

STATE OF OREGON
Marion County Circuit Courts
FEB 18 2020
FILED

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION

David Hoffman

Plaintiff/Petitioner

Case No. 20MA1CFE

**ORDER RE: DEFERRAL OR
WAIVER OF FEES**

v.
Salem Police Department
Defendant/Respondent

The court reviewed the *Application for Deferral or Waiver of Fees and Declaration in Support*
for (Applicant Name): _____
regarding the following fees:

- Filing Fees
- Arbitration Fee
- Other: (describe) Law library printing fees / City & County Library fees (printing) Public Transportation
- Sheriff's service fee
- Trial Fee
- Motion Fee

The court finds Applicant:

- DOES qualify for a deferral or waiver of fees
- DOES NOT qualify for a deferral or waiver of fees

Additional findings: _____

The court orders:

Determination of fee obligation is postponed at this time. No payment is due from the applicant until further order of the court.

Fees are deferred for full payment. Payment must be made according to the terms of the attached payment plan (or) \$ _____ per month until paid in full

A judgment will be entered against Applicant. Collection costs may be added without further notice if fees are not paid as ordered.


Fees are waived. The court may change or revoke this waiver at a later time.

Application is denied

Application is granted in part: _____


Judge Signature:

FEB 18 2020



Certificate of Readiness

This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted **ex parte** as allowed by statute or rule

| | | |
|---|-----------------------|--|
| Submitted by: <input checked="" type="checkbox"/> plaintiff/petitioner <input checked="" type="checkbox"/> defendant/respondent <input checked="" type="checkbox"/> other: <u>ADA Grantee</u> | | |
|  | <u>Daniel Hoffman</u> | |
| Signature | Print Name | |

I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Order is true to the best of my knowledge and belief. I agree to the terms of this Order. I understand that this Order is enforceable by the court.

2/14/20
Date


Signature
Daniel Hoffman
Name (printed)

email is ONLY form of communication
~~Contact Address~~ Homeless ~~City, State, ZIP~~ Salem, Oregon ~~Contact Phone~~ dhoffmanhomelessrights@protonmail.com
email

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION

Daniel Hoffman

Plaintiff/Petitioner

Case No. _____

v.
Salem Police Department

Defendant/Respondent

**APPLICATION FOR DEFERRAL
OR WAIVER OF FEES
& DECLARATION IN SUPPORT**

Applicant's Full Name: Daniel J. Hoffman
First Middle Last

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

I am the plaintiff/petitioner defendant/respondent other: ADA Grievance Stat Procedure Disability. I am unable to pay all or part of the fees right now.

1. I am applying for deferral or waiver of the following fees (check ONE box ONLY):

- Filing Fees Filing fees + sheriff's service fee* Motion Fee
 Arbitration Fee Trial Fee
 Other (describe): hav library printing fees/City + County Library printing/Transportation

*If you are requesting deferral or waiver of the sheriff's service fee, explain why you cannot find another person to serve the papers. Papers can be served by any competent person who is at least 18 years old, a resident of Oregon (or the state where service is made), and who is not a party to the case or a party's lawyer, employee, officer, or director.

Homeless, No Bank account or cash on hand, No employment or benefits

2. If fees are not waived, I understand that payment is a debt to the State of Oregon. Additional fees may be added for administrative and collection costs.
3. I understand that if the clerk denies my application, I have the right to ask a judge to review my application
4. Any waiver or deferral I am granted during the case may be revoked in full or in part at the end of the case based on the final outcome

Declaration

1. PERSONAL

Date of Birth (month/day/ year) 04/27/79

*SSN: 135-70-6111 Driver License/State ID: N/A

**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: Homeless Citizen and registered voter # 300801007 issued: 09/16/19

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) - \$ 0

Supplemental Security Income (SSI) - \$ 0

Temporary Assistance to Needy Families (TANF) - \$ 0

Oregon Health Plan (OHP)

➤ Total monthly benefits received: \$ 0

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: \$ 0

➤ Total monthly income from other sources: \$ 0
(including annuities, settlement income, and any other source of funds or support)

TOTAL INCOME FROM ALL SOURCES: \$ 0

4. ASSETS

Total cash available from all accounts: \$ 0 (cash, checking account, savings, etc.)

List any assets you have including vehicles, real estate, boats, guns, jewelry, livestock, business interests, etc.:

0

Value of assets: 0

TOTAL VALUE OF ALL ASSETS & CASH: \$ 0

5. LIVING EXPENSES (per month)

- > Home: \$ 0
(Rent, mortgage, utilities, cell phone, food)
- > Transportation: \$ 150.00
(parking, gas, bus, insurance, vehicle loan payments)
- > Other: \$ est. 25,000.00
(student loans, day care, court fines, medical, child support, credit cards, etc.)

