

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

State of Oregon, )  
Plaintiff, ) **Case No.** \_\_\_\_\_  
v. )  
\_\_\_\_\_ )  
Defendant. ) **MOTION FOR FULL OR PARTIAL WAIVER  
OF CONVICTION  
SET ASIDE APPLICATION FEE**

I am asking the court to waive all or part of the criminal conviction set aside fee in this case because I am unable to pay all or part of the fee as indicated below. The following information is complete and accurate to the best of my knowledge. I understand that I may be required to provide documentation verifying this information.

1. I am applying for (check one of the boxes below):

- a waiver of the entire \$281.00 criminal conviction set aside fee, or
- a partial waiver of the \$281.00 criminal conviction set aside fee. I am able to pay \$\_\_\_\_\_ of the fee.

2. I declare that (check one of the boxes below):

I am receiving assistance from at least one of the following programs:

Food Stamps	Oregon Health Plan with Limited Drug
Oregon Health Plan Standard	Supplemental Security Income (SSI)
Oregon Health Plan Plus	Temporary Assistance to Needy Families (TANF)

I understand that if I checked the above box, I **must** be prepared to show proof that I am receiving assistance from one of the listed programs.

I understand that if I am enrolled in the Oregon Health Plan's Qualified Medicare Beneficiary (QMB) program or Citizen Alien-Waived Emergency Assistance (CAWEM) program, I must submit a Declaration in Support of the Request for a Full or Partial Waiver of the Fee with this motion.

Even though I am **NOT** receiving assistance from any of the above programs, I am still unable to pay the all or a portion of the statutory fee. I understand that if I have checked this box, I must complete and file a Declaration in Support of the Request for a Full or Partial Waiver of the Fee with this application.

\_\_\_\_\_  
Date

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

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

**Confidential  
Not a Public  
Record**

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

THE STATE OF OREGON, ) Case No. \_\_\_\_\_  
Plaintiff, ) DA No. \_\_\_\_\_  
)  
v. ) **DECLARATION SUPPORTING**  
) **REQUEST FOR FULL OR PARTIAL**  
) **WAIVER OF CONVICTION SET ASIDE**  
\_\_\_\_\_ ) **FEE**  
Defendant. )

(TO BE COMPLETED BY APPLICANT)

**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 \_\_\_\_\_ State \_\_\_\_\_ Marital Status \_\_\_\_\_ DOB \_\_\_\_\_

\*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**

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) \$ \_\_\_\_\_

**Spouse's Employment**

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) \$ \_\_\_\_\_

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

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

**Other household members who help pay your living expenses:**

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

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

Cash \$ \_\_\_\_\_

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

**4. MOTOR VEHICLES**

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

**5. REAL ESTATE**

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

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

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

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

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

**8. MONTHLY LIVING EXPENSES**

**TOTAL 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 \$ _____	Other _____ \$ _____

**9. LIQUIDATION OF ASSETS**

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

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)

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

THE STATE OF OREGON,  Plaintiff,  v.  _____ Defendant.	) ) ) ) ) ) ) ) )	Case No. _____ DA No. _____  <b>FULL OR PARTIAL WAIVER OF CONVICTION SET ASIDE FEE</b>  <b>DECISION AND ORDER</b>
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Upon review of the defendant's motion, and declaration if applicable, the court hereby:

- DENIES the defendant's request for waiver or reduction of fees because:
  - the defendant is financially able to pay the fees (see part \_\_\_\_\_ of the Declaration); or
  - the application is not complete or contains insufficient information (see part \_\_\_\_\_ of the Declaration); or
  - the defendant has not shown proof of current eligibility for public benefits; or
  - \_\_\_\_\_.
- WAIVES the defendant's fee in full
- WAIVES the defendant's fees in part

Total Fee \$281 Amount Waived \$ \_\_\_\_\_ Amount Due At Filing \$ \_\_\_\_\_

The defendant is ORDERED to pay the amount due at the time of filing the application to set aside.

Other findings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judge

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