**IN THE CIRCUIT COURT OF THE STATE OF OREGON**
**FOR THE THIRD JUDICIAL DISTRICT**
**Small Claims Division - P.O. Box 12869, Salem, OR 97309**

| | | |
|---|---|---|
| _____, Plaintiff, vs. _____, _____, Defendant(s). | ) | **REQUEST FOR DEFAULT JUDGMENT; DEFENDANT STATUS AFFIDAVIT**<br><br>Case No. _____ |

(NOTE: Complete this and attach a completed Judgment you propose)

I, _____ request default judgment against _____ for the following:
(your name) (other party's name)

A total judgment award of $_____, which total includes:
1. A money award of $_____,
2. Prejudgment interest of $_____,
3. Accrued arrearages of $_____, if any,
4. Costs and service expenses of $_____,
5. A prevailing party fee under ORS 20.190 of $75.

I request judgment include postjudgment interest at the rate of ❑ 9% per annum (or) ❑ _____ % per _____ based on _____.
(authority for interest)
And, I request the following terms in addition to or in lieu of a money award: ❑ NONE, or _____
_____

I have attached a completed proposed small claims judgment for purposes of this request.

In furtherance of this request and being duly sworn, I state that:

1. The above-named defendant(s) was duly and regularly served with a copy of the claim, failed to pay the claim or demand a hearing or trial, and at least 14 days have passed from the date of service;

2. No person against whom I seek judgment by this request is, to the best of my knowledge and belief, one of the following defined by ORS 125.005 and protected by ORCP 69B: a minor, incapacitated, a protected person, or a respondent for whom entry of a protective order is sought under ORS 125.055.

3. I have filled out and attached a Supplemental Affidavit regarding Defendant's status under the Servicemembers Civil Relief Act.

DATED: _____ _____ _____
Plaintiff's Name (print) Authorized Signature

SUBSCRIBED AND SWORN to before me this _____day of _____, 200_____.

NOTARY PUBLIC FOR OREGON/DEPUTY COURT ADMINISTRATOR

_____

My Commission expires: _____