TOTAL MONTHLY LIVING EXPENSES: \$ _____

* evidence + Testimony @ portland Alt-Delete, yolasite.com / shacattack.yolasite.com

6. OTHER INFORMATION YOU WANT COURT TO CONSIDER

* I suffer from PTSD, Heart Disease, Kidney Disease, Anxiety, Panic Attack Disorder and Have a Stent in my heart, please consider this application a reasonable request under Federal Disability Law.

I am also a "Christian Homeless Rights Activist"

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.

2/14/20
Date


Signature

Daniel J. Hoffman
Name (printed)

Email ONLY form of communication!
Contact Address Salem, Oregon Contact Phone Email dhoffmanhomelessrights@protonmail.com

INSTRUCTIONS:

1. Fill out the form as completely as possible. Please write legibly.
2. Submit the form in person to the Salem Police Department or mail in the complaint to the address provided.
3. You will be contacted by an investigator for an interview.

Name: Daniel Hoffman Date: 2/12

Street address: 345 Commercial St (no mail) City: Salem State: Or Zip code: _____

How do you want us to contact you? Email Only means of communication Phone: N/A

Location or address where incident occurred: Police Dept. Lobby

Police report number: _____ Date: _____ Time: 9-10 a.m. / p.m. Was someone arrested: Yes No

Officer(s) or employee involved: Lt. Van Meter

Witness name: on video Phone: _____

Witness address: _____

Briefly describe what happened. If needed, please attach additional sheets of paper to this complaint form.:

I came in out of the cold seeking help, stated my disabilities and the fact that I am also an activist. I said a reasonable request to please provide me with provisions to survive the cold or take me to a shelter. ~~I stated~~ I told the officer I am a follower of Jesus Christ, asked if he was a christian, he said No, asked if he believed in Goodness and humanity, he said No.

I would like to have more information about this incident.

I want to file an Internal Affairs complaint.

Complainant's signature: [Signature]

I said then I don't talk to you because I am a human being. He then threatened me with arrest! then came back looking

thru the window and began harassing me again. I asked if a

office needs to speak with me please have it be another officer he continued to insult me even after I stated my disabilities!

CONTACT INFORMATION

SALEM POLICE DEPARTMENT

INTERNAL AFFAIRS OFFICE

503-588-6160

INTERNAL AFFAIRS EMAIL

spdia@cityofsalem.net

POLICE RECORDS SECTION

503-588-6144

CHIEF OF POLICE

503-588-6100

CITY MANAGER'S OFFICE

503-588-6255

COMMUNITY POLICE REVIEW BOARD

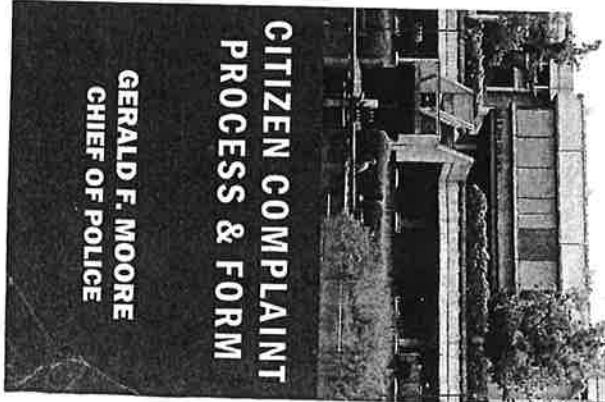
503-588-6219

COMMUNITY SERVICES DEPT.

503-588-6261

HUMAN RIGHTS & RELATIONS CMSN.

SALEM POLICE DEPARTMENT
855 LIBERTY ST. SE, ROOM 130
SALEM, OREGON 97302



CITIZEN COMPLAINT
PROCESS & FORM

GERALD F. MOORE
CHIEF OF POLICE

SALEM POLICE
DEPARTMENT

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION

Daniel Hoffman

Case No. _____

Plaintiff/Petitioner

v.

