the Parties' Joint Children if Additional Premium	
Total Premium _____ - less cost of coverage for yourself +	
other dependents =	_____
<b>SUBTOTAL OF MANDATORY:</b>	<b>17.A.</b> _____

B. Optional Deductions:

<u>Description</u>	<u>Monthly Amount</u>
Retirement/Profit Sharing:	_____
Savings Plan:	_____
Credit Union:	_____
Other:	_____
<b>SUBTOTAL OF OPTIONAL:</b>	<b>17.B.</b> _____

C. Summary of Deductions:

Mandatory--from item 17.A. above: \_\_\_\_\_  
 Optional--from item 17.B. above: \_\_\_\_\_

**TOTAL MONTHLY DEDUCTIONS: 17.C.** \_\_\_\_\_

18. Information for Medical and Dental Insurance Coverage: (For children listed on page 1, item 6, of this Affidavit which is currently provided or available for the benefit of those children.):

I provide this (complete information below)

**HEALTH INSURANCE**

**DENTAL INSURANCE**

Other parent provides this (complete if known)

Name of Insurance Company:	_____	_____
Plan or Group Name:	_____	_____
Plan/Group Number:	_____	_____
Individual I.D. Number:	_____	_____
Address for Claims Submission:	_____	_____
Phone Number for Information:	_____	_____
Amount of Annual Deductible:	_____	_____
Gross Monthly Premium Actually Paid		
by You (exclude amounts paid by		
your employer):	_____	_____
Monthly Premium to Cover Only You:	_____	_____
Dependent's Portion of Monthly Premium:	_____	_____

Are there dependents other than children on page 1,  
 item 6, of this Affidavit enrolled with plan? YES  NO   
 If Yes, total number of other dependents: \_\_\_\_\_

I hereby declare that the above statement and the attached schedules are 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.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Name

**SCHEDULE 1**  
(Monthly Expenses and Rebutting Factors)

You must complete this schedule and prepare and submit the attachments requested in this schedule if either party seeks spousal support or any change from the uniform child support guidelines. These are the total household expenses you must pay each month. Utility bills should be averaged over the year. Any other annual, quarterly, or other periodic payments should be converted to a monthly average. **DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES. ONLY INCLUDE DIRECT EXPENSES FOR JOINT CHILDREN IN SECTION 1.**

1. Direct monthly expenses for children of this relationship which you pay:

	<u>AMOUNT</u>
A. School Expenses:	
School Lunches:	_____
Books, Tuition:	_____
Activities:	_____
Other (Specify):	_____
B. Food (other than school lunches):	_____
C. Day Care:	_____
D. Clothing:	_____
E. Medical Insurance--Premium Payments:	_____
F. Unreimbursed Health Costs:	_____
G. Unreimbursed Dental Costs:	_____
H. Baby-Sitting (not work-related):	_____
I. Lessons:	_____
J. Grooming Needs:	_____
K. Hobbies, Recreation:	_____
L. Entertainment:	_____
M. Allowances:	_____
N. Transportation:	_____
Gasoline, Oil:	_____
Insurance for Driving-Age Child:	_____
O. Miscellaneous (Specify): _____	_____

TOTAL DIRECT EXPENSES OF CHILDREN: **ENTER HERE and on Uniform Support Affidavit page 1, line 9.B.** 1. \_\_\_\_\_  
(ADD 1.A. thru 1.O.)

	<u>Source</u>	<u>Amount</u>	<u>Name</u>
Average Monthly Amount of Child's Income:	_____	_____	_____

2. **FIXED COSTS** Monthly Amount

A. RESIDENCE:	
Mortgage or Rent:	_____
Property Taxes:	_____
(if not included in mortgage)	
Second Mortgage:	_____
Other:	_____
B. UTILITIES:	
Electricity:	_____
Heat (other than electricity):	_____
Water:	_____
Garbage:	_____
Telephone:	_____
Other:	_____
C. TRANSPORTATION:	
Car Payments:	_____
Gas & Oil:	_____
Maintenance & Repairs:	_____
Other (Specify):	_____
D. INSURANCE:	
Life:	_____
Automobile:	_____
Medical/Dental:	_____
Residence:	_____
E. FOOD AND HOUSEHOLD ITEMS:	_____
(exclude food expenses for joint children covered in Schedule 1, part 1, above)	

