

according to the payment schedule. If I/we fail to pay according to the payment schedule, the total amount of unpaid fee and costs becomes immediately due and payable.

(b) The court may enter a judgment against me for the unpaid amount of the fee and other court costs 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 and/or refers a judgment for collection, the law allows administrative and collection costs automatically to be added to the judgment, without further notice to me or further action by the court.

(signature)

(date)

(print or type name)

(signature)

(date)

(print or type name)

IN THE OREGON TAX COURT
REGULAR DIVISION

_____,)
_____,)
_____)

Plaintiff(s),

v.

DEPARTMENT OF REVENUE,
State of Oregon,

Defendant.

) TC No. _____

) **AFFIDAVIT OF INCOME, ASSETS, AND**
) **EXPENSES IN SUPPORT OF**
) **APPLICATION FOR WAIVER OR**
) **DEFERRAL OF FEE 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

Present employer, if currently employed

Previous employer, if not currently employed. How long since last employment? _____

Employer _____ How long? _____ Occupation (title) _____

Address _____ Work phone _____

Hourly wage _____ Hours per week _____ Monthly pay: gross _____ or net (after taxes) _____

Spouse's present employer, if currently employed

Previous employer, if not currently employed. How long since last employment? _____

Employer _____ How long? _____ Occupation (title) _____

Address _____ Work phone _____

Hourly wage _____ Hours per week _____ Monthly pay: gross _____ or 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, 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)

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.