

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/linn/>. 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.

Once the forms are complete, you will be required to appear before a judge or designated court staff to make your request for a fee deferral or waiver. All fee deferral and waiver matters are heard Monday through Friday between 8:30 a.m. and 11:30 a.m. and 1:30 p.m. and 4:30 p.m. in Room 107 of the Linn County Courthouse.

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

At the completion of your case, the questions of fee deferral or waiver may again be addressed for any amount still unpaid. The judge in your case will again review the situation and decide in the final judgment whether the fees should be deferred or waived. At that time, you may be asked to come back to the court and update your financial situation again through the fee deferral or fee waiver process.

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

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

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):

- | | |
|---|--|
| <input type="checkbox"/> Filing Fee | <input type="checkbox"/> 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)

Address/Contact Address

City, State, Zip

Telephone or Contact Telephone

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

_____,)
 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 "NONE" 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 \$ _____ 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 Owing 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 LINN**

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

Case No. _____

- Petitioner/Plaintiff
 Respondent/Defendant

**ORDER REGARDING DEFERRAL
OR WAIVER OF FEES**

IT IS HEREBY ORDERED that:

Deferral Only (No Waiver)

1. 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) _____

A Limited Judgment shall be entered for any deferred fees. If the judgment is not paid in 30 days or a payment plan approved, a payment assessment fee will be imposed. Collection costs will be added without further notice to you if the account becomes delinquent.

Waiver

2. 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

3. 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 or Designee

Name of Judge (printed or typed)