F. CLOTHING: \_\_\_\_\_  
Grooming/Personal Needs: \_\_\_\_\_

G. MEDICINE AND PHARMACEUTICAL--Unreimbursed medical/dental costs: \_\_\_\_\_

H. COURT/DCS-ORDERED SUPPORT PAYMENTS: \_\_\_\_\_

**TOTAL FIXED COSTS (A-H):** 2. \_\_\_\_\_

3. CONSUMER OBLIGATIONS:

<u>NAME OF CREDITOR</u>	<u>BALANCE DUE</u>	<u>MONTHLY PAYMENTS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL MONTHLY PAYMENTS ON CONSUMER OBLIGATIONS:** 3. \_\_\_\_\_

4. DISCRETIONARY EXPENSES:

- A. Entertainment: \_\_\_\_\_
  - B. Vacations: \_\_\_\_\_
  - C. Gifts: \_\_\_\_\_
  - D. Religious Contributions: \_\_\_\_\_
  - E. Dues and Subscriptions: \_\_\_\_\_
  - F. Club Memberships & Dues: \_\_\_\_\_
- TOTAL DISCRETIONARY EXPENSES:** 4. \_\_\_\_\_

5. ADDITIONAL EXPENSES:

\_\_\_\_\_

\_\_\_\_\_

**TOTAL ADDITIONAL EXPENSES:** 5. \_\_\_\_\_

6. TOTAL EXPENSES EXCLUDING DIRECT EXPENSES OF CHILD  
(Add 2, 3, 4, and 5): **ENTER HERE and on Uniform Support Affidavit,  
page 1, line 9.C.** 6. \_\_\_\_\_

7. Other factors that affect my income and expenses or that should be considered to rebut the presumptive child support calculations: (attach supporting documentation whenever possible).

[Attach to Summons per ORS 107.093(5)]

**NOTICE OF STATUTORY RESTRAINING ORDER  
PREVENTING THE DISSIPATION OF ASSETS  
IN DOMESTIC RELATIONS ACTIONS**

TO THE PETITIONER AND RESPONDENT:

REVIEW THIS NOTICE CAREFULLY. **BOTH PARTIES MUST OBEY EACH PROVISION OF THIS ORDER TO AVOID VIOLATION OF THE LAW.** SEE INFORMATION ON YOUR RIGHTS TO A HEARING BELOW.

PURSUANT TO ORS 107.093 and UTCR 8.080, Petitioner and Respondent are restrained from:

1. Canceling, modifying, terminating or allowing to lapse for nonpayment of premiums any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy that names either of the parties or a minor child of the parties as a beneficiary.
2. Changing beneficiaries or covered parties under any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy.
3. Transferring, encumbering, concealing, or disposing of property in which the other party has an interest, in any manner, without written consent of the other party or an order of the court, except in the usual course of business or for necessities of life. This paragraph (3) does not apply to payment by either party of:
  - a. Attorney fees in this action;
  - b. Real estate and income taxes;
  - c. Mental health therapy expenses for either party or a minor child of the parties; or
  - d. Expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.
4. Making extraordinary expenditures without providing written notice and an accounting of the extraordinary expenditures to the other party. The paragraph (4) does not apply to payment by either party of expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.

AFTER FILING OF THE PETITION, THE ABOVE PROVISIONS ARE IN EFFECT IMMEDIATELY UPON SERVICE OF THE SUMMONS AND PETITION UPON THE RESPONDENT. IT REMAINS IN EFFECT UNTIL A FINAL DECREE OR JUDGMENT IS ISSUED, UNTIL THE PETITION IS DISMISSED, OR UNTIL FURTHER ORDER OF THE COURT.

