

IF Employed:

Present Employer: _____ Telephone No. (_____) _____

Length of Employment: _____ Occupation: _____

Address: _____

Hourly Wage: \$ _____ Average hours per week: _____ Net (after tax) monthly income: \$ _____

IF Unemployed:

How long since last employment: _____ Previous Employer: _____

Length of Employment: _____ Occupation: _____ Pension/401K/IRA: _____

Spouse's Employer: _____ Length of Employment: _____

Occupation: _____ Address: _____

Telephone Number : (_____) _____ Hourly Wage: \$ _____

Average hours per week: _____ Net (after tax) monthly income \$ _____

If Spouse Unemployed:

How long since last employment: _____ Previous Employer: _____

Length of Employment: _____ Occupation: _____ Pension/401k/IRA: _____

Other household members who help pay for your living expenses:

Name	Amount	Payment for what? – Describe
_____	\$ _____	_____
_____	\$ _____	_____

3. MONTHLY EXPENSES (TOTAL: \$ _____)

List all expenses that are actually paid monthly – by you individually or jointly with spouse:

<i>LIVING EXPENSES</i>	<i>UTILITIES</i>	<i>TRANSPORTATION</i>	<i>MISCELLANEOUS</i>
Rent/Mortgage:	Gas/Heat:	Vehicle Payment:	Medical:
Food:	Electric:	Insurance:	Court Payments:
Credit Cards:	Water/Sewer:	Vehicle Gas:	Child Support:
Cable/Internet:	Phone/Cell:	Parking:	Garnishment:
Other:	Trash/Garbage:	Bus:	Child Care:

4. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE, AND DEPENDENTS

Cash: \$ _____ If in custody, amount in jail or trust account: \$ _____

Checking Account #: _____ Bank/Credit Union: _____ Balance: \$ _____

Savings Account #: _____ Bank/Credit Union: _____ Balance: \$ _____

Other Account #: _____ Institution: _____ Balance: \$ _____

REAL ESTATE

<i>Address (include city and state)</i>	<i>Purchase Year</i>	<i>Value</i>	<i>Amount Owed</i>	<i>Equity Available</i>	<i>Payments Made to:</i>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

VEHICLES

<i>Year, Make, Model</i>	<i>Value</i>	<i>Amount Owed:</i>	<i>Payments made to:</i>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Are any of these motor vehicles used for work (other than driving to and from work)? YES NO

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

<i>Name of Debtor Owing You Money</i>	<i>Amount Owed</i>	<i>Date Expected</i>
_____	\$ _____	_____
_____	\$ _____	_____

5. APPLICANT HISTORY

Have you ever served in the Military? YES NO

I have \$ _____ security/bail posted on this or other pending cases.

Have you ever requested a court appointed attorney before this application? YES NO

If "YES," my request for a court appointed attorney was: Approved Denied

In which county was your request? _____ Date: _____

Charge(s) or type of case: _____

I understand that I may be required to pay a \$20 application fee for the processing of this application. If I receive the services of a court appointed attorney, I understand that I may be required to pay a contribution amount, and/or I may be required to reimburse the state for reasonable court appointed attorney fees and costs. Any order for payment of these fees or costs will be based upon my financial ability to pay. I understand I may request the court waive all or part of the potential fees and costs.

I acknowledge receipt of the Advice of Rights form by my initials here: _____

I certify and affirm that I have read the information contained in this form, personally completed this application, or requested its completion; and that all statements contained herein are true and complete.

Date

Signature of Applicant

Applicant has completed the affidavit.

Applicant has requested or allowed court/release office personnel to complete affidavit utilizing information the applicant has provided.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

Clerk of Court

STATE OF OREGON

Columbia County

RELEASE TO OBTAIN INFORMATION

Case No: _____

FOR VERIFICATION

SECTION 1

I understand that the court verifies my employment and financial situation to determine my eligibility for a court-appointed attorney. I understand that some of the information necessary for this verification is contained in records that may be protected by federal and state law. Because of this, I have signed the release below which allows public and private organizations and individuals to provide the court or its designee with requested information. I understand that organizations and individuals that may be contacted include, but are not limited to, those listed below:

Table with 3 columns: Social Security Administration, State Department of Revenue, Mortgage Holders, Department of Motor Vehicles, Employment Department(s), Utility Companies, Workers Compensation Disability Provider, Adult and Family Services Division, Landlords, Private Disability Insurance Provider, Private Life Insurance Provider, Current and Past Employers, Release Assistance Office, Credit Card Companies, Credit Bureaus, Banks, Savings and Loans, Credit Unions (requesting savings, stocks, bonds checking, loan, and credit information including copies of applications), Schools and Colleges, Other: _____

SECTION 2

RELEASE OF INFORMATION AUTHORIZATION

I understand that my records may have information that is protected by federal and state law. By signing below, I am allowing the release of my records directly to the court or its designee. I understand the reason for the request and disclosure of my records. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release. A photocopy or facsimile (FAX) of my signature is as valid as the original.

