INSTRUCTIONS FOR FEE DEFERRAL OR WAIVER APPLICATION & DECLARATION

Fees and costs are required in any civil case, including dissolutions (divorce), small claims, evictions (FED – Forcible Entry and Detainer), and arbitration. A list of fees is available at *www.courts.oregon.gov* or from the court clerk. The court accepts cash, credit and debit cards, and money orders or checks made out to the State of Oregon. 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. You still have to pay according to the schedule set up by the court.

If you want to apply for a deferral or waiver of fees, complete the following forms:

The **case heading** must be the same as on the papers you filed or received

APPLICATION & DECLARATION FOR DEFERRAL OR WAIVER OF FEES.

Fill in the case heading and mark whether you are the Plaintiff/Petitioner or Defendant/Respondent. You must completely fill out the Declaration. Do not leave any sections blank. Date, sign, and print your name. This document is kept confidential (only court staff will see it, not the other party).

ORDER REGARDING DEFERRAL OR WAIVER OF FEES.

Fill in the case heading and mark whether you are the Plaintiff/Petitioner or Defendant/Respondent. The judge or designated court staff will complete the rest of the form.

You must show proof of income and monthly bills (including rent and utilities) for the past two months. If you claim to be eligible for public assistance, you ***must*** show proof of the amount you receive from all programs. Once the forms are complete, bring them to court. You will appear before a judge or other court staff.

At the end of your case, fee deferrals may be addressed again if any amount is still unpaid. The judge will review the situation and decide whether the fees should be waived. At that time, you will have to update your information.

Note: Court-specific instructions may be attached.

Tips for completing the Declaration:

- Complete EVERY entry – enter "N/A" for "Not Applicable" if it does not apply to you.
- ONLY enter payments that you are legally required to make for yourself or your dependents. If you are paying any expenses for a child who is not your legal dependent, a parent, or anyone else, do NOT include those payments in your *Declaration*.
- "DL/ID" is your Driver's License or identification number.
- "Transportation" includes bus passes, parking fees, etc.
- "Vehicle payments" and "Insurance" include *all* vehicles that you are currently making payments on (cars, trucks, motorcycles, scooters, bicycles, etc.).
- "Liquidation of assets" – if you sold your valuable possessions, how much would you get?
- A contingency fee agreement means that your lawyer gets paid part of any judgment or award that you get in this case.

Case No: _____

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

_____
Plaintiff/Petitioner

v.

_____
Defendant/Respondent

Case No. _____

Application & Declaration for Deferral or Waiver of Fees for:

☐ Plaintiff/Petitioner
☐ Defendant/Respondent

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

I am asking for deferral or waiver of fees in this case because I am unable to pay all or part of the fees right now. I understand that I must complete the ***Declaration for Deferral or Waiver of Fees*** to prove to the court that I do not have enough money to pay the fees. I understand that if I do not, my request can be denied.

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

☐ Filing Fees ☐ Filing Fees + Sheriff's Service Fee* ☐ Motion Fee
☐ Arbitration Fee ☐ Trial Fee
☐ Other (describe): _____

*If you are requesting deferral or waiver of the sheriff's service fee, explain why you cannot find another person to serve the papers. Papers can be served by any competent person who is at least 18 years old, a resident of Oregon (or the state where service is made), and who is not a party to the case or a party's lawyer, employee, officer, or director.

_____

_____

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

   a. The fees are a debt I owe to the State of Oregon, and the court may put me on a payment plan. I agree to pay the fees according to the payment plan. If I fail to do so, the total amount of unpaid fees will be referred for collection.

   b. The court will enter a judgment against me for the unpaid amount of the fees that are deferred, and the judgment will be enforced regardless of the outcome of the case.

   c. If the court refers this judgment for collection, administrative and collection costs will automatically be added to the judgment without further notice to me or further action by the court.

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

Declaration

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

Phone: _____ Date of Birth (month/day/year) _____

Marital Status: _____ *SSN:_____ DL/ID: _____

*I am providing my Social Security number voluntarily. I understand that I cannot be forced 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 of court-imposed monetary obligations.

Names and ages of legal dependents living in household:

Name	Age	Name	Age

2. PUBLIC ASSISTANCE *(include the amount you receive PER MONTH, if any)*

☐ I am now receiving assistance from the following programs (*check all that apply*):

- ☐Food Stamps (SNAP-Supplemental Nutrition Assistance Program) - $_____
- ☐Supplemental Security Income (SSI) - $ _____
- ☐Temporary Assistance to Needy Families (TANF) - $_____
- ☐Oregon Health Plan (OHP)

(If you checked any of the boxes above, you must show proof of the amount that you are receiving.)

3. 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_____Last Paycheck $_____

Wages/salary $_____ per _____ Hours Per Week _____

Monthly Income: Gross (before taxes) $_____ Net (after taxes) $_____

(If you are employed, you must show proof of your income. See Instructions.)

