

Jackson County Circuit Court, 100 S. Oakdale, Medford, OR 97501
541-776-7171

Instructions for Fee Deferral or Waiver Applications and Declarations

If you want to apply for a deferral or waiver of fees, you must complete the attached forms (Application and Declaration of Assets). ALL SPACES on the Application and Declaration must be complete.

If you are receiving public assistance, proof MUST be attached to your Declaration of Assets. We will not make copies of the proof provided so if you wish to keep a copy for your records, please make a photocopy before submitting your documents to court.

Acceptable proof includes one of the following:

- Food Stamps – computer printout of “issuance history” stamped by DHS, your Oregon Trail card is not acceptable proof.
- TANF – computer printout of “issuance history” stamped by DHS.
- Oregon Health Plan (Standard, Plus, or w/Limited Drug) – current print out of the Medical Card obtained from DHS.
- Supplemental Security & Disability Income – a Benefit Verification Letter from Social Security Administration that includes ALL of the following:
 1. Type of claim (supplemental, disability, etc.)
 2. Date benefits began
 3. Monthly benefit amount
 4. Stamp and initials of Social Security Administration Staff.

Proof may be obtained at the offices below:

DHS Medford	DHS Ashland	DHS White City	Social Security
800 Cardley Ave. Medford, OR 97504 541-776-6172	1658 Ashland St. Ashland, OR 97520 541-482-2041	3131 Avenue C White City, OR 97503 541-864-8700	3501 Excel Dr. # 101 Medford, OR 97504 866-931-7943

APPLICATIONS THAT ARE INCOMPLETE OR MISSING THE REQUIRED PROOF STATED ABOVE WILL RESULT IN A DENIAL OF THE FEE DEFERRAL OR WAIVER.

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

Petitioner/Plaintiff
vs.

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 ALL that apply):

- Filing Fee
- Hearing/Non-Jury Trial Fee
- Arbitration Fee
- Sheriff's Service Fee
- Parenting Class
- Visitors' Fee

Note: Guardianship, conservatorship and probate fees are limited to waiver or full payment; Guardianship and conservatorship cases are based on "Protected" person's information; Probate cases are based on "Deceased" person's information.

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

I am receiving assistance from the following program (check ALL that apply):

- Food Stamps (SNAP)
- Oregon Health Plan Standard
- Oregon Health Plan Plus
- Oregon Health Plan with Limited Drug
- Supplemental Security & Disability Income
- Temporary Assistance to Needy Families (TANF)

Note: If you checked the above box, you must show proof that you are receiving assistance from the program.

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

Supporting Documentation
Verified on ___/___/20___ ___ No Proof Provided
By _____

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.
- d. The above deferral or waiver pertains only to filing, hearing, non-jury trial, parenting class, visitor, arbitration, and Sheriff's service fees; you are still responsible for paying jury trial fees.

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

____ / ____ / 20____
Date

Signature of Applicant

Name of Applicant (printed or typed)

Address

City, State, Zip

(____) _____
Telephone Number

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

vs. Petitioner/Plaintiff

Respondent/Defendant

Case No. _____

- Petitioner/Plaintiff
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DECLARATION FOR DEFERRAL OR WAIVER OF FEES

(TO BE COMPLETED BY APPLICANT IN ITS ENTIRETY INCLUDING "N/A" or "0" WHEN APPROPRIATE-- INCOMPLETE FORMS COULD CAUSE DENIAL OF YOUR REQUEST FOR FEE WAIVER OR DEFERRAL)

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

1. PERSONAL [] Please check if EMERGENCY consideration is needed for this filing

Full Name of Applicant _____ FIRST NAME MIDDLE NAME LAST NAME

Residence Address _____ STREET ADDRESS CITY STATE ZIP

Mailing Address (if different) _____ STREET ADDRESS CITY STATE ZIP

Telephone# _____ *SSN _____ ODL/ID _____ Birthdate _____ 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.

