

HONORING A VICTIM'S RIGHT TO RESTITUTION (ORS 137.106)

Oregon Department of Justice Crime Victims' Services Division

Roles and Responsibilities *June 2017*
A Product of the Attorney General's Task Force on Victims' Rights Enforcement



HONORING A VICTIM'S RIGHT TO RESTITUTION

Roles and Responsibilities

The justice system is best served by full implementation of all of crime victims' rights as embodied in Oregon Constitution and statute. Therefore, it is in the best interest of all to create a comprehensive approach to ensuring that ORS 137.106 be applied consistently and efficiently throughout the State of Oregon.

Select Express Provisions of Law

Article 1. Section 42(1)(d)

A crime victim has “the right to receive prompt restitution from the convicted criminal who caused the victim's loss or injury.”

ORS 137.106(1) provides:

“When a person is convicted of a crime, or a violation as described in ORS 153.008 (Violations described), that has resulted in economic damages, the district attorney shall investigate and present to the court, at the time of sentencing or within 90 days after entry of the judgment, evidence of the nature and amount of the damages. The court may extend the time by which the presentation must be made for good cause. If the court finds from the evidence presented that a victim suffered economic damages, in addition to any other sanction it may impose, the court shall enter a judgment or supplemental judgment requiring that the defendant pay the victim restitution in a specific amount that equals the full amount of the victim’s economic damages as determined by the court. The lien, priority of the lien and ability to enforce the specific amount of restitution established under this paragraph by a supplemental judgment relates back to the date of the original judgment that is supplemented.”

Further, under ORS 137.106(3), no finding made by the court or failure of the court to make a finding under this section limits or impairs the rights of a person injured to sue and recover damages in a civil action as provided in ORS 137.109.

Frequently Asked Questions

- **What is restitution?** Restitution means full, partial or nominal payment of economic damages to a victim. Restitution is independent of and may be awarded in addition to a compensatory fine awarded under ORS 137.101 (Compensatory fine).
Additionally: Unless restitution is paid in full at the time of sentencing, money collected as “restitution” will actually be divided equally between the restitution owed to the victim and other fines and fees owed to the court. Once fines and fees are paid off, the balance of any payments will go entirely to pay for restitution.

What are economic damages? Objectively verifiable monetary losses including but not limited to reasonable charges necessarily incurred for medical, hospital, nursing and rehabilitative services and other health care services, burial and memorial expenses, loss of income and past impairment of earning capacity, reasonable and necessary expenses incurred for substitute domestic services, recurring loss to an estate, damage to reputation

that is economically verifiable, reasonable and necessarily incurred costs due to loss of use of property and reasonable costs incurred for repair or for replacement of damaged property, whichever is less. The court must find that there is “but for” causation and the economic damages must reasonably foreseeable. ORS 31.710(2)(a)

Please note: an economic damage does not include future impairment of earning capacity see 137.103 (2) (a).

- **What are Non-economic damages?** Subjective, nonmonetary losses, including but not limited to pain, mental suffering, emotional distress, humiliation, injury to reputation, loss of care, comfort, companionship and society, loss of consortium, inconvenience and interference with normal and usual activities apart from gainful employment. ORS 31.710(2)(b)
- **Can restitution be ordered on GEI cases?** Restitution orders cannot be enforced against individuals who have been found guilty/responsible except for insanity.
State v. Thomas, 187 Or.App.762,69P.3d 814 (2003)
- **How does restitution differ from a compensatory fine?**
In general one must prove a *dollar-for-dollar* amount of damage for restitution, while for compensation fines *some amount* of economic damages as a result of the defendant’s criminal conduct must be established. Each has unique considerations regarding making a record of losses, causation and timing.
- **When is restitution due?** ORS137.106 (4): A court may delay the payment of restitution only if the defendant alleges and establishes to the satisfaction of the court the defendant’s inability to pay the judgment in full at the time the judgment is entered.
- **What is a subrogation victim?** Generally this refers to the substitution of a person by another party with reference to a lawful claim. E.g. insurance companies who have paid on behalf of the victim. Subrogation victims are placed lower on the payment schedule than an actual victim.
- **How will restitution payments be made?** Typically restitution payments are made to the Clerk of the Court or the Department of Corrections and then mailed to the victim.
- **What happens when payments are not being made?** Victims should make sure the court has their correct contact information. Victims may wish to consult with a victims’ rights attorney to discuss options. Victims can also contact probation or parole agents to discuss restitution collection or ask questions. If restitution payments are part of the offenders probation conditions, the court or probation officer may schedule a probation

