

IN THE COURT OF APPEALS OF THE STATE OF OREGON

Appellant (or Petitioner)

v.

Respondent(s)

**MOTION FOR RECONSIDERATION OF DEFERRAL OR WAIVER
OF FEES and DECLARATION IN SUPPORT**

Appellate Case No. _____

1. I, (*name*) _____, was granted a deferral of fees, or was denied deferral or waiver of fees in this case. I am unable to pay all or part of the remaining balance of fees because:

2. The current balance of fees due is \$_____.
3. I am requesting a waiver for the remaining fees because I cannot pay the fees now or in the reasonable future. I request a:
- Full Waiver**
- Or **Partial Waiver** (of \$_____). I understand that I will have to pay additional Administrative and collection costs if I do not pay the balance of \$_____ when the appellate judgment is entered.

DECLARATION

1. PERSONAL

Date of Birth (month/day/ year) _____

*SSN: _____ Driver License/State ID: _____

**I am providing my Social Security number voluntarily. I understand that I cannot be forced to provide it or be denied consideration solely for failure to provide it. It may be used to verify my identification, employment information, and for collection of fees.*

Number of people living in your household: _____

2. PUBLIC ASSISTANCE / LEGAL AID

Are you represented in this case by a legal aid attorney?

- Yes (Name): _____
 No

If you indicated "no", check any programs you currently receive assistance from:
(include the amount you receive PER MONTH)

- Food Stamps (SNAP-Supplemental Nutrition Assistance Program) - \$ _____
 Supplemental Security Income (SSI) - \$ _____
 Temporary Assistance to Needy Families (TANF) - \$ _____
 Oregon Health Plan (OHP)

Total monthly benefits received: \$ _____

Complete sections 3-6 with amounts for all members of your household combined

3. EMPLOYMENT AND INCOME

Total monthly income from all jobs, before taxes are taken out: \$ _____

Total monthly income from other sources: \$ _____
(including annuities, settlement income, and any other source of funds or support)

TOTAL INCOME FROM ALL SOURCES: \$ _____

4. ASSETS

Total cash available from all accounts: \$ _____ (cash, checking account, savings, etc.)

List any assets you have including vehicles, real estate, boats, guns, jewelry, livestock, business interests, etc.:

Value of assets: _____

TOTAL VALUE OF ALL ASSETS & CASH: \$ _____

5. LIVING EXPENSES (per month):

Home: \$ _____
(rent, mortgage, utilities, cell phone, food)

Transportation: \$ _____
(parking, gas, bus, insurance, vehicle loan payments)

Other: \$ _____
(student loans, day care, court fines, medical, child support, credit cards, etc.)

TOTAL MONTHLY LIVING EXPENSES: \$ _____

6. OTHER INFORMATION YOU WANT COURT TO CONSIDER

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature

Name (printed)

Contact Address

City, State, Zip

Contact Phone