Household Members' Employment and Income

Name and relationship to you: _____

☐ 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_____Last Paycheck $_____

Wages/salary $_____ per _____ Hours Per Week _____

Monthly Income: Gross (before taxes) $ _____ Net (after taxes) $_____

Any other income for you, household members, or dependents *in addition to* amounts listed in Section 2 (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?

_____ $_____ _____ _____

_____ $_____ _____ _____

_____ $_____ _____ _____

_____ $_____ _____ _____

☐ Additional Page Attached

Other Party's Employment and Income *(if known to you)*

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

Occupation (job title) _____Wages/salary $_____ per _____ Hours Per Week _____ Monthly Income: $_____ ☐ gross (before tax) ☐ net (after taxes)

4. MONTHLY LIVING EXPENSES (Total: $ _____)

Home

Rent/mortgage $	Food $	Trash $

Utilities

Electric $	Gas $	Water $
Sewer $	Phone $	Cell $
Cable $	Internet $	

Transportation

Vehicle payments $	Insurance $ /month	Gas $
Bus $	Parking $	

Other

Credit cards $	Student loans $	Court fines $
Medical $	Child support $	Other *(describe)*

(You must show proof of the amount you pay for monthly expenses. See Instructions.)

Any other individuals who help pay your living expenses:

Relationship Amount Payment for what?

_____ _____ _____

_____ _____ _____

5. MONEY ON HAND / IN BANK

Cash $_____

Checking Account # _____ Bank/Credit Union _____ Balance $ _____

Savings Account # _____ Bank/Credit Union _____ Balance $ _____

Other Account # _____ Institution _____ Balance $ _____

6. VEHICLES

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

_____ $_____ $_____ _____

_____ $_____ $_____ _____

7. REAL ESTATE

Address (include city and state)	Purchase Year	Purchase Price	Value	Amount Owed	Payments Made to:
_____	_____	$_____	$_____	$_____	_____

_____ _____ $_____ $_____ $_____ _____

8. ALL OTHER PROPERTY OR ASSETS (such as: ATVs, RVs, boats, guns, jewelry, livestock, etc.):

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

9. LIQUIDATION OF ASSETS

If you are unable to sell or liquidate your assets, explain why: _____

_____

_____

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

Name of Debtor Owing You Money	Amount Owed	Date Expected
_____	$_____	_____
_____	$_____	_____

11. ARE YOU SEEKING TEMPORARY CHILD AND/OR SPOUSAL SUPPORT?

☐ No ☐ Yes (How much? $_____

12. OTHER INFORMATION YOU WANT COURT TO CONSIDER

_____

_____

_____

_____

Do you have a lawyer (or do you plan to) to represent you in this case? ☐ Yes ☐ No

Have you paid your lawyer money? ☐ No ☐ Yes (How much? $_____)

Do you have a contingency fee agreement with your lawyer? ☐ No ☐ Yes

Certificate of Document Preparation. Check all that apply:

☐ I chose this form for myself and completed it without paid help.

☐ A legal help organization helped me choose or complete this form, but I did not pay money to anyone.

☐ I paid (or will pay) _____ for help choosing, completing, or reviewing this form.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

_____ _____

Date Signature of Applicant (☐ Plaintiff/Petitioner ☐ Defendant/Respondent)

_____

Name of Applicant (printed or typed)

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Case No: _____

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

_____
Plaintiff/Petitioner

v.

_____
Defendant/Respondent

Case No. _____

Order Regarding Deferral or Waiver of Fees for:

☐ Plaintiff/Petitioner
☐ Defendant/Respondent

The court finds that the applicant is currently unable to pay all or part of the noted fees. **THE COURT HEREBY ORDERS THAT:**

1. Deferral (Temporary): ☐ The court **DEFERS** the following fees on a temporary and/or partial basis:

☐ Filing Fees ☐ Sheriff's Service Fee ☐ Motion Fee
☐ Arbitration Fee ☐ Trial Fee
☐ Other: *(describe)* _____

☐ The noted fees are deferred until the court receives notice that Applicant is represented by a lawyer ***or*** until a hearing or trial. Fees are due in full upon occurrence of either event unless Applicant files a new *Application and Declaration for Deferral or Waiver of Fees* and the court grants that application. If neither event occurs, the fees are due as specified in a future judgment in this case.

or

Payment must be made
☐ According to the terms of the attached payment plan (or) $_____ per month until paid in full
☐ As ordered by a judgment in this case (or)
☐ Other: _____

If fees are not paid as ordered, judgment will be entered against you without further notice.

2. Waiver: ☐ The court **WAIVES** the following fees (no payment):

☐ Filing Fees ☐ Sheriff's Service Fee ☐ Motion Fee
☐ Arbitration Fee ☐ Trial Fee
☐ Other (describe) _____

3. Denial: ☐The court **DENIES** the applicant's request for deferral or waiver of fees because:

☐Applicant is financially able to pay the fees (see part _____ of the Declaration);
☐Application contains insufficient information (see part _____ of the Declaration);
☐Other findings _____

_____
Date

_____
Circuit Court Judge or designee, signature

_____
Name, printed