Are you a dependant on anyone else's tax return? [] Yes [] No

Names and ages of legal dependants living in household:

If you list dependants, please outline their relationship in your household (children, parents, not related)

Table with 4 columns: Name / Relationship, Age, Name / Relationship, Age. Includes two rows of blank lines for entry.

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 _____

Job Title _____ Length of Employment _____ Hourly Wage \$ _____ Hours per Week _____

Monthly Income: Gross \$ _____ Net (after taxes and if applicable, before Child/Spousal support deduction) \$ _____

If you indicated that you are unemployed, please explain the status of any unemployment claim.

[Empty rectangular box for explanation of unemployment claim]

Household Member Employment and Income

(Spouse or Domestic Partner who resides with the applicant in a common dwelling and shares living expenses)

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

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

Employer Address _____ Work Phone _____

Job Title _____ Length of Employment _____ Hourly Wage \$ _____ Hours per Week _____

Monthly Income: Gross \$ _____ Net (after taxes and if applicable, before Child/Spousal support deduction) \$ _____

If you are unable to complete the Household Member's Employment and Income, please explain why. This information may be necessary for action on your request.

[Empty rectangular box for explanation of inability to complete household member information]

Any other income for you or household member (for example: child or spousal support, pension, retirement, unemployment, workers' compensation, disability, tribal benefits, etc.)

Source of Income (Please describe)	Gross amount before any deduction(s)	Amount after any deduction(s) (Child/Spousal support)	How often received? (monthly, weekly, etc)	How long received? (# weeks, months, years)
Child & Spousal Support	\$	\$		
Social Security (Pension/Retirement)	\$	\$		
Unemployment	\$	\$		
Workers' Compensation or Disability	\$	\$		
Other (please describe)	\$	\$		
	\$	\$		

3. MONTHLY LIVING EXPENSES (Amount you and spouse/partner pay out on a monthly basis)

Rent/Mortgage	\$	Gas Heat	\$	*Medical	\$	Cable TV	\$
Credit Card	\$	Electric	\$	*Dental Plan	\$	Vehicle Payment	\$
Court Fines	\$	Water	\$	Phone	\$	Vehicle Insurance	\$
*Child/Spousal Support	\$	Sewer	\$	Cell Phone	\$	Transportation Costs (gas, bus pass, taxi, etc)	\$
Food	\$	Trash	\$	Internet	\$	Other (Child Care, etc)	\$

*Is your Child or Spousal Support Payment deducted from your paycheck/income? Yes No

*Is your Medical or Dental Plan deducted from your paycheck? Medical only Dental only Neither

If you listed no income, please explain how you are paying your living expenses.

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If you did not list any living expenses, please explain why.

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Any other individuals who help pay your living expenses:

Name / Relationship	Amount	Frequency	Payment for what (describe)?
	\$		
	\$		

4. MONEY ON HAND and IN BANK (Applicants or Household Member)

Cash (Pocket, Purse, Wallet, Home)	\$				
Checking Account Number		Bank/Credit Union		Balance	\$
Savings Account Number		Bank/Credit Union		Balance	\$
Other Account Number		Institution		Balance	\$

5. MOTOR VEHICLES (Registered to applicant or Household Member)

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

6. REAL ESTATE (Buying/Owned by Applicant or Household Member)

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

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

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

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

Name of Debtor Owning you Money	Amount Owed	Date Expected
	\$	
	\$	

9. LIQUIDATION OF ASSETS

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

10. OTHER INFORMATION YOU WANT COURT TO CONSIDER

Example: This is a Domestic Relations case, your spouse controls all family resources, and you have no money

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 If so, how much? \$ _____

Is there a contingency fee agreement? Yes No

Initials I acknowledge that it is my responsibility to call the court and verify the status of this application. Pleadings are not considered filed until: 1) your fee waiver is approved; 2) you have agreed to a deferred payment imposition; 3) your request has been denied and you have paid the appropriate filing fee.

I HEREBY SWEAR 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 / Proposed Guardian / Personal Representative

Printed Name of Applicant / Proposed Guardian / Personal Representative

