IN THE JUSTICE COURT FOR THE COUNTY OF TILLAMOOK

			Case No			
	Plaintiff/Pet	itioner				
vs.			APPLICATION FOR WAIVER OF FEES AND DECLARTION IN SUPPORT			
	Defendant/F	Respondent	-			
Appl	icant's Full Name:	First	Middle		Last	
ACC	ESS TO THIS DOCU	MENT IS RES	STRICTED TO PR	OTECT TH	E PRIVACY OF THE PAP	RTIES
	the □ plaintiff □ def ees right now.	endant 🗆 oth	er:	I	am unable to pay all or p	art of
1.	I am applying for w	aiver of the fo	llowing fees (check	ONE box (ONLY):	
🗆 Fi	ling Fees	\Box Filing Fee	s and Sheriff's Serv	vice Fee*	\Box Motion Fee	
	ther:					
to se resid	rve the papers. Papers	s can be served state where se	l by any competent	t person wh	ou cannot find another pe to is at lease 18 years old, a t a party to the case or a pa	a
2.	If fees are not waived, I understand that payment is a debt to the County of Tillamook. Additional fees may be added for administrative and collection costs.					
3.	• Any waiver 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*): _____

 \Box 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) - \$_____

 \Box Oregon Health Plan

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 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)
- (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