

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

Oregon Department of Justice Crime Victims' Services Division

Roles and Responsibilities *Updated November 2024*
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:

Restitution to victims; objections by defendant; disclosure to defendant. (1)(a) When a person is convicted of a crime, or a violation as described in ORS 153.008, that has resulted in economic damages, the district attorney shall investigate and present to the court, at the time of sentencing or as provided in paragraph (b) of this subsection, evidence of the nature and amount of the damages.

(b)(A) If the district attorney is unable to present restitution evidence at sentencing, within 90 days after sentencing the district attorney may file a motion requesting that either the judgment be amended to require restitution or that a supplemental judgment be entered requiring restitution. The court may extend the time by which the district attorney must file the motion for good cause. The motion must contain a statement that documentation supporting the requested amount of restitution has been provided to the defendant as described in subsection (7) of this section.

Further, under ORS 137.106(4), 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).

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 31.705(2)(a)

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

- **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)
- **If a minor victim is injured or victimized resulting in a financial loss, can the minor receive restitution for medical expenses?** No, the minor child cannot be ordered restitution because the parent or guardian incurs the cost, not the minor. In this scenario, the insurer cannot be ordered restitution because minors do not suffer economic damages for medical costs. **Note:** in this same victimization scenario with an adult victim, the adult victim and the insurer can both be ordered restitution.
- **Can restitution be ordered on Juvenile cases?** Yes, a minor can be ordered to pay restitution.
- **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 because of the defendant's criminal conduct must be established. Each has unique considerations regarding making a record of losses, causation and timing. Caps for fines depend on what the statutory maximum for crime is. Restitution is not taxable, while compensatory fines are.
Judgment remedies for a judgment in a criminal action expire 20 years after the entry of the judgment (Comp fines). Judgment remedies for a judgment in a criminal action that includes a money award for restitution expire 50 years after the entry of the judgment.
18.180. Restitution or criminal fines cannot be erased due to a bankruptcy filing 11 U.S. Code § 1328.
- **When is restitution due?** ORS137.106 (5)(a): A court may delay the enforcement 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. The Crime Victims Compensation Program (CVCP aka Criminal Injuries Compensation Account, or CICA) and/or insurance companies who have paid on behalf of the victim. Subrogation victims are placed lower on the payment schedule than a direct person or business 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 is the priority order of restitution payments?** Per ORS 137.149
 1. Compensatory fines are paid first.
 2. Once the full compensatory fine is paid, then restitution is paid to the direct victim(s), whom the crime was committed against. If there are multiple direct victims, the Court will divide the payments based on proportionate share.
 3. Once the full amount has been paid to the direct victim(s), then restitution is paid to CVCP/CICA, if bills were paid on behalf of the victim.
 4. Once the full amount has been paid to CVCP/CICA, then any other victims, as defined in ORS 137.103, including insurance companies and providers, are paid.

➤ Please note payments are split 50/50 between restitution and fines and fees.

- **What happens when payments are not being made?** Victims can contact the court to ensure they have their correct contact information. Victims can also contact probation or Post Prison Supervision agents to discuss restitution collection or ask questions. If restitution payments are part of the offender's 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. 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 are held liable for the same event or act and are therefore jointly responsible for all restitution ordered. For example, if there are two codefendants, and codefendant 1 can pay at a faster rate than codefendant 2, codefendant 1's responsibility to pay restitution does not end when they have paid half of the restitution order. Joint and several means codefendant 1 must continue to pay until the full restitution order has been satisfied, even if codefendant 2 stops making payments altogether. Prosecutors should request and judges should order codefendants sentenced at different times reflect appropriate joint and several restitution obligations.

Where Do We Go from Here?

Successfully crafting and incorporating a new process into current procedures takes time and resources to accomplish. 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/charging 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 office staffing 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.
- Always be sure to redact private information to the greatest extent possible.
- Establish a relationship with Crime Victims Compensation Program/Criminal Injuries Compensation Account (CVCP/CICA) who can provide you with documentation of the amount paid on behalf of the victim. Be sure the monies owed to CVC/CICA are not inadvertently ordered as restitution to victims/providers. When a discrepancy occurs, file an amendment as soon as possible.
- As part of plea negotiation, ensure that your plea offer includes a stipulation that the defendant agrees to restitution for victims in the charges of conviction as well as charges that are being dismissed.
- Create special conditions of probation to improve restitution enforcement, sometimes referred to as a “restitution package” or agreed upon sentencing standards and include this “package” in any plea offer.
- 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, lost wages, loss of income (in fatality cases), 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 at the time of sentencing. Asking the defendant “How much can you pay?” is not sufficient. When possible, require the defendant to turn over information regarding assets and income as part of the plea agreement.

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). The court can 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.

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 violated or 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) Referral to collections is different in each county. Inform defendants that a significant additional administrative fee may be added to the owed restitution if the obligation is not paid before the account is sent to the Department of Revenue (DOR) or a private collection agency.

