IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

State of Oregon

v.

_____
Defendant

Case No: _____

**MOTION TO MODIFY FINANCIAL
OBLIGATION
and DECLARATION IN SUPPORT**

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, 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

☐ This case is not on appeal and the time for appeal under ORS 138.071 has passed

☐ I am on a payment plan and have made all my payments to the court on time
or
☐ I have not paid as ordered or I missed a payment on a payment plan because *(explain)*:_____
_____
_____
_____
_____

☐ 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 represented by a court-appointed attorney

☐ I am currently an adult in custody

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 (typed or printed)

_____ _____
Address   City/State/Zip   Phone Number

Certificate of Mailing

I certify that on *(date)*: _____ I placed a true and complete copy of this *Motion to Modify Financial Obligation and Declaration in Support* in the United States mail to the prosecuting attorney at *(address)*: _____

_____

_____

_____ _____
Date   Signature

                                                                        _____
                                                                        Name (typed or printed)