

OJD INSTRUCTIONS FOR FEE DEFERRAL OR WAIVER APPLICATION

Various fees and costs are required in any civil proceeding including dissolutions, small claims, landlord-tenant disputes and arbitration. A fee schedule is available from the court clerk or on the court's website at: <http://courts.oregon.gov/Harney/> The court accepts credit card, money order, check, or cash. If you cannot afford to pay the amount required, you may ask the court to defer or waive those fees and costs. If the court defers the fees and costs you do not need to pay them at the time of filing but you are still responsible to pay them according to the schedule set up by the court.

If you wish to apply for a fee deferral or fee waiver, complete the following three forms:

- APPLICATION FOR DEFERRAL OR WAIVER OF FEES;**
Fill in the case heading and indicate whether you are the Petitioner/Plaintiff or Respondent/Defendant. Check the boxes that apply to you. Date, sign, and print your name.

- DECLARATION FOR DEFERRAL OR WAIVER OF FEES; AND**
Fill in the case heading and indicate whether you are the Petitioner/Plaintiff or Respondent/Defendant. The declaration must be completely filled out. Do not leave any sections blank. Date, sign, and print your name. The Declaration form is placed in the confidential section of the court file.

- ORDER REGARDING DEFERRAL OR WAIVER OF FEES.**
Fill in the case heading and indicate whether you are the Petitioner/Plaintiff or Respondent/Defendant. The judge or designated court staff will complete the remainder of the form.

For purposes of verification, the judge or designated court staff member will require documentation regarding applicable household income, expenses, or public assistance. Be prepared to provide proof relating to this information.

When you are granted a partial or full deferral of fees, the deferred fees are an obligation owed by you to the State of Oregon. This obligation is payable according to the terms set out in any payment agreement. Failure to pay the amount shown within 30 days of entry of the judgment or failure to comply with the payment schedule will result in 1) additional amounts for administrative (**no more than \$200.00 assessment based on amount owing after 30 days**) and collection costs to be added automatically to the judgment and 2) your account being referred to Department of Revenue or a 3rd party collection agency for collection, without further notice to you from the court (**assessment will be 28% of amount owed**). When payment is received in full, the court will make a notation in the court records.

You will be able to file your documents with the court after a determination on the fee waiver/deferral is made.

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

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

Case No. _____

- Petitioner/Plaintiff
 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):

- Filing Fee Only Filing Fee(s) + Sheriff's Service Fee*
 Hearing Fee(s) Arbitration Fee(s) Other (describe):
 Motion Fee(s) 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):

- Food Stamps (SNAP)* Oregon Health Plan with Limited Drug
 Oregon Health Plan Standard Supplemental Security Income (SSI)
 Oregon Health Plan Plus 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)

**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 Owing	Payments made to:
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

6. REAL ESTATE

Address (include city and state)	Year Purchased	Purchase Price	Value	Amount Owing	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)

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

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

Case No. _____
FEE WAIVER OR DEFERRAL
RECOMMENDATION AND ORDER

CLERK'S RECOMMENDATION OR ORDER (to be completed by court clerk)

I have reviewed (applicant name) _____'s application for waiver or deferral of fees and RECOMMEND ORDER the following:

DENIAL of the applicant's request for waiver or deferral of fees because:

- the applicant is financially able to pay the fees (see part _____ of the Declaration);
- the application is not complete or contains insufficient information (see part _____ of the Declaration);
- the applicant has not shown proof of current eligibility for public benefits; or
- _____.

WAIVER of the applicant's fees in whole or in part.

Total Fees \$ _____ Amount to be Waived \$ _____

The applicant is RECOMMENDED ORDERED to pay:

- \$ _____ in full by (date) _____.
- pursuant to a schedule to be established by court staff.
- by a payment schedule of \$ _____ today and \$ _____ on the same day of each month until paid.

DEFERRAL of the applicant's fees.

The applicant is RECOMMENDED ORDERED to pay:

- \$ _____ in full by (date) _____.
- pursuant to a schedule to be established by court staff.
- by a payment schedule of \$ _____ today and \$ _____ on the same day of each month until paid.

Signature of Clerk

Name of Clerk (printed or typed)

Date

JUDGE'S ORDER (to be completed by judge)

The clerk's recommendation is AFFIRMED.

The clerk's recommendation is MODIFIED or I ORDER as follows:

The applicant's request for waiver or deferral of fees is DENIED because:

the applicant is financially able to pay the fees (see part _____ of the Declaration);

the application is not complete or contains insufficient information (see part _____ of the Declaration); or

_____.

The applicant's fees are WAIVED in whole or in part.

Total Fees \$ _____ Amount Waived \$ _____

The applicant is ORDERED to pay:

\$ _____ in full by (date) _____.

pursuant to a schedule to be established by court staff.

by a payment schedule of \$ _____ today and
\$ _____ on the same day of each month until paid.

The applicant's fees are DEFERRED.

The applicant is ORDERED to pay:

\$ _____ in full by (date) _____.

pursuant to a schedule to be established by court staff.

by a payment schedule of \$ _____ today and
\$ _____ on the same day of each month until paid.

Other findings _____

Date

Signature of Judge

Name of Judge (printed or typed)

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

Petitioner/Plaintiff,)	Case No. _____
v.)	LIMITED JUDGMENT SUPPLEMENTAL JUDGMENT FOR DEFERRED FEES WITH MONEY AWARD
Respondent/Defendant.)	
)	
)	

_____ (applicant name) has filed an application for deferral of fees. The court has reviewed the application and deferred all or part of the fees. As of the date of this judgment, the amount shown below is unpaid and the applicant is obligated to the State of Oregon for that amount.

MONEY AWARD

Judgment Creditor: State of Oregon

Address	City	State	Zip
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Judgment Debtor:

Full Name	Social Security Number	Driver License # / State
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Address	City	State	Zip
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Name of Attorney (if represented by counsel)	Bar Number	Attorney Phone Number
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Attorney Address	City	State	Zip
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Filing Fee(s) \$ _____	Trial Fee(s) \$ _____
Hearing Fee(s) \$ _____	Other Fee(s) \$ _____
Motion Fee(s) \$ _____	

TOTAL DUE \$ _____ Interest Rate 0 %

To be paid in full by (date) _____.

To be paid according to a collection agreement.

To be paid according to a payment schedule of \$ _____ today and \$ _____ on the same day of each month until paid.

Date

Signature of Judge/Court Administrator

Name of Judge/Court Administrator (printed or typed)

NOTICE

When you are granted a partial or full deferral of fees, the deferred fees are an obligation owed by you to the State of Oregon. This obligation is payable according to the terms set out in any payment agreement. Failure to pay the amount shown within 30 days of entry of the judgment or failure to comply with the payment schedule will result in 1) additional amounts for administrative **(no more than \$200.00 assessment based on amount owing after 30 days)** and collection costs to be added automatically to the judgment and 2) your account being referred to Department of Revenue or a 3rd party collection agency for collection, without further notice to you from the court **(assessment will be 28% of amount owed)**. When payment is received in full, the court will make a notation in the court records.

Checks or money orders are to be made payable to the State of Oregon.
Payments may be mailed to the following address:

Harney County Circuit Court
450 N. Buena Vista #16
Burns, OR. 97720

The Court also accepts credit card payments in person or by phone. This can be done by calling (541)573-5207.