

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). Any deferral or waiver granted is valid only for the specified fees and only for the case number on your application.

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 below “The court finds Applicant.” Be sure to fill in the county name at the top of the page.

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

ADULTS IN CUSTODY: If you are filing a case against a public body (see [ORS 30.642](#)), you must attach your trust account statement to the *Application*. The statement must show all activity for 6 months prior to your filing.

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 _____

Plaintiff/Petitioner
v.
Defendant/Respondent

Case No. _____

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

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

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. 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: \$ _____

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.:

Value of assets: _____

TOTAL VALUE OF ALL ASSETS & CASH: \$ _____

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: \$ _____

7. 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 _____

v.

Plaintiff/Petitioner

Case No. _____

**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