Judgment remedies for a judgment in a criminal action expire 20 years after the entry of the judgment (Comp fines).

Judgment remedies for a judgment in a criminal action that includes a money award for restitution expire 50 years after the entry of the judgment. 18.180

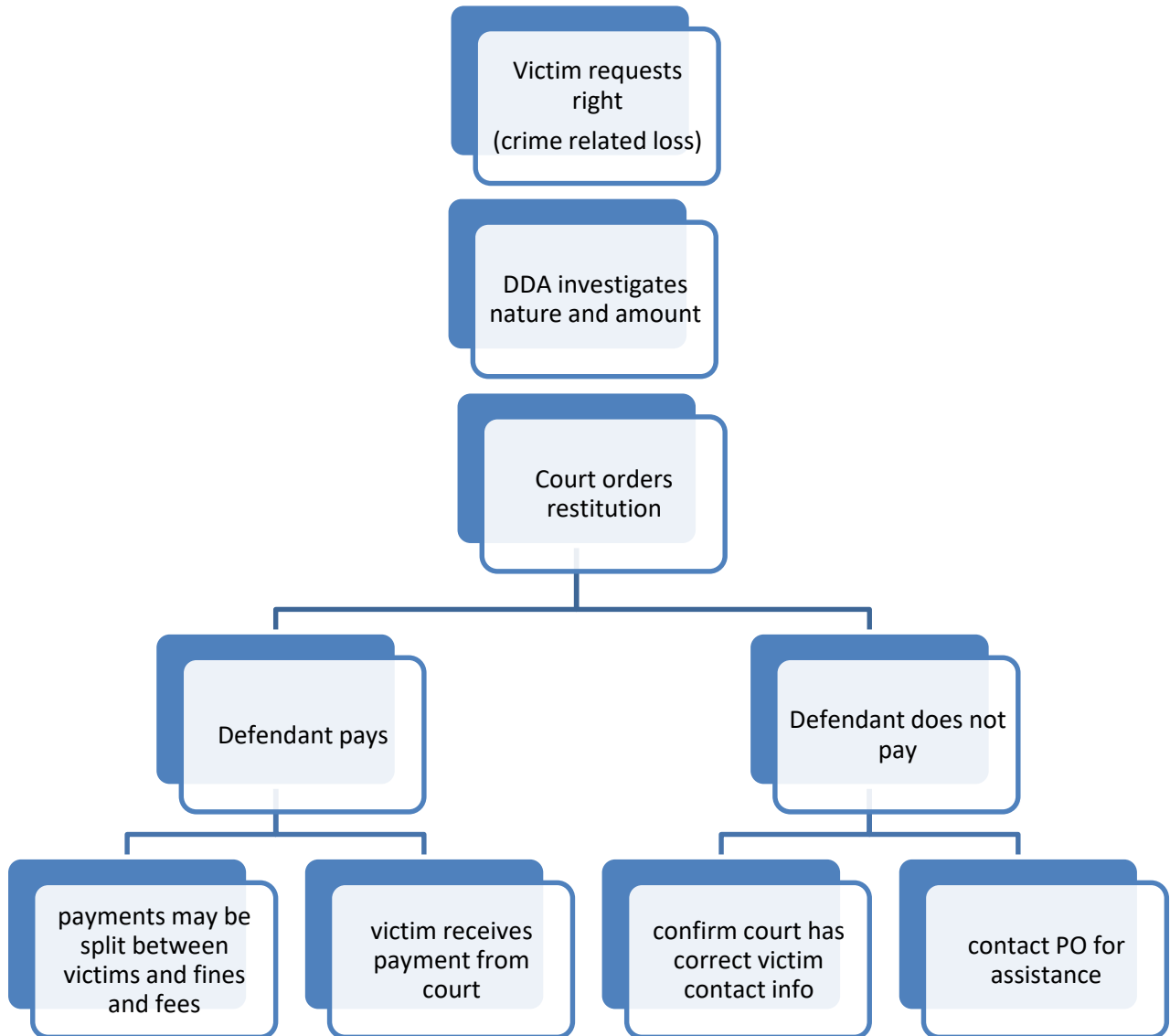
Crime Victims Compensation – Provide clear reports of loss and restitution requests in a timely fashion. DAVAPs have access to loss amounts via the CVSSD portal. CVC is considered a victim entitled to restitution per ORS 137.103 (4)(c).

Training

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 ordering and 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**
- Crime Victim Compensation Program (CICA) covered my crime related costs.

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 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>
<input type="checkbox"/> 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. <i>Please enter amount at right and attach documentation.</i>		

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. 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 ensure 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 because 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, business income, other jobs & monthly reimbursement expenses.	\$	Social Security Benefits <input type="checkbox"/> SSDI <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) <input type="checkbox"/> None	Type of Policy	Face Amount of Policy	Cash Value Today
		\$	\$
		\$	\$
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 because 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