Salem Police Department

**ORDER RE: DEFERRAL OR
WAIVER OF FEES**

Defendant/Respondent

The court reviewed the *Application for Deferral or Waiver of Fees and Declaration in Support* for (Applicant Name): _____ regarding the following fees:

- Filing Fees
- Arbitration Fee
- Other: (describe) Library printing fees / City & County Library fees (printing) Public Transponder
- Sheriff's service fee
- Trial Fee
- Motion Fee

The court finds Applicant:

- DOES qualify for a deferral or waiver of fees
- DOES NOT qualify for a deferral or waiver of fees

Additional findings: _____

The court orders:

Determination of fee obligation is postponed at this time. No payment is due from the applicant until further order of the court.

Fees are deferred for full payment. Payment must be made according to the terms of the attached payment plan (or) \$ _____ per month until paid in full

A judgment will be entered against Applicant. Collection costs may be added without further notice if fees are not paid as ordered.

Fees are waived. The court may change or revoke this waiver at a later time.


Application is denied

Application is granted in part: _____

Judge Signature:

Certificate of Readiness

This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted **ex parte** as allowed by statute or rule

| | | |
|---|-------------------------------------|--|
| Submitted by: <input checked="" type="checkbox"/> plaintiff/petitioner <input checked="" type="checkbox"/> defendant/respondent <input checked="" type="checkbox"/> other: <u>ADA Grievance</u> | | |
|  Signature | <u>Daniel Hoffman</u> Print Name | |

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2/14/20
Date


Signature
Daniel Hoffman
Name (printed)

email is ONLY form of communication Salem, Oregon d.hoffmanhomelessrights@protonmail.com
~~Contact Address~~ City, State, ZIP ~~Contact Phone~~ email
Homeless

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION

Daniel Hoffman
Plaintiff/Petitioner

Case No. _____

v.
Salem Police Department
Defendant/Respondent

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OR WAIVER OF FEES
& DECLARATION IN SUPPORT**

Applicant's Full Name: Daniel J. Hoffman
First Middle Last

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

I am the plaintiff/petitioner defendant/respondent other: ADA Grievance. I am
unable to pay all or part of the fees right now. State procedure
Disability

1. I am applying for deferral or waiver of the following fees (check ONE box ONLY):

- Filing Fees Filing fees + sheriff's service fee* Motion Fee
 Arbitration Fee Trial Fee
 Other (describe): Law library printing fees / City + County Library printing / Transportation Public

*If you are requesting deferral or waiver of the sheriff's service fee, explain why you cannot find another person to serve the papers. Papers can be served by any competent person who is at least 18 years old, a resident of Oregon (or the state where service is made), and who is not a party to the case or a party's lawyer, employee, officer, or director.

Homeless, No Bank account or cash on hand, No employment or benefits

2. If fees are not waived, I understand that payment is a debt to the state of Oregon. Additional fees may be added for administrative and collection costs.
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1. PERSONAL

Date of Birth (month/day/year) 04/27/79

*SSN: 135-70-6111 Driver License/State ID: N/A

**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: Homeless Citizen and registered voter # 300801009 issued: 09/16/19

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) - \$ 0
 Supplemental Security Income (SSI) - \$ 0
 Temporary Assistance to Needy Families (TANF) - \$ 0
 Oregon Health Plan (OHP)

> Total monthly benefits received: \$ 0

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: \$ 0
> Total monthly income from other sources: \$ 0
(including annuities, settlement income, and any other source of funds or support)

TOTAL INCOME FROM ALL SOURCES: \$ 0

4. ASSETS

Total cash available from all accounts: \$ 0 (cash, checking account, savings, etc.)

List any assets you have including vehicles, real estate, boats, guns, jewelry, livestock, business interests, etc.:

0

Value of assets: 0

TOTAL VALUE OF ALL ASSETS & CASH: \$ 0

5. LIVING EXPENSES (per month)

- > Home: \$ 0
(Rent, mortgage, utilities, cell phone, food)
- > Transportation: \$ 150.00
(parking, gas, bus, insurance, vehicle loan payments)
- > Other: \$ est. 25,000.00
(student loans, day care, court fines, medical, child support, credit cards, etc.)

TOTAL MONTHLY LIVING EXPENSES: \$ _____

* evidence + Testimony @ portland Hit Delete, yolasite.com / shacattack.yolasite.com

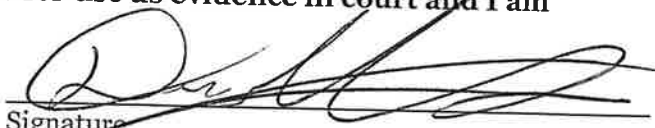
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Date


Signature

Daniel J. Hoffman
Name (printed)

Email ONLY form of communication!

