

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

_____, Petitioner/Plaintiff,)	
)	Case No. _____
v.)	<input type="checkbox"/> Petitioner/Plaintiff
)	<input type="checkbox"/> Respondent/Defendant
_____, Respondent/Defendant.)	APPLICATION FOR DEFERRAL OR WAIVER OF FEES

I am asking for deferral or waiver of fees in this case because I am unable to pay all or part of the fees. The following information is complete and accurate to the best of my knowledge. I understand that I may be required to provide documentation verifying this information. I understand that failure to do so could result in my request being denied.

You must complete the attached Declaration for Deferral or Waiver of Fees with this application. The declaration is designed to prove to the court that you do not have sufficient financial resources to pay the fees.

1. I am applying for deferral or waiver of the following fees (check one box only):

- | | |
|--|--|
| <input type="checkbox"/> Filing Fee Only | <input type="checkbox"/> Filing Fee(s) + Sheriff's Service Fee* |
| <input type="checkbox"/> Hearing Fee(s) | <input type="checkbox"/> Arbitration Fee(s) <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Motion Fee(s) | <input type="checkbox"/> Trial Fee(s) _____ |

*Papers may be served by any competent person that is at least 18 years of age; a resident of Oregon or the state where service is made; and is not a party to the case or a party's attorney, employee, officer, or director. If you are requesting a deferral or waiver of the sheriff's service fee, please explain why you cannot find another qualified person to serve the papers instead of the sheriff:

2. I declare that (check one of the boxes below):

- I am receiving assistance from the following programs (check all that apply):
- | | |
|--|--|
| <input type="checkbox"/> Food Stamps (SNAP)* | <input type="checkbox"/> Oregon Health Plan with Limited Drug |
| <input type="checkbox"/> Oregon Health Plan Standard | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Oregon Health Plan Plus | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |

If you checked the above box, you must be prepared to show proof that you are receiving assistance from the program. *(SNAP – Supplemental Nutrition Assistance Program).

- Even though I am NOT receiving assistance from any of the above programs, I am still unable to pay the fees.

3. If the court defers fees, I understand that:

- a. The fees are an obligation owed by me to the State of Oregon and that the court may place me on a payment schedule. I agree to pay the fees according to the payment schedule. If I fail to pay according to the payment schedule, the total amount of the unpaid fees are due immediately.
- b. The court may enter a judgment against me for the unpaid amount of the fees that are deferred and the judgment will be enforced without regard to the outcome of the case.
- c. If the court establishes a payment schedule or refers a judgment for collection, the law allows administrative and collection costs to be automatically added to the judgment without further notice to me or further action by the court.

4. I understand that if the clerk denies my application, I have the right to ask a judge to review my application.

Date

Signature of Applicant

Name of Applicant (printed or typed)