MONEY AWARD
Exhibit "I"

Emergency Monetary Assistance

a. Judgment Creditor (Name): _____
b. Judgment Creditor's Address: _____
Residence, Mailing or Contact
_____
_____
c. Judgment Creditor's Date of Birth: _____
d. Attorney for Judgment Creditor (Name) _____
e. Attorney for Judgment Creditor's Address & Phone No.: _____
_____
_____
_____

f. Judgment Debtor (Name): _____
g. Judgment Debtor's Address _____
_____
h. Judgment Debtor's date of birth _____
i. Judgment Debtor's Social Security No.: Do not fill in SSN. Provide it on UTCR 2.100 affidavit instead.
j. Judgment Debtor Driver's License & State: _____
k. Attorney for Judgment Debtor _____
l. Attorney for Judgment Debtor's Address and Phone No.: _____
_____
_____

m. Other Persons Entitled to Payment (if any): _____
Address _____
_____

n. Judgment Amount: $_____
Pre-judgment Interest: None
o. Post-judgment Interest: Per ORS 82.010 (9% per annum)
p. Costs: $_____
q. Total Judgment: $_____

Dated this _____ Day of _____, 20____.

_____
Judge (Signature)

_____
Judge's Name