
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): _____

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

3. EMPLOYMENT AND INCOME

➤ Total monthly income from all jobs, before taxes are taken out: \$ _____

➤ Total monthly income from other sources: \$ _____
(including annuities, settlement income, and any other source of funds or support)

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)
- Transportation: \$_____
(parking, gas, bus, insurance, vehicle loan payments)
- Other: \$_____
(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