

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

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

**APPLICATION FOR DEFERRAL  
OR WAIVER OF FEES  
& DECLARATION IN SUPPORT**

\_\_\_\_\_  
Defendant/Respondent

Applicant's Full Name: \_\_\_\_\_  
First Middle Last

***ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES***

I am the ☐ plaintiff/petitioner ☐ defendant/respondent ☐ other: \_\_\_\_\_

I am unable to pay the following right now:

☐ Filing fee for ☐ Petition/Complaint/Claim ☐ Response/Answer ☐ Motion or  
☐ (name of document): \_\_\_\_\_

☐ Settlement conference, arbitration, or trial fee

☐ Sheriff's service fee (*explain why you cannot find another person to serve papers. Service can be done by any competent person who is at least 18 years old, a resident of Oregon (or the state where service is made), and who is not a party to the case or a party's lawyer, employee, officer, or director*)

- \_\_\_\_\_  
\_\_\_\_\_
1. I understand that an *Application for Deferral or Waiver of Fees* can defer or waive only one fee at a time except for the sheriff's service fee. I understand that I must complete a separate Application for each fee that I want the court to defer or waive.
  2. If fees are not waived, I understand that payment is a debt to the state of Oregon. Additional fees may be added for administrative and collection costs.
  3. I understand that if the clerk denies my application I have the right to ask a judge to review my application
  4. Any waiver or deferral I am granted during the case may be revoked in full or in part at the end of the case based on the final outcome

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## **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: \_\_\_\_\_

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### **2. LEGAL AID**

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

☐ No

☐ Yes (Name): \_\_\_\_\_

### **3. PUBLIC ASSISTANCE**

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: \$ \_\_\_\_\_

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*Complete sections 4 – 7 with amounts for all members of your household combined*

### **4. 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: \$ \_\_\_\_\_**

### **5. 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.:

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Value of assets: \_\_\_\_\_

**TOTAL VALUE OF ALL ASSETS & CASH: \$ \_\_\_\_\_**

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**6. 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:** \$ \_\_\_\_\_

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**7. OTHER INFORMATION YOU WANT COURT TO CONSIDER**

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**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.**

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Date

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Signature

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Name (printed)

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Contact Address

City, State, ZIP

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Contact Phone

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

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

**ORDER RE: DEFERRAL OR  
WAIVER OF FEES**

\_\_\_\_\_  
Defendant/Respondent

The court reviewed the *Application for Deferral or Waiver of Fees and Declaration in Support*  
for (Applicant Name): \_\_\_\_\_  
regarding the following fees:

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

**The court finds Applicant:**

- ☐ DOES qualify for a deferral or waiver of fees  
☐ DOES NOT qualify for a deferral or waiver of fees

Additional findings: \_\_\_\_\_  
\_\_\_\_\_

**The court orders:**

- ☐ Determination of fee obligation is postponed at this time. No payment is due from the applicant until further order of the court.
- ☐ Fees are deferred for full payment. Payment must be made according to the terms of the attached payment plan (or) \$\_\_\_\_\_ per month until paid in full

*A judgment will be entered against Applicant. Collection costs may be added without further notice if fees are not paid as ordered.*

- ☐ Fees are waived. The court may change or revoke this waiver at a later time.

- ☐ Application is denied

- ☐ Application is granted in part: \_\_\_\_\_  
\_\_\_\_\_

*Court Signature:*

\_\_\_\_\_  
\_\_\_\_\_

**Certificate of Readiness**

This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted **ex parte** as allowed by statute or rule

Submitted by: ☐ plaintiff/petitioner ☐ defendant/respondent ☐ other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

I understand that I am subject to penalty for perjury for giving false information to the court. I believe all factual information in this Order is true. I understand that this Order is enforceable by the court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone