

**IN THE MUNICIPAL COURT OF THE CITY OF SALEM  
COUNTY OF MARION, STATE OF OREGON**

555 Liberty St SE  
Salem, Oregon 97301-3513

City of Salem ) **DEFENDANT'S WAIVER OF ORAL**  
 ) **TESTIMONY (Trial by Affidavit)**  
Plaintiff )  
v ) Case/Citation # \_\_\_\_\_  
 )  
\_\_\_\_\_ )  
Defendant ) **DUE BY** \_\_\_\_\_

I have pled **NOT GUILTY** and I hereby waive my rights to have testimony presented in open Court and authorize testimony to be in the form of an affidavit. I realize by signing this waiver that the officer may file an affidavit and not appear in Court. I also realize that I need not appear in person, but may appear by affidavit.

I further state my intentions as follows:

- I waive my right to be present at a hearing and declare that I will submit to the Court my affidavit containing my testimony and affidavits of witnesses, if any, to the Court within thirty (30) days of today's date, and if I fail to submit said affidavit within thirty (30) days, I authorize the Court to decide whether I am guilty or not guilty based upon the contents of my file. I understand the Court will also consider the officer's affidavit in deciding whether I am guilty or not guilty.
- (Check here if the officer has asked to provide testimony by affidavit, you want to present your part of the case orally in Court and you are willing to waive your right to have the officer testify in person.)*

I do not waive my right to be present at a hearing and request that I be notified of the date and time of hearing. I waive my right to have the officer testimony presented orally in court.

**I CERTIFY THAT I HAVE READ THE ABOVE AND WAIVE MY RIGHT TO HAVE TESTIMONY PRESENTED IN OPEN COURT. I REQUEST THAT THIS MATTER BE DECIDED AS STATED ABOVE.**

Dated: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