violation hearing. If the defendant is no longer on supervision a judgment for the restitution will remain in existence for 50 years. Again, victims may want to consult with a private attorney to determine what civil actions may be available.

- **What is joint and several?** This occurs when multiple defendants can be held liable for the same event or act and be responsible for all restitution required. Make sure defendants sentenced at different times reflect appropriate restitution obligations.

Where Do We Go From Here?

Successfully crafting and incorporating a new process into current procedures takes time and resources to accomplish. In an effort to make restitution judgments and collections a more intentional part of the criminal justice process, this document offers guidance and sample forms including:

- sample language for Restitution Package
- sample restitution information collection form
- sample financial disclosure forms
- suggested minimum contact standards
- endorsement to use these solutions statewide

The guidance and sample documents supplied here will allow agencies to follow the law, respond with speed and consistency, and minimize the potential for re-victimization and exposure to violating the rights of a crime victim. We encourage you to share this information with others who may benefit.

Case Law:

State v. McClelland, 278 Or App 138; *State v. Herfurth*, 283 Or App 149; *State v. Gerhardt* 360 Or 629; *State v. Ramos*, 267 Or App 164

***Each agency must adhere to any statutory requirements or court mandates that apply to them.

Guidance and Sample Forms:

DDA/Advocate/Restitution Clerk – DDAs are mandated under the law to investigate the “nature and amount of damages.” At time of issuing determine and document if a case has potential restitution implications. Establish “contact standards” when reaching out to victims to investigate their losses. If you cannot obtain information after a reasonable number of documented contacts you have done your due diligence. The contact standard you set may vary by case type and capacity, but a suggested standard is two letters and one phone call. Collect receipts for replacement and repair costs, documentation of ownership, bills from hospitals and financial statements from insurance agents. Establish a relationship with Crime Victims Compensation who can provide you with documentation of the amount paid on behalf of the victim. As part of plea negotiation, create special conditions of probation in an effort to improve restitution enforcement, sometimes referred to as a “restitution package” or agreed upon sentencing standards. Determine restitution losses as early as possible, but if restitution is TBD at time of

sentencing, ask the defense to stipulate up to an agreed upon amount as an effort to eliminate the need for a restitution hearing later. Be creative, some losses may be novel in nature, but within the law

Common restitution requests include: medical bills, past and future counseling costs, awarding of attorney fees and property repair.

Remember that payment of full restitution is due at the time of the judgment unless defendant proves inability to pay in full. Defendants may be motivated to pay at sentencing, rather than through a longer payment plan, to avoid fully disclosing their finances or paying an extra administrative fee as part of the payment plan process. Be sure to address payment plans. Asking the defendant “How much can you pay?” is not sufficient. When possible, look at the assets and income of the defendant.

Judges – When restitution cannot be agreed upon, a hearing must be set within 90 days of sentencing. Order the defendant or youth offender to pay restitution in an amount that equals the victim’s full economic damages (as determined by the court). Order an amount less than the full amount of the economic damages only if the victim consents; in person felony cases the victim’s consent must be in writing. Establish or allow an appropriate supervising authority to establish a payment schedule only if the defendant establishes an inability to pay the amount in full at the time the judgment is entered.

In an effort to move away from relying on the defendant to determine what they can pay, consider asking questions regarding financial obligations, or other financial priorities, before determining how much the defendant should pay.

Judges monitoring probation (bench probation): if payments are not made consider imposing sanctions or extending probation to allow time for restitution to be paid.

