

IN THE OREGON TAX COURT
MAGISTRATE DIVISION

_____,)
 _____,)
) TC-MD _____
 Plaintiff(s),)
 v.)
)
Note: Identify the defendant(s) named in your complaint.)
)
 _____ COUNTY ASSESSOR)
)
 DEPARTMENT OF REVENUE,)
 State of Oregon,)
) **APPLICATION FOR WAIVER OF FEE**
 Defendant.) **AND COURT COSTS**

I/We request waiver of fee in this case because I/we cannot pay all or part of the fee. **(The fee is \$240.)** The following information is complete and accurate to the best of my/our knowledge. I/We understand that I/we may be required to provide documentation verifying this information. I/We understand that failure to do so could result in my/our request being denied.

You must complete the Affidavit of Income, Assets, and Expenses In Support of Application for Waiver of Fee and Court Costs with this application. The affidavit is designed to prove to the court that you do not have sufficient financial resources to pay the fee.

I/We declare that (check one of the boxes below):

(1) I/We receive public benefits under one of the following programs **(you must provide proof of current eligibility for any program checked below)**.

- (a) Temporary Assistance to Needy Families (TANF).
- (b) Food Stamps-Supplemental Nutrition Assistance Program (SNAP).
- (c) Supplemental Security Income (SSI).
- (d) Oregon Health Plan (OHP) package:
 1. OHP Plus;
 2. OHP Standard; or
 3. OHP with limited drug.

If you checked item (1) above, attach the necessary documentation and sign this application.

(2) Even though I/we do NOT receive assistance from any of the above programs, I/we cannot pay the fee and court costs. Based on the attached affidavit, I/we cannot pay the fee and court costs (complete and sign the attached affidavit).

(signature)

(date)

(print or type name)

(signature)

(date)

(print or type name)

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) TC-MD _____
 Plaintiff(s),)
 v.)
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Note: Identify the defendant(s) named in your complaint.)
)
 _____ COUNTY ASSESSOR)
)
 DEPARTMENT OF REVENUE,) **AFFIDAVIT OF INCOME, ASSETS,**
 State of Oregon,) **AND EXPENSES IN SUPPORT OF**
) **APPLICATION FOR WAIVER OF FEE**
 Defendant.) **AND COURT COSTS**

(full name: last, first, middle initial)	(date of birth)
(driver license number)	____ - ____ - ____ (Social Security number*)
(full name: last, first, middle initial)	(date of birth)
(driver license number)	____ - ____ - ____ (Social Security number*)
(street address)	(telephone number)

* 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 the failure to provide it. It may be used to verify my identification, credit, and employment information, and used for collection purposes for court-imposed monetary obligation.

(1) EMPLOYMENT AND OTHER INCOME

<input type="checkbox"/> Present employer, if currently employed Employer _____ Address _____ Hourly wage _____ Hours per week _____	<input type="checkbox"/> Previous employer, if not currently employed. How long since last employment? _____ How long? _____ Occupation (title) _____ Work phone _____ Monthly pay: <input type="checkbox"/> gross _____ or <input type="checkbox"/> net (after taxes) _____
<input type="checkbox"/> Spouse's present employer, if currently employed Employer _____ Address _____ Hourly wage _____ Hours per week _____	<input type="checkbox"/> Previous employer, if not currently employed. How long since last employment? _____ How long? _____ Occupation (title) _____ Work phone _____ Monthly pay: <input type="checkbox"/> gross _____ or <input type="checkbox"/> net (after taxes) _____

Other income for you and your spouse, dependents or household members; for example, Social Security, unemployment, retirement, public assistance, child or spousal support, workers' compensation, disability, etc.:

Source of Income (describe)	Amount	How long received	How often received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other household members who help pay for your living expenses:

Relationship	Amount	Payment for what? (describe)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(2) MONEY ON HAND/IN BANK

Cash _____			
Checking Account No. _____	Bank/Credit Union _____		Balance _____
Savings Account No. _____	Bank/Credit Union _____		Balance _____
Other Account No. _____	Bank/Credit Union _____		Balance _____

(3) MOTOR VEHICLES Make and year	Value	Amount owing	Vehicle payments made to
_____	_____	_____	_____
_____	_____	_____	_____

(4) REAL ESTATE Address and city	Value	Amount owing	House payments made to
_____	_____	_____	_____
_____	_____	_____	_____

(5) ALL OTHER PROPERTY OR ASSETS (All other property or assets exceeding \$200 in value; for example, furniture, stocks, bonds, boats, R.V.s, trailers, campers, guns, and jewelry)

Description	Value	Description	Value
_____	_____	_____	_____
_____	_____	_____	_____

(6) MONEY OWED TO YOU BY OTHERS (for example, tax refund, settlement, judgment, or trust funds)

Name of debtor	Amount owed	Date expected
_____	_____	_____
_____	_____	_____
_____	_____	_____

(7) NUMBER OF DEPENDENTS IN HOUSEHOLD: _____

(8) LIVING EXPENSES

(9) OTHER INFORMATION THE COURT SHOULD KNOW

Rent/Mortgage	_____	_____
Utilities	_____	_____
Food	_____	_____
Vehicle payment(s)	_____	_____
Medical Expenses	_____	_____
Child support payment(s)	_____	_____
Credit card payment(s)	_____	_____
Department stores	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL	_____	_____

IMPORTANT: You must sign this affidavit in the presence of a notary public.

I/We understand that the information I/we have provided above may be verified. I/we, the undersigned, swear or affirm that the information I/we have provided is true and correct to the best of my/our knowledge. I/We understand that if I/we do not tell the truth, I/we can be charged with perjury or false swearing and, if convicted, I/we can be imprisoned, fined, or both.

(date) (signature)

(date) (signature)

State of Oregon)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

Notary Public for Oregon
My Commission Expires: _____

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