IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF **State of Oregon** Case No: MOTION TO MODIFY FINANCIAL v. **OBLIGATION** and DECLARATION IN SUPPORT Defendant **MOTION** I am the Defendant in this case. I ask the court to reduce, modify, or waive court-ordered financial obligations. I have reduction-eligible unpaid balances for fines, fees, court costs, and/or court-appointed attorney fees as ordered in this case STATEMENT OF POINTS AND AUTHORITIES UTCR 4.120 permits the court to reduce, modify, or waive reduction-eligible unpaid fines, fees,

UTCR 4.120 permits the court to reduce, modify, or waive reduction-eligible unpaid fines, fees, and costs, including court-appointed attorney fees, as provided in ORS 161.685(5), ORS 161.665(5), ORS 151.487(5), ORS 151.505(4)(a), or other applicable legal authority for obligations imposed as a result of a criminal conviction or contempt judgment.

	DECLARATION IN SUPPORT
X	This case is not on appeal and the time for appeal under ORS 138.071 has passed
\overline{or}	I am on a payment plan and have made all my payments to the court on time I have not paid as ordered or I missed a payment on a payment plan because (explain):
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X	I ask the court to reduce or waive the outstanding amounts that I owe because (explain the impact payment will have on you, including any barriers to complying with any court orders):
	I am currently receiving the following public assistance benefits (check all that apply): [Food Stamps (SNAP-Supplemental Nutrition Assistance Program)

☐ Supplemental Security Income (SSI)☐ Temporary Assistance to Needy Families (TANF)☐ Oregon Health Plan (OHP)				
☐ I am currently represe	nted by a court-ap	pointed attorney		
☐ I am currently an adul	t in custody			
I hereby declare that t and belief. I understa subject to penalty for	nd they are mad		best of my knowledge e in court and I am	
Date		Signature		
		Name (typed or printed)	
Address	City/State/Zip		Phone Number	
	Certific	eate of Mailing		
I certify that on (date): Motion to Modify Financ the prosecuting attorney	ial Obligation and	I placed a true Declaration in Suppor	and complete copy of this to in the United States mail to	
Date		Signature		
		Name (typed or printe	d)	