Community Corrections – If payments are not being made, consider either requesting that a hearing be held for the defendant to “show cause” why their probation should not be revoked or placing a sanction on the offender. Address non-payments for restitution during office visits and consider having the defendant complete a financial disclosure form. (Sample included)

Inform defendants that an additional 28% may be added to the owed restitution if the obligation is not met and the account is sent to the Department of Revenue (DOR). *Please note that if a case is sent to DOR, PPO must continue to enforce the restitution order, as the judgment is still valid for 50 years.*

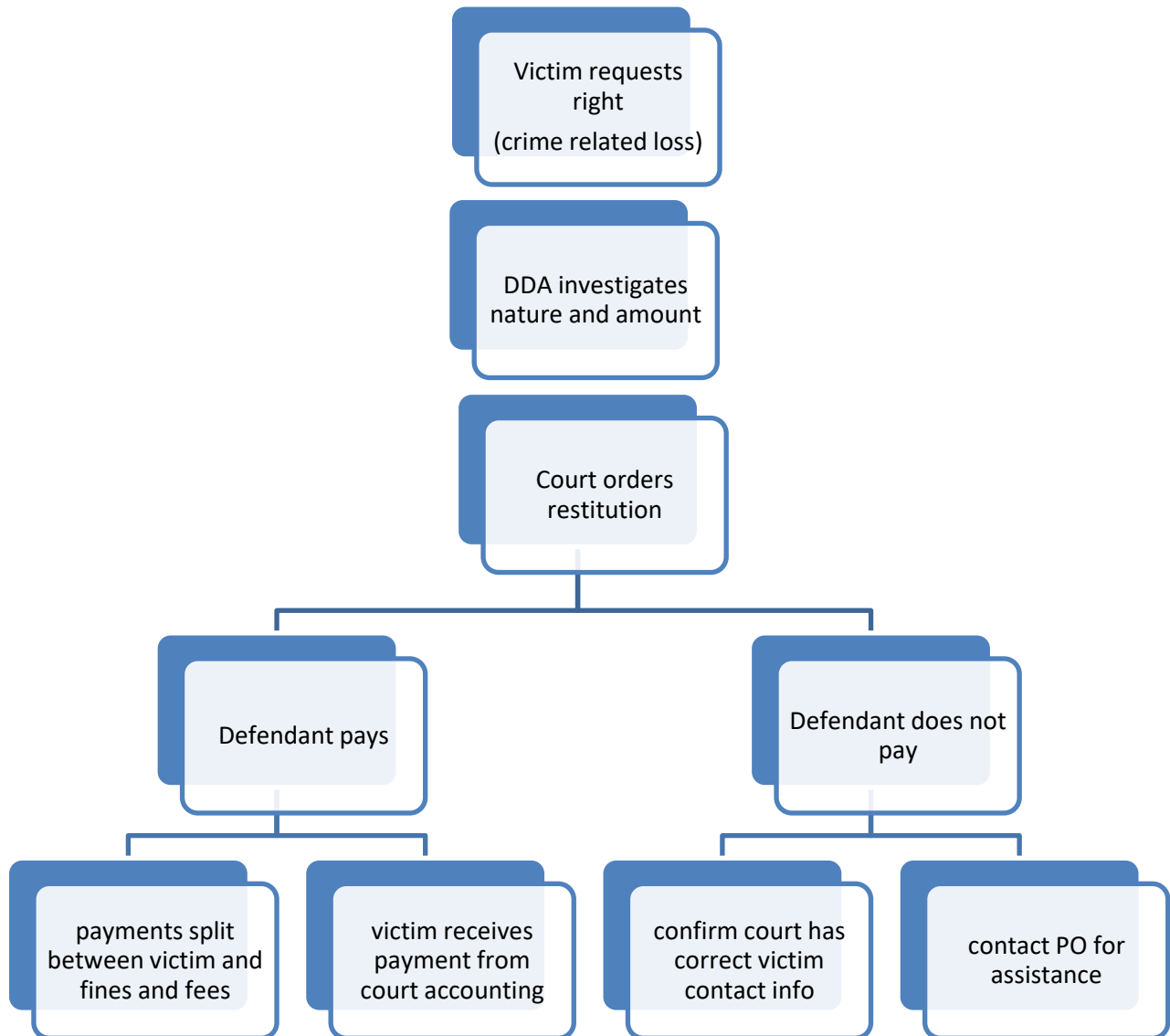
Crime Victims Compensation – Provide clear reports of loss in a timely fashion. DAVAPs have access to loss amounts via the CVSD portal.

