

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 Standard
 - Oregon Health Plan Plus
 - Oregon Health Plan with Limited Drug
 - Supplemental Security Income (SSI)
 - 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)

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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)

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:

Table with 4 columns: Name, Age, Name, Age. 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 _____

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)

INFORMATION REGARDING DEFERRED FILING FEES

If the filing fees or court costs in your case have been **temporarily** deferred by the court they will be deferred until one of the following occurs:

- a. A judgment (the final documents) is presented to the court.
- b. The matter comes before the court for trial or hearing in this case; or
- c. A notice of attorney representation is filed on the moving party's behalf; whichever occurs first.

If you are unable to pay the fees and costs when one of the above occurs, a **new** request for waiver or deferral of fees must be submitted to the court. Remember, the application and declaration must be filled out in their entirety.

If the deferral expires and the fees and costs are not paid in full, a judgment will be entered in favor of the State of Oregon for the deferred fees. If the judgment is not paid within 30 days of entry, collection costs will be added without further notice to you.

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FOR THE COUNTY OF _____**

_____) Petitioner/Plaintiff,)	Case No. _____ <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant	
v.)		
_____) Respondent/Defendant.)		
ORDER REGARDING DEFERRAL OR WAIVER OF FEES		
IT IS HEREBY ORDERED that:		

Deferral Only (No Waiver)

1. The applicant's filing fees are **DEFERRED**. The deferred fees shall be paid prior to the final judgment or hearing, whichever occurs first. If the fees are not so paid, a supplemental judgment shall be entered for any deferred fees.

Deferral (Temporary)

2. The following other fees are **DEFERRED** for payment:
 Filing Fee(s) Hearing Fee(s) Arbitration Fee(s) Other
 Sheriff's Service Fee Motion Fee(s) Trial Fee(s) _____

on a temporary and/or partial basis until: (a) judgment is presented to the court, (b) the matter comes on for trial or hearing in this case, or (c) a notice of attorney representation is filed on the moving party's behalf. The temporary deferral shall expire and fees and costs shall be paid, or a new application and declaration supporting a final deferral or waiver of fees shall be submitted to the court if you are unable to pay the fees and costs when a, b, or c occurs. In the event that the temporary deferral allowed in this paragraph expires and a judgment is entered without payment of the fees or costs, a supplemental judgment for any temporarily deferred fees or costs shall be entered. If the judgment is not paid in 30 days or a payment plan approved, collection costs will be added without further notice to you.

Waiver

3. The following fees are **WAIVED** (No payment)
 Filing Fee(s) Hearing Fee(s) Arbitration Fee(s) Other
 Sheriff's Service Fee Motion Fee(s) Trial Fee(s) _____

Denial

4. The applicant's request for deferral or waiver of fees is **DENIED** because:
 Applicant is financially able to pay the fees (see part _____ of the Declaration);
 Application contains insufficient information (see part _____ of the Declaration);
 Applicant does not qualify under the General Order regarding deferral and waiver of fees;
 Other findings _____.

Dated this _____ day of _____, 20__.

Circuit Court Judge

INFORMATION REGARDING DEFERRED FILING FEES

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- a. A judgment (the final documents) is presented to the court.
- b. The matter comes before the court for trial or hearing in this case; or
- c. A notice of attorney representation is filed on the moving party's behalf; whichever occurs first.

If you are unable to pay the fees and costs when one of the above occurs, a **new** request for waiver or deferral of fees must be submitted to the court. Remember, the application and declaration must be filled out in their entirety.

If the deferral expires and the fees and costs are not paid in full, a judgment will be entered in favor of the State of Oregon for the deferred fees. If the judgment is not paid within 30 days of entry, collection costs will be added without further notice to you.