**PETITIONER'S/RESPONDENT'S RIGHT TO REQUEST A HEARING**

Either petitioner or respondent may request a hearing to apply for further temporary orders, or to modify or revoke one or more terms of the automatic mutual restraining order, by filing with the court the Request for Hearing form specified in Form 8.080.2 in the UTCR Appendix of Forms.

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

In the Matter of  the Marriage of: )  
\_\_\_\_\_, )  
\_\_\_\_\_, ) Case No. \_\_\_\_\_  
Petitioner, )  
and )  
\_\_\_\_\_, ) REQUEST FOR HEARING RE:  
Respondent. ) STATUTORY RESTRAINING ORDER  
(UTCR 8.080)

1. I am the  Petitioner  Respondent in the above-referenced action, and I request a hearing to:

a. Apply for further temporary orders (*specify in detail; attach additional sheets if necessary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Modify or revoke the following term(s) of the statutory restraining order:

i.  Paragraph 1.  Revoke or  Modify as follows (explain): \_\_\_\_\_  
\_\_\_\_\_

ii.  Paragraph 2.  Revoke or  Modify as follows (explain): \_\_\_\_\_  
\_\_\_\_\_

iii.  Paragraph 3.  Revoke or  Modify as follows (explain): \_\_\_\_\_  
\_\_\_\_\_

iv.  Paragraph 4.  Revoke or  Modify as follows (explain): \_\_\_\_\_  
\_\_\_\_\_

2. I  will  will not be represented by an attorney at the hearing.

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

**Submitted by:**

\_\_\_\_\_  
 Petitioner    Respondent, Signature                      Print Name  
\_\_\_\_\_  
Address or Contact Address                      City, State, Zip                      Telephone or Contact Telephone

**Certificate of Mailing.** I certify that I mailed a copy of this Request for Hearing by U.S. Mail with postage paid to the other party, or the other party's attorney, at the following address: \_\_\_\_\_ on the following date: \_\_\_\_\_.

\_\_\_\_\_  
 Petitioner    Respondent, Signature                      Print Name

**I certify that this is a true copy:**

\_\_\_\_\_  
 Petitioner    Respondent, Signature





ORDER/JUDGMENT #1 (Attach a certified copy of the order)

Name/County of Court or Agency where issued: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Order: \_\_\_\_\_

ORDER/JUDGMENT #2 (Attach a certified copy of the order)

Name/County of Court or Agency where issued: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Order: \_\_\_\_\_

ORDER/JUDGMENT #3 (Attach a certified copy of the order)

Name/County of Court or Agency where issued: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Order: \_\_\_\_\_

ORDER/JUDGMENT #4 (Attach a certified copy of the order)

Name/County of Court or Agency where issued: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Attach additional sheets if necessary, labeled "Attachment 1 to Certificate Re: Child Support Proceedings and Orders".

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Petitioner  Respondent, Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone or Contact Telephone

**UTCR 8.100 FORM TO REQUEST WAIVER OF \$25 FEE (ORS 106.120) WHEN MARRIAGE HANDLED BY A COURT**

**A. WHEN TO USE THIS FORM.** There is an additional \$25 statutory fee for people who want to get married by a judge of a circuit court, an appeals court, or the tax court if the marriage:

- would take place during normal working hours, excluding holidays,
- would take place in a court facility or county clerk's office; or,
- would involve more than a minimal amount of court or clerk staff time or other resources.

If you want to get married but think you shouldn't pay the fee, this form is how you ask a circuit court judge to waive that fee. A judge can waive the fee if you ask and the judge believes there is good reason why you shouldn't have to pay the fee.

**B. HOW TO USE THIS FORM:** The following are the three (3) steps necessary to use this form:

1. STEP 1. You must fill in information asked for in part "C" of this form and read, fill in, and sign part "D" of this form as required.
2. STEP 2. You must take the completed form to an Oregon Circuit Court judge and ask the judge to approve your request. That judge you go to MUST be a judge of the circuit court serving the county where the wedding will be performed. You cannot ask more than one judge every 30 days.
3. STEP 3. **IF** the circuit judge grants your request to waive the fee, the judge will sign the form below and so indicate on the form. Then the judge will give you a copy of the form. Within 30 days after the judge has signed the form showing the judge granted your request, you can get married without paying the fee by giving the judge who marries you the copy of the form you were given by the judge who granted your request. If you are asked to pay the fee by a county clerk when you get a marriage license, you can show them a copy of the form and will not have to pay the \$25 fee.