Training

In order to provide the best services to victims and to manage cases most effectively, it is incumbent upon agencies to ensure personnel are regularly and appropriately trained in Crime Victims’ Rights.

****Best Practice suggestion - develop a restitution work group to focus on restitution issues, practices and systems and to develop strategies for more effective restitution enforcement.**

Flowchart



REQUEST FOR RESTITUTION

VICTIM:

DEFENDANT(S):

DA#:

COURT#:

DDA:

AGENCY:

INCIDENT #:

Please Check at least ONE box:

- I am not requesting restitution.
- My insurance company has covered the entire loss, except that I had to pay my insurance deductible which is \$_____. **Please complete section 1 below**
- I have losses that were not or only partially covered by insurance. The total amount of my out of pocket expenses (including any insurance deductible that I've paid) is \$_____ as described below. **Please complete sections 1, 2 and 3 below as appropriate**

Do you expect any future additional costs? NO YES **Please attach explanation / estimate of future costs**

1. INSURANCE

Please list each insurance company that you are aware is involved in this case. Under the "cost to you" please list any insurance related out of pocket expenses that you have actually had to pay (a deductible or co-pay). You will be able to itemize uncovered losses below.

Insurance Company Information

Company Name: _____ Claim #: _____

Adjustor Name: _____ Phone #: _____

This is: My insurance Defendant's insurance

<i>Amount Paid by Insurance</i>	<i>Cost to You</i>

2. PROPERTY DAMAGE / LOSS

If you need more space, attach additional pages. Please also attach copies of supporting documentation.

<i>Item / Brief Description of Damage</i>	<i>Type of Expense</i>	<i>Cost to You</i>
	<input type="checkbox"/> Estimated cost <input type="checkbox"/> Actual repair cost	
	<input type="checkbox"/> Estimated cost <input type="checkbox"/> Actual repair cost	
	<input type="checkbox"/> Estimated cost <input type="checkbox"/> Actual repair cost	

3. MEDICAL BILLS

If you need more space, attach additional pages. Please also attach copies of supporting documentation.

<i>Treatment Date(s)</i>	<i>Hospital/Provider & Brief Description of Expense</i>	<i>Cost to You</i>

Due to the injuries I sustained in this incident I could not work and lost wages that were not covered by sick time or workers compensation. *Please enter amount at right and attach documentation.*

To the best of my knowledge, the above facts are true and accurate.

_____ Date _____ Signature _____ Print Name

RESTITUTION INFORMATION

State of Oregon v.

DA#: -1

C#:

Our records indicate that you are a victim on this case. In order to seek restitution (economic damages caused by a crime) on your behalf, **we must have** documentation of your losses. Please fill this form out completely and return it with any bills, receipts or estimates. Remember to keep copies of all documents submitted for your records.

Failing to file a claim for restitution does not impair your right to sue and recover damages from the defendant(s) in a civil action or to apply for Crime Victims Compensation.

PLEASE RETURN THIS COMPLETED FORM WITHIN 14 DAYS FROM THE DATE PRINTED AT THE TOP SO THAT WE ARE ABLE TO SUBMIT THIS INFORMATION IN A TIMELY MANNER TO ASSIST IN RESOLUTION OF THIS CASE.

