

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

_____,)
 Petitioner/Plaintiff,)
)
 v.)
)
 _____,)
 Respondent/Defendant.)

Case No. _____

Petitioner/Plaintiff
 Respondent/Defendant

**DECLARATION FOR DEFERRAL
OR WAIVER OF FEES**

(TO BE COMPLETED BY APPLICANT IN ITS ENTIRETY INCLUDING "N/A" or "0" WHEN APPROPRIATE)

**ACCESS TO THIS DOCUMENT IS RESTRICTED PURSUANT TO THE COURT'S POLICY
TO PROTECT THE PERSONAL PRIVACY INTERESTS OF PARTIES**

1. PERSONAL

Full Name of Applicant _____
FIRST NAME MIDDLE NAME LAST NAME

Residence Address _____
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different) _____
ADDRESS CITY STATE ZIP

Telephone Number _____ *SSN _____ ODL/ID _____ Marital Status _____

*I am providing my Social Security number on a voluntary basis. I understand that I cannot be compelled to provide it or be denied consideration solely for failure to provide it. It may be used to verify my identification, credit and employment information, and for collection purposes of court imposed monetary obligations.

Names and ages of legal dependants living in household:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

2. EMPLOYMENT AND INCOME

Your Employment and Income

Currently Employed Not Currently Employed How long since last employment? _____

Employer Name (use previous employer if not currently employed) _____

Employer Address _____ Work Phone _____

Occupation (job title) _____ Length of Employment _____ Amount of Last Paycheck \$ _____

Hourly Wage \$ _____ Hours Per Week _____ Monthly Income: Gross \$ _____ Net (after taxes) \$ _____

Household Members' Employment and Income

Currently Employed Not Currently Employed How long since last employment? _____

Employer Name (use previous employer if not currently employed) _____

Employer Address _____ Work Phone _____

Occupation (job title) _____ Length of Employment _____ Amount of Last Paycheck \$ _____

Hourly Wage \$ _____ Hours Per Week _____ Monthly Income: Gross \$ _____ Net (after taxes) \$ _____

Adverse Party's Employment and Income

Currently Employed Not Currently Employed How long since last employment? _____

Employer Name (use previous employer if not currently employed) _____

Employer Address _____ Work Phone _____

Occupation (job title) _____ Length of Employment _____ Amount of Last Paycheck \$ _____

Hourly Wage \$ _____ Hours Per Week _____ Monthly Income: Gross \$ _____ Net (after taxes) \$ _____

Any other income for you, household members, or dependants (for example: Social Security, food stamps, unemployment, retirement, public assistance, child support, workers' compensation, disability, tribal benefits, etc.):

Source of Income (describe)	Amount	How long received?	How often received?
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

3. MONTHLY LIVING EXPENSES

Rent/Mortgage \$ _____	Gas \$ _____	Electric \$ _____	Vehicle Payment \$ _____
Credit Card Payment \$ _____	Water \$ _____	Sewer \$ _____	Vehicle Insurance \$ _____
Child Support Payment \$ _____	Trash \$ _____	Phone \$ _____	Transportation Costs \$ _____
Court Fines \$ _____	Medical \$ _____	Food \$ _____	Cable TV \$ _____
Cell Phone \$ _____	Data Plan \$ _____	Internet \$ _____	Other _____ \$ _____

Any other individuals who help pay your living expenses:

Relationship	Amount	Payment for what (describe)?
_____	\$ _____	_____
_____	\$ _____	_____

4. MONEY ON HAND / IN BANK

Cash \$ _____		
Checking Account Number _____	Bank/Credit Union _____	Balance \$ _____
Savings Account Number _____	Bank/Credit Union _____	Balance \$ _____
Other Account Number _____	Institution _____	Balance \$ _____

5. MOTOR VEHICLES

Year, Make, and Model	Value	Amount Owning	Payments made to:
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

6. REAL ESTATE

Address (include city and state)	Year Purchased	Purchase Price	Value	Amount Owning	Payments made to:
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

7. ALL OTHER PROPERTY OR ASSETS (for example: ATVs, RVs, boats, guns, jewelry, livestock, etc.):

Description	Value	Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

8. MONEY OWED TO YOU BY OTHERS (for example: tax refunds, judgments, trust funds, settlements, etc.):

Name of Debtor Owning You Money	Amount Owed	Date Expected
_____	\$ _____	_____
_____	\$ _____	_____

9. ARE YOU SEEKING AN AWARD OF TEMPORARY CHILD AND/OR SPOUSAL SUPPORT?

Yes If so, how much? \$ _____
 No

10. LIQUIDATION OF ASSETS

If you are unable to sell or liquidate your assets, please use this space to explain why: _____

11. OTHER INFORMATION YOU WANT COURT TO CONSIDER

Have you retained an attorney, or do you plan to do so to represent you in this matter? _____

If so, who is your attorney? _____

Have you paid your attorney money? Yes / No (circle) If so, how much? \$ _____

Is there a contingency fee agreement? Yes / No (circle)

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

Date

Signature of Applicant

Name of Applicant (printed or typed)