

INSTRUCTIONS FOR FEE DEFERRAL OR WAIVER APPLICATION & DECLARATION

Fees and costs are required in most civil cases. A list of fees is available at www.courts.oregon.gov or from the court clerk. You may ask the court to defer or waive those fees and costs. The court can only defer or waive fees if you are low-income (according to federal poverty guidelines).

Complete the *Application for Deferral or Waiver of Fees & Declaration in Support*, as well as an *Order Regarding Deferral or Waiver of Fees*. Complete the information about the case and the fee you want deferred or waived on the *Order* but DO NOT mark anything between "The court finds Applicant:" and the "Judge Signature." Do complete everything below "Judge Signature."

The **case heading** must be the same as on the papers you filed or received in the case you're filing in (party names and case number if available)

The *Application and Declaration* form is confidential – only the court can see it

The court may do one of four things:

- 1) Order your fees **waived**. You do not have to pay the fee unless the court makes a different order later in the case.
- 2) Order you to pay the fees, but **defer when payment is due**. You may be placed on a payment plan. Additional costs for administration and collection may be added to your fee amount.
- 3) **Postpone ruling on your application**. The court will not put you on a payment plan and will not add additional costs. The court will review your case information at a later date and at that time may deny your application, waive your fee, or order you to pay the fee but defer when payment is due. If payment is ordered but deferred, the court may place you on a payment plan with additional costs and fees added for administration and collection.
- 4) **Deny** your application and order you to pay the fees

A judgment against you will be entered for any fees you are ordered to pay. The judgment will be on behalf of the State of Oregon and may include additional costs and fees.

At the end of your case, the court may review any earlier rulings regarding fees and make changes based on your status at the time and the result of the case.

You will receive a *Notice of Entry of Judgment* that will include the total amount due

Fees are payable to the State of Oregon, but payment must be made to the circuit court where your case was filed. The court accepts cash, credit and debit cards, and money orders or checks made out to the State of Oregon.

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 all or part of the fees right now.

1. I am applying for deferral or waiver of the following fees (check ONE box ONLY):

- Filing Fees Filing fees + sheriff's service fee* Motion Fee
 Arbitration Fee Trial Fee
 Other (describe): _____

*If you are requesting deferral or waiver of the sheriff's service fee, explain why you cannot find another person to serve the papers. Papers can be served 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.

- 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**

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

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

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 Fees | <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: _____

Judge 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: <input type="checkbox"/> plaintiff/petitioner <input type="checkbox"/> defendant/respondent <input type="checkbox"/> other: _____	
_____ Signature	_____ Print Name

I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Order is true to the best of my knowledge and belief. I agree to the terms of this Order. I understand that this Order is enforceable by the court.

Date

Signature

Name (printed)

Contact Address

City, State, ZIP

Contact Phone