

# Request for Verification of Good Standing

## Requirements to Obtain a Certificate of Good Standing

(Check each box to ensure you meet all of the requirements)

- I have been under the supervision of Clatsop County within three (3) years of petitioning the Court.
- I have been off of supervision for at least one year prior to petitioning the Court.
- I was not on supervision for a person felony or person Class A misdemeanor.
- I complied with all requirements of my sentence including conditions of supervision and any required drug and alcohol treatment, batterers' intervention, sex offender treatment, anger management, or educational programs.
- I have satisfied all court-ordered financial obligations or I am current on a payment plan ordered by the court or a third party as authorized by the Judicial Department.
- I am not in violation of the conditions of any criminal sentence.
- There are no criminal charges pending against me.
- I am in engaged in, or am seeking to engage in, a lawful occupation or activity, including but not limited to employment, training, education or rehabilitative programs, or I have a lawful source of support.

## Petitioner Information

Last Name		First Name		Middle	D.O.B.
Street Address			City	State	Zip
Phone Number		E-mail Address or Message Phone			
Last County of Supervision		SID Number		Last Probation/Parole Officer (if known)	

## Request for Verification

I, \_\_\_\_\_, the undersigned petitioner, hereby request verification from Clatsop County Community Corrections that I meet the requirements to obtain a Certificate of Good Standing. I understand that I must submit a separate form provided by the State Court Administrator, along with the verification provided by Clatsop County Community Corrections and any other necessary documentation to the Circuit Court in the County in which I reside.

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Signature of Petitioner

Printed Name

Date

For Office Use Only

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Received by (print name)

Date of Receipt