**C. INFORMATION TO COMPLETE (STEP 1):**

<p>1. Information about 1<sup>st</sup> person wanting to marry (print or type):</p> <p>a. Name and Residence:</p> <p>_____                  First                      Middle                      Last</p> <p>_____                  Street</p> <p>_____                  City                                      State                      Zip Code</p> <p>b. _____</p> <p>Gender                      Age</p> <p>_____                  Birth Date:    Month              Day              Year</p>	<p>2. Information about 2<sup>nd</sup> person wanting to marry (print or type):</p> <p>a. Name and Residence:</p> <p>_____                  First                      Middle                      Last</p> <p>_____                  Street</p> <p>_____                  City                                      State                      Zip Code</p> <p>b. _____</p> <p>Gender                      Age</p> <p>_____                  Birth Date:    Month              Day              Year</p>	<p>3. Information about court where marriage will be/has been arranged:</p> <p>_____                  Court Name</p> <p>_____                  County where court is</p> <p>_____                  City where court is</p> <p>_____                  State, Zip Code for Court</p> <p>_____                  Judge who will perform ceremony (if known)</p>
---	---	---

**D. (STEP 2)** We are the people shown in boxes C1 and C2 and say the following to the court:

1. We would like to get married, but believe that we should not have to pay the \$25 fee under ORS 106.120 for the following reason (state reason): \_\_\_\_\_

2. Within the past thirty (30) days, neither of us have requested another judge to waive this fee.

3. We, the undersigned, each knowingly give the information and make the representations in this form under an oath or affirmation attesting to the truth of what is stated and subject to sanction by law if we knowingly provide false information to the court.

Date \_\_\_\_\_ Signature (person in box 1 above) \_\_\_\_\_

Date \_\_\_\_\_ Signature (person in box 2 above) \_\_\_\_\_



**COURT ORDER**

As a Judge of the Circuit Court, \_\_\_\_\_ County, State of Oregon, I order that this request to waive the \$25 fee under ORS 106.120 be:  granted **OR**  denied.

Date: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

Print or type judge's name: \_\_\_\_\_

**NOTE:** This waiver is only valid for 30 days after the judge signs.





3.

**Receipts and disbursements.** The following [or Exhibits \_\_\_ to \_\_\_ hereto] are complete and accurate schedules of funds received in and disbursed from each depository account of the estate or conservatorship during the accounting period. [If preferred, attach exhibits using the following format.]

(a) [State name of depository and account number.]

Date	Source of Receipt	Explanation	Amount
	OPENING BALANCE		
TOTAL RECEIPTS			
TOTAL RECEIPTS PLUS (+) OPENING BALANCE			

Date	Check #	Payee	Explanation	Amount
TOTAL DISBURSEMENTS				
ENDING BALANCE (Total Receipts, Plus (+) Opening Balance, Minus (-) Total Disbursements)				
TOTAL DISBURSEMENTS PLUS (+) ENDING BALANCE				

[Reconcile any difference between the accounting ending balance for the depository account and the ending balance shown on any ending depository statement filed with this accounting.]

(b) [Add a separate subparagraph or exhibit for each additional depository account.]

4.

**Vouchers and Depository Statements.** [Vouchers are documents evidencing each disbursement and showing the name of the payee, date, and amount. Depository statements are statements from banks, brokerage firms, insurance companies, and similar entities with which estate assets are deposited showing the balance in the depository account at the beginning and end of the accounting period. If vouchers and depository statements are filed with the account, skip to (c). Otherwise mark (a) or (b).]

- (a)  The filing of vouchers and depository statements was waived [Mark one.]
- By court order herein dated \_\_\_\_\_.
- By the following statute or court rule: \_\_\_\_\_.

