

**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF LINN**

\_\_\_\_\_, )  
 Petitioner/Plaintiff, )  
 v. )  
 \_\_\_\_\_, )  
 Respondent/Defendant. )

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

Petitioner/Plaintiff  
 Respondent/Defendant

**DECLARATION FOR DEFERRAL  
OR WAIVER OF FEES**

(TO BE COMPLETED BY APPLICANT IN ITS ENTIRETY INCLUDING "NONE" or "0" WHEN APPROPRIATE)

**ACCESS TO THIS DOCUMENT IS RESTRICTED PURSUANT TO THE COURT'S POLICY  
TO PROTECT THE PERSONAL PRIVACY INTERESTS OF PARTIES**

**1. PERSONAL**

Full Name of Applicant \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

Residence Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different) \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Telephone Number \_\_\_\_\_ \*SSN \_\_\_\_\_ ODL/ID \_\_\_\_\_ Marital Status \_\_\_\_\_

\*I am providing my Social Security number on a voluntary basis. I understand that I cannot be compelled to provide it or be denied consideration solely for failure to provide it. It may be used to verify my identification, credit and employment information, and for collection purposes of court imposed monetary obligations.

**Names and ages of legal dependants living in household:**

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

**2. EMPLOYMENT AND INCOME**

**Your Employment and Income**  Currently Employed  Not Currently Employed

How long since last employment? \_\_\_\_\_

Employer Name (use previous employer if not currently employed) \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation (job title) \_\_\_\_\_ Length of Employment \_\_\_\_\_

Amount of Last Paycheck \$ \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Monthly Income: Gross \$ \_\_\_\_\_ Net (after taxes)\$ \_\_\_\_\_

**Household Members' Employment and Income**

Currently Employed  Not Currently Employed How long since last employment? \_\_\_\_\_

Employer Name (use previous employer if not currently employed) \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation (job title) \_\_\_\_\_ Length of Employment \_\_\_\_\_

Amount of Last Paycheck \$ \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Monthly Income: Gross \$ \_\_\_\_\_ Net (after taxes)\$ \_\_\_\_\_

**Adverse Party's Employment and Income**

Currently Employed  Not Currently Employed How long since last employment? \_\_\_\_\_

Employer Name (use previous employer if not currently employed) \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Occupation (job title) \_\_\_\_\_ Length of Employment \_\_\_\_\_

Amount of Last Paycheck \$ \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Monthly Income: Gross \$ \_\_\_\_\_ Net (after taxes) \$ \_\_\_\_\_

**Any other income for you, household members, or dependants** (for example: Social Security, food stamps, unemployment, retirement, public assistance, child support, workers' compensation, disability, tribal benefits, etc.):

Source of Income (describe)	Amount	How long received?	How often received?
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**3. MONTHLY LIVING EXPENSES**

Rent/Mortgage \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Vehicle Payment \$ \_\_\_\_\_  
 Credit Card Payment \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Vehicle Insurance \$ \_\_\_\_\_  
 Child Support Payment \$ \_\_\_\_\_ Trash \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Transportation Costs \$ \_\_\_\_\_  
 Court Fines \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Cable TV \$ \_\_\_\_\_  
 Cell Phone \$ \_\_\_\_\_ Data Plan \$ \_\_\_\_\_ Internet \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

**Any other individuals who help pay your living expenses:**

Relationship	Amount	Payment for what (describe)?
_____	\$ _____	_____
_____	\$ _____	_____

**4. MONEY ON HAND / IN BANK**

Cash \$ \_\_\_\_\_  
 Checking Account Number \_\_\_\_\_ Bank/Credit Union \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Account Number \_\_\_\_\_ Bank/Credit Union Balance \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Other Account Number \_\_\_\_\_ Institution \_\_\_\_\_ Balance \$ \_\_\_\_\_

**5. MOTOR VEHICLES**

Year, Make, and Model	Value	Amount Owning	Payments made to:
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**6. REAL ESTATE**

Address (include city and state)	Year Purchased	Purchase Price	Value	Amount Owning	Payments made to:
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

**7. ALL OTHER PROPERTY OR ASSETS** (for example: ATVs, RVs, boats, guns, jewelry, livestock, etc.):

Description	Value	Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**8. MONEY OWED TO YOU BY OTHERS** (for example: tax refunds, judgments, trust funds, settlements, etc.):

Name of Debtor Owing You Money	Amount Owed	Date Expected
_____	\$ _____	_____
_____	\$ _____	_____

**9. ARE YOU SEEKING AN AWARD OF TEMPORARY CHILD AND/OR SPOUSAL SUPPORT?**

Yes If so, how much? \$ \_\_\_\_\_  
 No

**10. LIQUIDATION OF ASSETS**

If you are unable to sell or liquidate your assets, please use this space to explain why: \_\_\_\_\_

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

Have you retained an attorney, or do you plan to do so to represent you in this matter? \_\_\_\_\_

If so, who is your attorney? \_\_\_\_\_

Have you paid your attorney money? Yes / No (circle) If so, how much? \$ \_\_\_\_\_

Is there a contingency fee agreement? Yes / No (circle)

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (printed or typed)