

**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_**

_____ Petitioner/Plaintiff,	)	<b>Case No.</b> _____
v.	)	<input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant
_____ Respondent/Defendant.	)	<b>APPLICATION FOR WAIVER OR DEFERRAL OF FEES</b>

I am asking for waiver or deferral of fees in this case because I am unable to pay all or part of the fees. The following information is complete and accurate to the best of my knowledge. I understand that I may be required to provide documentation verifying this information. I understand that failure to do so could result in my request being denied.

1. I am applying for  WAIVER  DEFERRAL of the following fees (check all that apply):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Arbitration Fee(s) | <input type="checkbox"/> Hearing Fee(s) | <input type="checkbox"/> Sheriff's Service Fee | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Filing Fee(s)      | <input type="checkbox"/> Motion Fee(s)  | <input type="checkbox"/> Trial Fee(s)          | _____                                      |

Papers may be served by any competent person that is at least 18 years of age; a resident of Oregon or the state where service is made; and is not a party to the case or a party's attorney, employee, officer, or director. If you are requesting a waiver or deferral of the sheriff's service fee, please explain why you cannot find another qualified person to serve the papers instead of the sheriff.

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2. I declare that (check one of the boxes below):

I am receiving assistance from at least one of the following programs:

- |                             |   |
|-----------------------------|---|
| Food Stamps                 | Oregon Health Plan with Limited Drug          |
| Oregon Health Plan Standard | Supplemental Security Income (SSI)            |
| Oregon Health Plan Plus     | Temporary Assistance to Needy Families (TANF) |

If you checked the above box, you must be prepared to show proof that you are receiving assistance from the program. You do NOT need to fill out a Declaration for Waiver or Deferral of Fees unless you are enrolled in the Oregon Health Plan's Qualified Medicare Beneficiary (QMB) program or Citizen Alien-Waived Emergency Assistance (CAWEM) program. If you are enrolled in QMB or CAWEM, you must complete and file the declaration with this application.

Even though I am NOT receiving assistance from any of the above programs, I am still unable to pay the fees. If you have checked this box, you must complete and file a Declaration for Waiver or Deferral of Fees with this application. The declaration is designed to prove to the court that you do not have sufficient financial resources to pay the fees.

3. If the court defers fees, I understand that:
- a. The fees are an obligation owed by me to the State of Oregon and that the court may place me on a payment schedule. I agree to pay the fees according to the payment schedule. If I fail to pay according to the payment schedule, the total amount of the unpaid fees are due immediately.
  - b. The court may enter a judgment against me for the unpaid amount of the fees 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 or refers a judgment for collection, the law allows administrative and collection costs to be automatically added to the judgment without further notice to me or further action by the court.
4. I understand that if the clerk denies my application, I have the right to ask a judge to review my application.
- 

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (printed or typed)

**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:**

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.):**

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

**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 Owning	Payments made to:
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**5. REAL ESTATE**

Address (include city and state)	Year Purchased	Purchase Price	Value	Amount Owning	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 Owning 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)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
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Petitioner/Plaintiff,  
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**FEE WAIVER OR DEFERRAL  
RECOMMENDATION AND ORDER**

**CLERK'S RECOMMENDATION OR ORDER** (to be completed by court clerk)

I have reviewed (applicant name) \_\_\_\_\_'s application for waiver or deferral of fees and  RECOMMEND  ORDER the following:

DENIAL of the applicant's request for waiver or deferral of fees because:

- the applicant is financially able to pay the fees (see part \_\_\_\_\_ of the Declaration);
- the application is not complete or contains insufficient information (see part \_\_\_\_\_ of the Declaration);
- the applicant has not shown proof of current eligibility for public benefits; or
- \_\_\_\_\_

WAIVER of the applicant's fees in whole or in part.

Total Fees \$ \_\_\_\_\_ Amount to be Waived \$ \_\_\_\_\_

The applicant is  RECOMMENDED  ORDERED to pay:

- \$ \_\_\_\_\_  in full by (date) \_\_\_\_\_.
- pursuant to a schedule to be established by court staff.
- by a payment schedule of \$ \_\_\_\_\_ today and \$ \_\_\_\_\_ on the same day of each month until paid.

DEFERRAL of the applicant's fees.

The applicant is  RECOMMENDED  ORDERED to pay:

- \$ \_\_\_\_\_  in full by (date) \_\_\_\_\_.
- pursuant to a schedule to be established by court staff.
- by a payment schedule of \$ \_\_\_\_\_ today and \$ \_\_\_\_\_ on the same day of each month until paid.

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Name of Clerk (printed or typed)

\_\_\_\_\_  
Date

**JUDGE'S ORDER** (to be completed by judge)

The clerk's recommendation is **AFFIRMED**.

The clerk's recommendation is **MODIFIED** or **ORDER** as follows:

The applicant's request for waiver or deferral of fees is **DENIED** because:

the applicant is financially able to pay the fees (see part \_\_\_\_\_ of the Declaration);

the application is not complete or contains insufficient information (see part \_\_\_\_\_ of the Declaration); or

\_\_\_\_\_

The applicant's fees are **WAIVED** in whole or in part.

Total Fees \$ \_\_\_\_\_ Amount Waived \$ \_\_\_\_\_

The applicant is **ORDERED** to pay:

\$ \_\_\_\_\_  in full by (date) \_\_\_\_\_

pursuant to a schedule to be established by court staff.

by a payment schedule of \$ \_\_\_\_\_ today and  
\$ \_\_\_\_\_ on the same day of each month until paid.

The applicant's fees are **DEFERRED**.

The applicant is **ORDERED** to pay:

\$ \_\_\_\_\_  in full by (date) \_\_\_\_\_

pursuant to a schedule to be established by court staff.

by a payment schedule of \$ \_\_\_\_\_ today and  
\$ \_\_\_\_\_ on the same day of each month until paid.

Other findings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Name of Judge (printed or typed)