- (b)  The Fiduciary requests that the Court waive the requirement of filing vouchers and depository statements for this accounting. The vouchers and depository statements are located at the following address: \_\_\_\_\_. The vouchers and depository statements will be available for examination by interested persons at that location until one year after the approval of the final accounting herein.
- (c)  The Fiduciary requests that vouchers and depository statements filed with this accounting be returned. A self-addressed envelope with adequate postage for return of the documents is attached to the vouchers.

5.

**Narrative Description of Changes during the Accounting Period.** During the accounting period the following changes in the assets or financial circumstances occurred: *[Describe all changes not clearly disclosed in the Asset Schedule, including, without limitation, corrections to previously declared values, omitted assets, the closing of an account, the sale or purchase of an asset, a significant change in living expenses, or a stock split.]*

- (a) *[Use as many subparagraphs as necessary to separately describe each change.]*
- (b)

6.

**Fiduciary Disclosures.** *[Disclose and explain every transaction if the transaction was any of the following: (a) A gift. (b) A transaction with a person or entity with whom the Fiduciary has a relationship which could compromise or otherwise affect decisions made by the Fiduciary. The disclosure shall include, but is not limited to, payment for goods, services, rent, reimbursement of expenses, and any other like transactions. (c) A payment for goods or services provided by a person not engaged in an established business of providing similar goods or services to the general public. (d) A payment for goods or services at a rate higher than that ordinarily charged to the general public.]*

- (a) *[Use as many subparagraphs as necessary to separately describe each transaction.]*
- (b)

7.

**Fees.** *[Insert any information regarding requests for Fiduciary or attorney fees and costs.]*

8.

**Notice.** *[Insert any required information addressing the Fiduciary's notice requirements.]*

9.

**Other Matters.** *[Add as many additional paragraphs as may be needed to justify requests for court orders included in the prayer of the accounting and to comply with requirements applicable to the particular accounting, such as the representations concerning tax filings required by ORS 116.083(3)(a) in a final account for a decedent's estate. If necessary, add an appropriate indication of relief requested to the title of the accounting. It is the responsibility of the Fiduciary and the attorney for the Fiduciary to identify and comply with all requirements imposed by statute, rule, or court order.]*

WHEREFORE the Fiduciary prays for an order:

1. Approving this accounting. *[If applicable. Generally annual accounts in decedent's estates will not be approved by the Court until the final account is approved.]*

2. Setting the amount of the bond at \$\_\_\_\_\_. *[Include this provision only if a change of the bond amount is requested in Paragraph 1.]*

3. Changing the asset restrictions as follows: \_\_\_\_\_. *[Include this provision only if a change of the asset restrictions is requested in Paragraph 1.]*

4. Directing the payment of \$\_\_\_\_\_ as reasonable Fiduciary's fee and \$\_\_\_\_\_ as reasonable attorney fees incurred by the Fiduciary. *[If applicable.]*

5. *[Set forth any additional relief requested.]*

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.

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*[Print name of Fiduciary signing above]*  
*[Mark one:]*  Conservator  Personal representative





- \_\_\_ (c) The petitioner refused to test under ORS 813.100 or took the test and the test disclosed that the level of alcohol in the petitioner's blood was sufficient to constitute being under the influence of intoxicating liquor under ORS 813.300.
- \_\_\_ (d) The petitioner had been informed under ORS 813.100 of the rights and consequences as described under ORS 813.100.
- \_\_\_ (e) The petitioner was given written notice required under ORS 813.100.
- \_\_\_ (f) If the petitioner submitted to the test, the person administering the test was qualified to administer the test under ORS 813.160.
- \_\_\_ (g) If the petitioner submitted to the test, the methods, procedures and equipment used in the test complied with requirements under ORS 813.160.
- \_\_\_ (h) Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

Set out name, OSB number (attorneys only),  
 address and telephone number  
 Petitioner  
 Attorney for Petitioner  
 (Please check one of the above)

CERTIFICATE OF SERVICE

I hereby certify that I served the foregoing Petition for Judicial Review on:

Manager  
DMV Hearings  
Driver and Motor Vehicle Services Branch of the  
Oregon Department of Transportation  
1905 Lana Avenue NE  
Salem, Oregon 97314

and,

Attorney General or Designee  
General Counsel Division  
Transportation - Implied Consent Unit  
100 Justice Building  
Salem, Oregon 97310

by mailing by registered or certified mail to those persons a true and correct copy thereof, certified by me as such, placed in a sealed envelope addressed to them at the addresses set forth, and deposited in the United States Post Office at \_\_\_\_\_, Oregon, on \_\_\_\_\_ (date) with the postage prepaid.