Name: _____

Social Security No: _____

Date of Birth: _____

Trial Court Administrator
Columbia County Courthouse
230 Strand Street
St. Helens, OR 97051-2640

DATE

SIGNATURE OF APPLICANT

**LIMITED/SUPPLEMENTAL JUDGMENT FOR PAYMENT OF AN APPLICATION FEE/CONTRIBUTION AMOUNT (ACP)
NOTICE OF RIGHT TO SEEK REVIEW BY THE TRIAL COURT AND ADVICE OF RIGHT TO APPEAL**

Under ORS 137.020(5), we are advising you of your right to appeal and of the procedure for protecting your right to appeal a Limited or Supplemental Judgment for ACP.

RIGHT TO SEEK TRIAL-LEVEL REVIEW

Under ORS 151.487(5), you may ask for an immediate review of any ACP amount ordered to be paid by submitting a written request for reconsideration by the local trial court. This request may be submitted at any time.

RIGHT TO APPEAL

Under ORS 19.205(1), you also have a right to appeal to the Court of Appeals a Limited or Supplemental Judgment entered pursuant to ORS 151.487 ordering you to pay an ACP amount in connection with your request for court-appointed counsel. Your court-appointed counsel, if any, **CANNOT** assist you in submitting this request.

PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL TO THE COURT OF APPEALS

The Oregon Revised Statutes and Oregon Rules of Appellate Procedures control appeals to the Court of Appeals in Salem. You could lose your right to appeal by not following them. The Oregon Rules of Appellate Procedure and forms for appeal may be accessed at <http://courts.oregon.gov>.

Within 30 days from the entry date of this court's judgment in the court register, you, or a retained attorney on your behalf, must:

1. Prepare a written and signed notice of appeal.
2. Serve copies of the notice of appeal on all parties, including the district attorney and the trial court administrator. If you want the transcript of oral proceedings to be part of the record on appeal, a copy of the notice of appeal must be served on the office of the trial court administrator, "Attention: Transcript Coordinator." Even if an audio or video record was made of the oral proceedings, rather than a stenographic record, serve the transcript coordinator with a copy of the notice of appeal.
3. File the original, signed notice of appeal and proof of service for the service listed in No. 2 above with the State Court Administrator, Appellate Court Records Section, 1163 State Street, Salem, OR 97301-2563.
4. Pay the filing fee required by the Court of Appeals.

While your case is on appeal, the trial court, if you ask, may stay your financial obligations. The Court of Appeals, if you ask, may stay your financial obligations pending appeal.

Filing for an appeal to the Court of Appeals will not stay or otherwise delay your underlying trial-level case.

Defendant / Applicant's signature indicates receipt of form: _____ Date _____

OREGON JUDICIAL DEPARTMENT
NOTICE OF OBLIGATIONS/RIGHTS OF PARENTS/GUARDIANS IN JUVENILE CASES

Case Name _____ JJIS No. _____ Case No. _____ Petition No. _____

OBLIGATION TO PAY.

In all juvenile cases, a court may order a parent or legal guardian to pay certain costs. If your child is found within the jurisdiction of the court, the court may order you to pay costs which may include, but are not limited to, the following:

In a dependency case (child abuse/neglect/abandonment), costs you pay may include the following:

- if your child is placed in substitute care, child support you receive for that child may be paid to the state; (ORS 419B.406)
- cost of a lawyer appointed to represent your child; (ORS 419B.117(1)(a))
- administrative costs of determining your ability to pay for an appointed attorney; (ORS 419B.198(1))
- daily expenses and mileage of certain witnesses; (ORS 419B.908)
- cost of the service of summons; (ORS 419B.827)
- cost of an out-of-home placement; (ORS 419B.117(1)(a)) and
- any other costs that may arise from your child being within the jurisdiction of the court. (ORS 419B.117(1)(a))

In a delinquency case (youth accused of criminal acts), costs you pay may include the following:

- if your child is placed in substitute care, child support you receive for that child may be paid to the state; (ORS 419C.590)
- cost of a lawyer appointed to represent your child; (ORS 419C.020(1)(a))
- administrative costs of determining your ability to pay for appointed counsel; (ORS 419C.203)
- daily expenses and mileage of certain witnesses; (ORS 419C.408)
- cost of an out-of-home placement; (ORS 419C.020(1)(a))
- costs for HIV testing; (ORS 419C.475(2))
- cost of graffiti damages caused by your child; (ORS 419C.461(3)(a))
- cost of a mental health assessment or screening; (ORS 419C.570(1)(b))
- supervision fees for probation of your child; (ORS 419C.570(1)(d))
- detention services for your child; (ORS 419C.590) and
- any other costs that may arise from your child being within the jurisdiction of the court. (ORS 419C.020(1)(a))

RIGHT TO APPEAL.

You may be entitled to have a court appointed attorney represent you in an appeal. (ORS 419A.211)

- Referee Decisions (ORS 419A.150)
To appeal a decision by a referee, you must file the appeal with the circuit court within 10 days of entry of the referee's decision in the court register.
- Circuit Court Decisions That Are Not Recorded or Transcribed (ORS 419A.200(2))
If no recording or transcript of the proceeding was kept, you may file a request for rehearing with the circuit court within 15 days after the entry of the court's order and the court will grant a rehearing on the record with certain exceptions.
- Appeal of Circuit Court Decisions (ORS 419A.200)
To appeal a circuit court's decision, you must file a notice of appeal with the Court of Appeals within 30 days of the entry of the court's final order in the court register. (The Court of Appeals may extend the deadline to file an appeal up to 90 days after entry of the judgment being appealed only in *very limited* circumstances.)