## IN THE JUSTICE COURT OF THE STATE OF OREGON FOR THE COUNTY OF TILLAMOOK

		<u> </u>	Case No.		=
Plaintif	f/Petitioner				
VS.			APPLICATION FOR WAIVER OF FEES AND DECLARTION IN SUPPORT		<b>.</b>
Defendo	ant/Respondent	_	11,0011		
Applicant's Full Name	e:				
	First	Middle		Last	
ACCESS TO THIS D	OCUMENT IS RE	STRICTED TO PR	ROTECT THI	E PRIVACY OF THE PA	RTIES
I am the $\square$ plaintiff $\square$ the fees right now.	∃ defendant □ oth	ier:	I	am unable to pay all or p	art of
1. I am applying f	for waiver of the fo	ollowing fees (check	k ONE box O	NLY):	
$\square$ Filing Fees	$\square$ Filing Fee	es and Sheriff's Ser	vice Fee*	$\square$ Motion Fee	
$\square$ Other:					
to serve the papers. P	apers can be serve r the state where s	d by any competen	nt person who	ou cannot find another pois at lease 18 years old, a party to the case or a p	a
	waived, I understa s may be added for	1 0		e County of Tillamook. costs.	

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.

3.

## **Declaration PERSONAL** 1. Date of Birth (month/day/year) Driver License/State ID: \*SSN: \_\_\_\_\_ \* 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: PUBLIC ASSISTANCE/LEGAL AID 2. Are you represented in this case by a legal aid attorney? ☐ Yes (*Name*): \_\_\_\_\_ $\square$ 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 Total Monthly benefits received: \$ Complete sections 3 – 6 with amounts for all members of your household combined EMPLOYMENT AND INCOME 3. Total monthly income from all jobs, before taxes are taken out: \$

(including annuities, settlement income, and any other source of funds or support)

TOTAL INCOME FROM ALL SOURCES: \$

> Total monthly income from other sources: \$

4.	ASSETS		
	Total cash available from all acco	ounts: \$	(cash, checking account, savings, etc.)
inter	List any assets you have includingests, etc.:	g vehicles, real esta	te, boats, guns, jewelry, livestock, business
	Value of assets:		
	TOTAL VALUE OF ALL ASSI	ETS & CASH: \$_	
5.	LIVING EXPENSES (per mon	th)	
	(Rent, mortgage, utilities, cell) ➤ Transportation: \$ (parking, gas, bus, insurance,	vehicle loan payments	upport, credit cards, etc.)
	TOTAL MONTHLY LIVING	eapenses: <del>5</del>	
6.	OTHER INFORMATION YO	U WANT COURT	TO CONSIDER
			e to the best of my knowledge and ence in court and I am subject to
pena	alty for perjury.		
Date		Signature	
		Name (pri	nted)
Cont	act Address	City, State, ZIP	Contact Phone