****PLEASE SEE OTHER SIDE FOR MORE INFORMATION****

To insure correct contact information, please provide your phone number(s):

Home _____

Regards,

District Attorney
County, Oregon

Restitution Package- Special Conditions of Probation

If unable to pay the full restitution balance at sentencing, DEFENDANT agrees to:

1. Complete the supplied financial disclosure form. Within 30 days of placement on community supervision, meet with a Department of Community Justice (DCJ) representative to review the financial disclosure document and determine appropriate terms of payment.
2. Submit to subsequent financial reviews at the request of DCJ. Payment terms may be revised if the defendant's financial conditions change.
3. Make monthly restitution payments as directed. If unemployed, review payment options with DCJ or DCJ's representative.
4. Maintain full-time employment. If unemployed, participate as directed in job search.
5. Do not incur any debt, execute leases, or open credit accounts without prior DCJ written approval.
6. Disclose to DCJ any source(s) of income amounting to, or property valued at, more than \$100 in any 30-day period that has not previously been documented in the financial disclosure form.
7. Report the proceeds of any tax refund to DCJ and follow directives regarding disbursement of tax refund.
8. Contact DCJ within 15 days of failing to make the ordered monthly restitution payment.
9. Stipulate that failing to provide timely and accurate information pursuant to these conditions is a willful violation of probation.

Additional Conditions of Plea Agreement

If unable to pay the full restitution balance at sentencing, DEFENDANT agrees to:

Waive all statutory, constitutional and administrative challenges to garnishment of inmate trust accounts.

Waive rights under ORS 161.675(1), which require an express ability to pay finding at the time of sentencing.

If probation is revoked, waive all statutory, constitutional and administrative challenges to garnishment of inmate trust accounts.

If probation is revoked, waive rights under ORS 161.675(1), which require an express ability to pay finding at the time of sentencing.

Defendant Date _____

Defense Counsel Date _____

FINANCIAL DISCLOSURE FORM

I. BASIC FACTS AND HOUSEHOLD INFORMATION:

Full Name _____

Date of Birth _____

Address _____

Telephone _____

Mailing Address _____

SSN _____ Sex _____

Single Married Separated Divorced Divorce Filed

Renting Buying Home If buying, estimated value \$ _____

Amount Owed \$ _____ Owner Name _____

Who else lives there? (Include children, spouse, other family members, roommates. List name, date of birth, relationship and gross/net monthly income of each): None

Children living outside your home for whom you must pay Court ordered child support:

II. INCOME: Are you employed? Yes No If not, how are you supported?

List your employment for the last 2 years: Employer Address Dates Employed Monthly Income - NET

List spouse's employment for the last 2 years:

Source Monthly Income - NET List all sources of income for your family such as retirement, alimony, child support, public assistance, worker's compensation, disability, food stamps, social security, etc.:

Source: _____ Monthly Amount:
\$ _____

Source: _____ Monthly Amount:
\$ _____

III. REAL ESTATE: None Description Balanced Owed Equity

AUTOMOBILES & OTHER MOTOR VEHICLES, owned by you and your spouse: Make & Year What It Is Worth Amount Owed

BANK ACCOUNTS OR CASH, owned by you and your spouse: Bank/Branch Balance Cash

Item What It Is Worth Amount Owed

IV. DEBTS None Creditor Amount Owed Monthly Payment Last Paid

MONTHLY EXPENSES Whom Amount Owed Monthly Payment

Acknowledgement and Agreement

The undersigned specifically acknowledges and agrees that:

1. All statements made in this application are made for the purpose of requesting time to pay my assessed amounts, which are due immediately unless otherwise arranged.

2. XXXXXXXX has the authority to request information from credit reporting agencies, the Oregon Employment Department, Department of Motor Vehicles or any other source deemed necessary for the purposes of collecting monies owed to the Court as a result of a criminal conviction.

3. XXXXXXXX may make verification or re-verification of any information related to this worksheet at any time, either directly or through a credit-reporting agency, from any source named in this application or other sources as deemed necessary.

4. I understand that I may be subject to further collection action if I fail to pay the assessed amount as agreed, and that additional fees or costs may be added as a result.