Contact Address

City, State, ZIP

Contact Phone

Email

Salem, Oregon dhoffmanhomelessrights@protonmail.com

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION

Daniel Hoffman

Case No. _____

Plaintiff/Petitioner

v.

Salem Police Department

**ORDER RE: DEFERRAL OR
WAIVER OF FEES**

Defendant/Respondent

The court reviewed the *Application for Deferral or Waiver of Fees and Declaration in Support* for (Applicant Name): _____ regarding the following fees:

- Filing Fees
- Arbitration Fee
- Other: (describe) Low library printing fees / city county library fees (printing) Public Transportation
- Sheriff's service fee
- Trial Fee
- Motion Fee

The court finds Applicant:

- DOES qualify for a deferral or waiver of fees
- DOES NOT qualify for a deferral or waiver of fees

Additional findings: _____

The court orders:

- Determination of fee obligation is postponed at this time. No payment is due from the applicant until further order of the court.
- Fees are deferred for full payment. Payment must be made according to the terms of the attached payment plan (or) \$ _____ per month until paid in full


A judgment will be entered against Applicant. Collection costs may be added without further notice if fees are not paid as ordered.

- Fees are waived. The court may change or revoke this waiver at a later time.
- Application is denied
- Application is granted in part: _____

Judge Signature: _____

Certificate of Readiness

This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted **ex parte** as allowed by statute or rule

| | | |
|---|-------------------------------------|--|
| Submitted by: <input checked="" type="checkbox"/> plaintiff/petitioner <input checked="" type="checkbox"/> defendant/respondent <input checked="" type="checkbox"/> other: <u>ADA Grace</u> | | |
|  Signature | <u>Daniel Hoffman</u> Print Name | |

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2/14/20
Date


Signature
Daniel Hoffman
Name (printed)

email is ONLY form of communication
~~Contact Address~~ Homeless Salon, Oregon d.hoffman@homelessrights.org protonmail
City, State, Zip Salon, Oregon ~~Contact Phone~~ email

COMPLAINT FORM → My only means of
(Reasonable Request) communication is email
hoffman.homeslessrights@protonmail.com

Citizen
Employee making complaint:

Name: Daniel Hoffman

Department: City of Salem / Community Development

Name and title of subject of complaint: Security Provider

Department of subject of complaint: City of Salem / City Library

Nature of Complaint:

1. Please mark the reason you believe the discrimination/harassment which you experienced is based on.

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual Orientation | <input checked="" type="checkbox"/> Religion | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Age | <input checked="" type="checkbox"/> Disability | <input type="checkbox"/> Domestic Partnership |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Gender Identity | <input checked="" type="checkbox"/> Source of income |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Assault Victim | <input type="checkbox"/> Stalking Victim | <input type="checkbox"/> Injured Worker |
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Family Leave | <input checked="" type="checkbox"/> Whistle blowing |
| <input type="checkbox"/> Sexual Harassment | <input checked="" type="checkbox"/> Retaliation | <input checked="" type="checkbox"/> Other <u>Activism</u> |

2. When did the(se) interaction(s) take place?

First time: _____

Last time: _____

Ongoing? Yes No

3. Please provide a specific and detailed statement of the incident(s) or conduct which you perceive to be discriminatory and/or harassing. Describe dates and events in chronological order and be sure that you refer to the basis of your claim(s) (e.g., race, gender, etc., as indicated in Question #1) in describing the interaction for which you are complaining. **(Attach additional sheets if necessary. In addition, please attach copies of any available documentation regarding the alleged violation.)**

Incident (1) Library staff member said I could not have a permanent library card because I am not a taxpayer after I indicated that I was a Christian Homeless Rights Activist

Incident (2) There appeared to be delays and interruptions and screen errors because of malicious activity from either the Server Administrator level or from outside the server.

After saying I am an Activist...

Incident (3) Two Security Personnel, identifying themselves as City of Salem employees, approached me during non-business hours and asked if I had urinated around the side of the City Library building. I explained that I have several disabilities that affect my bladder, that I did not go on the building itself, and made a reasonable request to add outside restrooms during non-business hours, after which I was threatened if I did it again I'd be charged with a crime

Name and addresses of persons who may have information that could help us:

Name: _____

Department or Other Contact Information: _____

Phone Number: _____

Name: _____

Department or Other Contact Information: _____

Phone Number: _____

DECLARATION OF COMPLAINANT (optional):

I certify under penalty of perjury under the laws of the State of Oregon that the foregoing is true and correct.

Date/Time: 1/27/20

Signature: 

Printed Name: David Hoffman