

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF _____

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

Case No. _____

- Petitioner/Plaintiff
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

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:

Table with 4 columns: Name, Age, Name, Age. Includes three rows of blank lines for entry.

2. 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) \$ _____

Spouse's Employment

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) \$ _____

Other income for you, spouse, dependants, 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 _____	Institution _____	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)