5. I certify and swear under penalty of perjury that the information provided in this worksheet is true and correct as of the date set forth opposite my signature on this worksheet and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this worksheet may result in further action being taken against me by the court.

Applicant's Signature

Date

FINANCIAL DISCLOSURE FORM

1. Fill out form **COMPLETELY** 2. Attach documentation as required.

3. Attach additional sheets if more room is needed. 4. Define any answers marked "N/A."

SECTION 1. PERSONAL INFORMATION

Full Name _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____ How long at this address? _____

Email _____

Home Phone _____ Cell Phone _____

Marital Status: Married Separated Unmarried (Circle one: single, divorced, widowed)

Your Social Security No. _____ Your Date of Birth _____

Alien/Visa Registration No. _____

List others in the household and their relationship to you (i.e. child, parent, roommate, and spouse):

Own Home Rent Other (specify, i.e. share rent, live with relative) _____

SECTION 2. EMPLOYMENT INFORMATION

Your Employer _____

Street Address _____

City _____ State _____ Zip _____

Length of employment _____

Occupation _____

Do you have any side jobs? Yes No Any under the table work? Yes No

Hours per week _____ Paid: Weekly Bi-weekly Twice a month Monthly

Pay is based on a: Monthly Salary Hourly Rate of \$ _____ Other: _____

Unemployed due to: Disability Involuntary layoff Other: _____

How long unemployed? _____

Please describe your efforts to obtain work (how many applications do you submit on a weekly basis, etc.) _____

If you are self-employed, are you current with your tax filings? Yes No

If not, please explain:

SECTION 3. MONTHLY HOUSEHOLD INCOME INFORMATION

(Per CRS 16-18.5-104)

Gross Monthly Income from salary & wages, including commissions, bonuses, overtime, self-employment,	\$	Social Security Benefits <input type="checkbox"/> SSDI	\$
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business income, other jobs & monthly reimbursement expenses.		<input type="checkbox"/> SSI	
Unemployment & Veterans' Benefits	\$	Disability, Workers' Compensation	\$
Pension & Retirement Benefits	\$	Interest & Dividends	\$
Public Assistance (TANF)	\$	Other-	\$
Total Gross Monthly Income			\$
Miscellaneous Income			
Other sources, i.e. personal injury settlement, non-reported income, etc.	\$	Savings Accounts	\$
Rental Income	\$	Other -	\$
Child Support from Others	\$	Other -	\$
Spousal Support from Others	\$	Other -	\$
Total Monthly Miscellaneous Income			\$
I. Total Income			\$

SECTION 4. MONTHLY HOUSEHOLD EXPENSES

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage pmt)	\$	Condo/Homeowner's/Maintenance Fees	\$
Rent	\$	Other -	\$
Total Housing			\$

If you don't pay for housing, please explain _____

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cell, etc.)	\$	Property Care (lawn, snow removal, cleaning, security system, etc.)	\$
Internet, Cable & Satellite TV	\$	Other -	\$
Total Utilities and Miscellaneous Housing Services			\$

If you don't pay for utilities, please explain _____

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries	\$	Supplies	\$
Dining Out (Restaurants/Bars)	\$	Other -	\$
Total Food & Supplies			\$

If you don't pay for food, please explain _____

D. Medical & Dental Costs

	Cost Per Month		Cost Per Month
Office Visits	\$	Supplies	\$
Prescriptions	\$	Other -	\$
Medical Debt/Payment Plans	\$		
Total Medical & Dental Costs			\$

N/A – Please initial here if Medical & Dental Costs are Not Applicable to you: _____

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATVs, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, & Maintenance	\$	Insurance & Registration/Tax Payments (yearly amount(s)/12)	\$
Bus & Commuter Fees	\$	Other -	\$
Total Transportation			\$

N/A – Please initial here if Transportation Costs are Not Applicable to you: _____

F. Children’s Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.	\$	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	\$
Tuition	\$	Other -	\$
Existing Student Loans	\$		
Total Children’s Expenses and Activities			\$