---

Petitioner  
 Attorney for Petitioner  
(Please check one of the above)

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

Small Claims Division - \_\_\_\_\_  
(court's address and phone number)

\_\_\_\_\_  
Plaintiff )  
\_\_\_\_\_  
Address )  
\_\_\_\_\_  
City State Zip )  
\_\_\_\_\_  
County )  
V. )  
\_\_\_\_\_  
Defendant Defendant )  
\_\_\_\_\_  
A.K.A. A.K.A. )

CASE No. \_\_\_\_\_

**CLAIM AND  
NOTICE OF CLAIM**

Name, Title (if applicable) and Address for Service on Defendant(s):

\_\_\_\_\_  
Defendant  
\_\_\_\_\_  
A.K.A.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Defendant  
\_\_\_\_\_  
A.K.A.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
County

I, Plaintiff, claim that on or about \_\_\_\_\_, \_\_\_\_\_, the above-named defendant(s) owed me the sum of \$ \_\_\_\_\_, and this sum is still owing for (reason) \_\_\_\_\_

I have incurred fees of \$ \_\_\_\_\_ and service expense of \$ \_\_\_\_\_. Claim Amt: \_\_\_\_\_  
Filing Fee: \_\_\_\_\_  
Service Fee: \_\_\_\_\_

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.

DATED: \_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

\*\*\*\*\*

NOTICE TO DEFENDANT: I certify that the foregoing is a true copy of the claim filed against you.

TRIAL COURT ADMINISTRATOR

By \_\_\_\_\_

NOTICE TO DEFENDANT — READ REVERSE SIDE

NOTICE TO DEFENDANT

READ THESE PAPERS CAREFULLY!

Within 14 DAYS after receiving this notice you MUST do ONE of the following things:

- Pay the claim plus filing and service expenses paid by the plaintiff; OR
- Demand a hearing; OR
- Demand a jury trial.

If you fail to do one of the following things within 14 DAYS after receiving this notice, then upon written request from the plaintiff, the clerk of the court will enter a judgment against you for the amount claimed plus filing fees and service expenses paid by the plaintiff, plus a prevailing party fee.

If you have any questions about the small claims court filing procedures after this notice, you may contact the clerk of the court; however, the clerk cannot give you legal advice on this claim.

Defendant filing fees (to be filled in by plaintiff with fees for specific county where filed):

To Demand a Hearing if the amount claimed is \$1500.00 or less ..... \$ \_\_\_\_\_

To Demand a Hearing if the amount claimed is over \$1500.00 ..... \$ \_\_\_\_\_

To Demand a Jury Trial (Only if the amount claimed is over \$750.00) .... \$ \_\_\_\_\_

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

Small Claims Division - \_\_\_\_\_  
(court's address and phone number)

\_\_\_\_\_  
Plaintiff )  
 )  
 v. )  
 )  
\_\_\_\_\_  
 )  
 )  
\_\_\_\_\_  
Defendant(s) )

CASE No. \_\_\_\_\_

**REQUEST FOR DEFAULT JUDGMENT;  
DEFENDANT STATUS AFFIDAVIT**

(NOTE: Complete this and attach a completed Judgment you propose)

I, \_\_\_\_\_ request default judgment against \_\_\_\_\_  
Name Other Party's Name  
for the following :

- A total judgment award of \$ \_\_\_\_\_, which total includes:
1. A money award of \$ \_\_\_\_\_ ,
  2. Prejudgment interest of \$ \_\_\_\_\_,
  3. Accrued arrearages of \$ \_\_\_\_\_, if any,
  4. Costs and service expenses of \$ \_\_\_\_\_,
  5. A prevailing party fee under ORS 20.190 of \$ \_\_\_\_\_

I request judgment include postjudgment interest at a rate of \_\_\_\_\_% per \_\_\_\_\_ based on \_\_\_\_\_  
(authority for interest)

And, I request the following terms in addition to or in lieu of a money award:  NONE, or \_\_\_\_\_

I have attached a completed proposed small claims judgment for purposes of this request.

