

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF _____

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

Case No. _____

- Box Petitioner/Plaintiff
Box Respondent/Defendant

DECLARATION FOR WAIVER OR DEFERRAL OF FEES

(TO BE COMPLETED BY APPLICANT)

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

1. PERSONAL

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 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. Includes three rows of blank lines for entry.

2. EMPLOYMENT AND INCOME

Box Currently Employed Box 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) \$

Spouse's Employment

Box Currently Employed Box 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) \$

Other income for you, spouse, dependents, or household members (for example: Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, tribal benefits, etc.):

Table with 4 columns: Source of Income (describe), Amount, How long received?, How often received?. Includes three rows of blank lines for entry.

Other household members who help pay your living expenses:

| Relationship | Amount | Payment for what (describe)? |
|--------------|----------|------------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

3. MONEY ON HAND / IN BANK

Cash \$ _____

| | | |
|-------------------------------|-------------------------|------------------|
| Checking Account Number _____ | Bank/Credit Union _____ | Balance \$ _____ |
| Savings Account Number _____ | Bank/Credit Union _____ | Balance \$ _____ |
| Other Account Number _____ | Bank/Credit Union _____ | Balance \$ _____ |

4. MOTOR VEHICLES

| Year, Make, and Model | Value | Amount Owing | Payments made to: |
|-----------------------|----------|--------------|-------------------|
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |

5. REAL ESTATE

| Address (include city and state) | Year Purchased | Purchase Price | Value | Amount Owing | Payments made to: |
|----------------------------------|----------------|----------------|----------|--------------|-------------------|
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |

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

| Description | Value | Description | Value |
|-------------|----------|-------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

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

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

8. 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 \$ _____ | Other _____ \$ _____ |

9. LIQUIDATION OF ASSETS

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

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)