N/A – Please initial here if Child Expenses are Not Applicable to you: _____

G. Personal Education

Please identify status: Full-time student Part-time student Not currently enrolled

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	\$	Other -	\$
Total Education			\$

N/A – Please initial here if Personal Education Costs are Not Applicable to you: _____

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Support	\$	Child Support	\$
Recipient:	\$	Recipient:	\$
Recipient:	\$	Recipient:	\$
Arrears:	\$	Arrears:	\$
Total Maintenance and Child Support			\$

N/A – Please initial here if Spousal & Child Support Costs are Not Applicable to you: _____

I. Miscellaneous

(Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees	\$	Subscriptions (Newspapers, Magazines, etc.)	\$
Charity/Worship	\$	Movie & Video Game Subscriptions	\$
Vacation/Travel/Hobbies	\$	Investments (Not part of payroll deductions)	\$
Membership/Clubs	\$	Home Furnishings	\$
Pets/Pet Care	\$	Sports Events/Participation	\$
Court Costs in another jurisdiction	\$	Bankruptcy Repayment Plan	\$
Tobacco	\$	Gambling (video poker, lottery, etc.)	\$
Alcohol & Recreational Drugs	\$	Storage Units	\$
Other -	\$	Other -	\$
Total Miscellaneous			\$
II. Total Monthly Expenses (Totals from A – I)			\$

SECTION 5. UNSECURED DEBT

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., Unsatisfied Civil Judgments, Student Loans, etc. Include co-maker or signature of all accounts. Do not list debts that are liens against your property, such as mortgages and car loans.

Name of Creditor	Account Number	Date of Balance	Balance	<u>Minimum</u> Monthly Payment Required	Principal Purchase(s) for Which Debt Was Incurred
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
III.	Unsecured Debt Balance		\$	\$	→Total Minimum Monthly Payment

*PLEASE ATTACH ADDITIONAL SHEETS IF MORE ROOM IS NEEDED.

SECTION 6. FINANCIAL STATEMENT SUMMARY

Total Monthly Income (Enter line from Section 3.I.) \$ _____

Total Monthly Expenses (Enter line from Section 4.II.) \$ _____

Total Minimum Monthly Payment Required - Unsecured Debt \$ _____

(Enter line from Section 5.III.)

Adjusted Monthly Expenses and Payments (4.II. plus 5.III.) \$ _____

Monthly Income less Monthly Expenses and Payments	\$ _____
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SECTION 7. ASSETS

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you do not have assets in that category. Please attach additional copies of this section to identify your assets, if necessary.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
	\$	\$	\$
	\$	\$	\$
Real Estate Total	\$	\$	\$
B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc. (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Vehicle Total	\$	\$	\$
C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	Type of Account	Account #	Balance as of Today
			\$
			\$
			\$
Cash Total			\$
D. Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value Today

<input type="checkbox"/> None			
		\$	\$
		\$	\$
Life Insurance Total			\$

Acknowledgement and Agreement

The undersigned specifically acknowledges and agrees that:

1. All statements made in this application are made for the purpose of requesting time to pay my assessed amounts, which are due immediately unless otherwise arranged.

2. XXXXXXXXXXXX, including but not limited to the Court Collections Agent, has the authority to request information from credit reporting agencies, the Oregon Employment Department, Department of Motor Vehicles or any other source deemed necessary for the purposes of collecting monies owed to the Court as a result of a criminal conviction.

3. The Court Collections Agent may make verification or re-verification of any information related to this worksheet at any time, either directly or through a credit-reporting agency, from any source named in this application or other sources as deemed necessary.

4. I understand that I may be subject to further collection action if I fail to pay the assessed amount as agreed, and that additional fees or costs may be added as a result.

5. I certify and swear under penalty of perjury that the information provided in this worksheet is true and correct as of the date set forth opposite my signature on this worksheet and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this worksheet may result in further action being taken against me by the court.

Applicant's Signature

Date