In furtherance of this request, I state that:

1. The above-named defendant(s) was duly and regularly served with a copy of the claim and failed to pay the claim or demand a hearing or trial within 14 days;
2. The person against whom I seek judgment by this request:
  - (a) is not one of the following defined by ORS 125.005 and protected by ORCP 69 B: a minor, incapacitated, a protected person, or a respondent;
  - (b)  is  is not  I am unable to determine whether this person is a person protected by the Servicemembers Civil Relief Act (50 U.S.C. App. 501 to 596). The facts that support this statement are: \_\_\_\_\_

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.

\_\_\_\_\_  
Plaintiff's Name (print)

DATED: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

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

Small Claims Division - \_\_\_\_\_  
(court's address and phone number)

\_\_\_\_\_  
Plaintiff )  
 )  
 v. )  
 )  
\_\_\_\_\_  
 )  
 )  
\_\_\_\_\_  
Defendant(s) )

CASE No. \_\_\_\_\_  
**REQUEST FOR JUDGMENT;  
NONCOMPLIANCE AFFIDAVIT**

(NOTE: Complete this and attach a completed Judgment you propose)

I, \_\_\_\_\_ request judgment against \_\_\_\_\_  
Name Other Party's Name  
for the following :

- A total judgment award of \$ \_\_\_\_\_, which total includes:
1. A money award of \$ \_\_\_\_\_ ,
  2. Prejudgment interest of \$ \_\_\_\_\_,
  3. Accrued arrearages of \$ \_\_\_\_\_, if any,
  4. Costs and service expenses of \$ \_\_\_\_\_,
  5. A prevailing party fee under ORS 20.190 of \$ \_\_\_\_\_

I request judgment include postjudgment interest at a rate of \_\_\_\_\_ % per \_\_\_\_\_ based on \_\_\_\_\_  
(authority for interest)

And, I request the following terms in addition to or in lieu of a money award:  NONE, or \_\_\_\_\_

I have attached a completed proposed small claims judgment for purposes of this request.

I, \_\_\_\_\_, hereby swear or affirm that on \_\_\_\_\_  
(date agreement signed)

\_\_\_\_\_ and I signed a Mediation Agreement which has been entered  
(Print other party's name)  
in this case and which contained the following terms. \_\_\_\_\_

\_\_\_\_\_ has not complied with the agreement by failing to do the following:  
(print other party's name)

I did not keep the other party from following the agreement. I certify that on \_\_\_\_\_ I mailed a copy  
(date)  
of this request to the party against whom I request judgment at \_\_\_\_\_  
(address)

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.

\_\_\_\_\_  
Plaintiff's Name (print)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

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

Small Claims Division - \_\_\_\_\_  
(court's address and phone number)

\_\_\_\_\_  
Plaintiff  
  
v.  
  
\_\_\_\_\_  
Defendant(s)

) CASE No. \_\_\_\_\_  
)  
) **SMALL CLAIMS JUDGMENT;**  
) **MONEY AWARD**  
)  General  Limited  Supplemental  
)  
)  Plaintiff  
) Submitted by: \_\_\_\_\_  Defendant

JUDGMENT. I hereby give judgment in this case for the Judgment Creditor named in the money judgment/money award below and against the judgment debtor(s) named therein.  
In addition to or in lieu of the money award below, this judgment establishes the following requirements:  NONE, OR \_\_\_\_\_

MONEY JUDGMENT/MONEY AWARD

1. Judgment Creditor: \_\_\_\_\_  
Name(s)/Address

2. Judgment Creditor's Attorney:  None, OR \_\_\_\_\_  
Name/Address/Phone No. \_\_\_\_\_ in this case.

3. Judgment Debtor(s). Information for any additional debtor(s) is provided in attachments and incorporated herein by reference:

