

OREGON CITY MUNICIPAL COURT
320 WARNER MILNE ROAD
OREGON CITY, OR 97045
INDIGNECY DETERMINATION FORM

Personal Data

Name _____ SS# _____

Telephone Number _____

Address _____ City _____ State _____ Zip _____

Married: Yes ___ No ___ Living with Spouse: Yes ___ No ___

Number of Children Supported : _____ Ages : _____

Income:

Employer's Name, Address, and Telephone _____

Weekly Income: \$ _____

Spouse's Employer _____

Spouse's Weekly Income: \$ _____

Other Income (Child support, social security, etc....) \$ _____ per month

Property:

Cash on hand \$ _____ Bank Account Balance \$ _____ Name of Bank: _____

Car: Make _____ Model: _____ Year _____ Value: \$ _____

Do you own your property? _____ If so, Value: \$ _____

Other assets: _____

Expenses:

Estimated Monthly Living Expenses \$ _____
Rent or Mortgage Payments \$ _____
Creditors monthly payments \$ _____

TOTAL \$ _____

If I am granted a court-appointed attorney, I understand that I may be required to pay all or a portion of the cost for attorney fees, costs and administrative expenses at the conclusion of my case, regardless of the outcome. Any order for payment of attorney fees or costs will be based upon my financial ability to pay. I understand I may ask the Court to waive all or part of the potential fees and costs.

I understand that if, at any time after an attorney is appointed for me, the Court finds that I am financially able to obtain a lawyer, the Court may terminate the appointment of an attorney. If, at any time during these proceedings, the Court finds that I am no longer able to pay retained counsel, the Court may appoint an attorney for me.

I understand that this information will be confidential, but that the Court may use this information to verify my information contained in this form, may use this information in any civil or criminal proceeding if it is alleged that I provided false information on this form, may be used in connection with any sentencing proceedings arising out of this matter, and may be used for the purposes of collecting any delinquent monies I owe to the state.

I have read the information contained in this form, provided the information for this form, and all statements are true and complete.

Under penalty of perjury, I certify that the above information is true:

Signature

Date
