IN THE JUSTICE COURT OF THE STATE OF OREGON FOR THE COUNTY OF CLACKAMAS

Contact Address	City, State, Zip	Telephone
	Print Name	
Date	Signature	
		est of my knowledge and belief, and that a court and I am subject to penalty for
Additional pages attached	1.	
I waive my right to appear person	nally at trial and submit my ev	idence by this Declaration to the Court.
Defendant		
V.) ss. TESTIMONY BY)	DECLARATION
STATE OF OREGON)) ss. TESTIMONY BY	DECLADATION