- 4a. Name: \_\_\_\_\_ 4b. Name: \_\_\_\_\_
- 5a. Address: \_\_\_\_\_ 5b. Address: \_\_\_\_\_
- 6a. DOB: \_\_\_\_\_ 6b. DOB: \_\_\_\_\_
- 7a. SSN or Tax ID: \_\_\_\_\_ 7b. SSN or Tax ID: \_\_\_\_\_
- 8a. Dr Lic. No./State: \_\_\_\_\_ 8b. Dr Lic. No./State: \_\_\_\_\_

9. Judgment Debtor's Attorney:  None, OR \_\_\_\_\_  
Name \_\_\_\_\_ in this case.

10. I know the following person or public body is entitled to a portion of the money award:  NO ONE, OR \_\_\_\_\_  
Name \_\_\_\_\_

11. Judgment is for a total judgment award of \$ \_\_\_\_\_, which includes the following money amounts (and postjudgment interest at rate shown):

- 12. Money award of \$ \_\_\_\_\_
- 13. Prejudgment interest of \$ \_\_\_\_\_
- 14. Postjudgment interest on "11" will be at \_\_\_\_\_ % per \_\_\_\_\_.
- 15. Accrued arrearages of \$ \_\_\_\_\_
- 16. Costs and service expenses of \$ \_\_\_\_\_
- 17. Prevailing party fee of \$ \_\_\_\_\_

DATED SIGNED: \_\_\_\_\_  
Circuit Court Judge  
Print Judge's Name

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

Small Claims Division - \_\_\_\_\_  
(court's address and phone number)

\_\_\_\_\_  
Plaintiff )  
 )  
 v. )  
 )  
\_\_\_\_\_  
 )  
 )  
\_\_\_\_\_  
Defendant(s) )

CASE No. \_\_\_\_\_

**NOTICE OF DEFENDANT'S  
ELECTION**

**PART I. Claim Received.** On (date) \_\_\_\_\_ I was served a notice of claim under ORS 46.445 where the above-named plaintiff made a claim against me in the above-named court:

in the amount of: \$ \_\_\_\_\_

for the following property: \_\_\_\_\_

**PART II. Defendant's Election.** (Note: Each defendant listed above must sign and file a separate notice of defendant's election.) I elect to respond under ORS 46.455 as follows:

1. \_\_\_ I ADMIT the plaintiff's claim. I will pay the money or return any property claimed, together with the filing fees and service expenses, directly to the plaintiff and mail proof of that delivery and payment to the court within 14 calendar days of the date the claim was served on me.

2. \_\_\_ I DENY the claim and demand a Small Claims hearing. Enclosed are court fees of \$ \_\_\_\_\_ (see Part III, below).

3. \_\_\_ I DENY the claim, demand a Small Claims hearing, and wish to file a COUNTERCLAIM arising out of the same transaction or occurrence that is the subject matter of the plaintiff's claim. Enclosed are court fees of \$ \_\_\_\_\_ (see Part III, below). I claim that the plaintiff owes me \$ \_\_\_\_\_ because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_ I DENY the claim and demand a JURY TRIAL. (Only if the claim exceeds \$750.00.) I enclose court fees of \$ \_\_\_\_\_ (see Part III, below). This choice requires the plaintiff to file a formal complaint in circuit court. If the plaintiff does not file a complaint, I ask that my JURY FEE be refunded to me. The plaintiff can mail a copy of the formal complaint to me at:

\_\_\_\_\_  
Street/Apt. No. / PO Box No. City State Zip Code

**PART III. Fees.** I understand that:  
Court fees required are based on the amount indicated in Part I, above, and may include other fees depending on how I respond in Part II, above. I must contact the court for the appropriate fee amount.  
If the appropriate fees are not enclosed, the form will not be accepted for filing and may result in a default judgment against me.

**PART IV. Signature.** I have read and understand the above. I have chosen one of the four alternatives and have enclosed the appropriate fee.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone No.