

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>APPLICATION FOR WAIVER OF COURT FEES</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being charged as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ <b>Plaintiff / Petitioner</b> ( <i>First, middle, last name</i> )  v.  _____ <b>Defendant /Respondent</b> ( <i>First, middle, last name</i> )	_____ <b>Case Number</b>

**NOTE:** If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.

Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:

In 1a, enter your full name

In 1b, only enter the year you were born. DO NOT enter your entire date of birth.

In 1c, enter your complete current address.

In 2a, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.

In 2b, enter the number of people under age 18 living in your house who you support.

In 3, check "Yes" if you are currently receiving 1 or more of the benefits listed below.

If you check "Yes" in 3, skip 4 and sign the form. You do not have to complete 4.

**1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:**

- a. Name: \_\_\_\_\_  
                     *First*                                    *Middle*                                    *Last*
- b. Year of Birth: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_  
     City, State, ZIP: \_\_\_\_\_

**2. I am providing the following information about people who live with me:**

- a. I support \_\_\_\_\_ adults (*not counting myself*) who live with me.
- b. I support \_\_\_\_\_ children under 18 who live with me.

**3. I am receiving 1 or more of the benefits listed below:**

- Yes  No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - SNAP (Food Stamps)
  - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

**\*\*If you answered "Yes" in section 3, you qualify for a fee waiver under 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 4 and sign the form.\*\***

In 4a, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

In 4b, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Under Other in 4b and 4c, include any money received from family or friends.

In 4c, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.

In 4d, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

**4. I checked "No" in section 3, so I am providing the following financial information:**

a. I have a pending application for 1 or more of the benefits listed in section 3:

- Yes     No

b. I received the following money in the past month. *(check all that apply)*

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment:                       | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Child support:                       | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Pension:                             | \$ _____ |   |          |
| <input type="checkbox"/> Money from other household members:  |          |   | \$ _____ |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                            |          |   |          |

Total of all money received in the past month: \$ \_\_\_\_\_

c. I received the following total amount of money in the past 12 months. *(check all that apply)*

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment:                       | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Child support:                       | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Pension:                             | \$ _____ |   |          |
| <input type="checkbox"/> Money from other household members:  |          |   | \$ _____ |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                            |          |   |          |

Total of all money received in the past 12 months: \$ \_\_\_\_\_

d. My current monthly debts and expenses are listed below. *(check all that apply)*

- |   |          |           |
|---|----------|-----------|
| <input type="checkbox"/> Rent:  | \$ _____ | per month |
| <input type="checkbox"/> Home Mortgage:   | \$ _____ | per month |
| <input type="checkbox"/> Other Mortgage:  | \$ _____ | per month |
| <input type="checkbox"/> Utilities:   | \$ _____ | per month |
| <input type="checkbox"/> Food:  | \$ _____ | per month |
| <input type="checkbox"/> Medical:   | \$ _____ | per month |
| <input type="checkbox"/> Car Loan:  | \$ _____ | per month |
| <input type="checkbox"/> Childcare:   | \$ _____ | per month |
| <input type="checkbox"/> Child Support:   | \$ _____ | per month |
| <input type="checkbox"/> Other expenses not listed above <i>(list type and amount):</i> | _____    |           |

\$ \_\_\_\_\_

Other debts not listed above *(list type and amount):* \_\_\_\_\_

\$ \_\_\_\_\_

I have no expenses.

Total of all expenses: \$ \_\_\_\_\_ per month

In 4e, check all of the items owned by you and list the value of each item. If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. *(check all that apply)*

- Bank accounts and cash totaling: \$ \_\_\_\_\_
- Home worth: \$ \_\_\_\_\_  
 The total I owe on my home mortgage is: \$ \_\_\_\_\_
- Other real estate, not including the house I live in, worth: \$ \_\_\_\_\_  
 The total I owe on my other mortgage is: \$ \_\_\_\_\_
- 1st vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off:  Yes  No
- 2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid off:  Yes  No
- Other *(list items and value)*: \_\_\_\_\_ \$ \_\_\_\_\_
- None of the above

Under Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

*/s/*  
 \_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Print Your Name

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Relationship to Minor or Incompetent Adult (if applicable)

\_\_\_\_\_  
 Telephone

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name. Enter your complete current address and telephone.

If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person. Enter your complete current address and telephone number.

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

\_\_\_\_\_  
 Email

<b>STATE OF ILLINOIS,</b> <b>CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>ORDER FOR                  WAIVER OF COURT FEES</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Directly above, enter the name of the county where the case was filed. <hr/> Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. <hr/> Enter the name of the person being sued as Defendant/Respondent. <hr/> Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	Plaintiff / Petitioner <i>(First, middle, last name)</i>  v.  Defendant / Respondent <i>(First, middle, last name)</i>	_____ <b>Case Number</b>

Enter your full name as "Applicant."

**Applicant Name:** \_\_\_\_\_  
First                      Middle                      Last

**DO NOT** check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

**The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:**

1.  The applicant qualifies for a full (100%) waiver of all fees, costs, and charges because *(check only one)*:
  - a.  The applicant receives means-based government assistance under one or more of the following programs:
    - Supplemental Security Income (SSI) (Not Social Security)
    - Aid to the Aged, Blind and Disabled (AABD)
    - Temporary Assistance for Needy Families (TANF)
    - SNAP(Food Stamps)
    - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
  - OR**
  - b.  The applicant's personal income is **125%** or less of the current poverty level as established by the U.S. Department of Health and Human Services and the Applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges;
  - OR**
  - c.  Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
  
2.  The applicant qualifies for a **partial (75%, 50%, or 25%)** waiver of all fees, costs, and charges because the applicant's household income is *(check one)*:
  - more than **125%** but not greater than **150%** *(75% waived)*; OR
  - more than **150%** but not greater than **175%** *(50% waived)*; OR
  - more than **175%** but not greater than **200%** *(25% waived)*
 of the current poverty level as established by the US Department of Health and Human Services and the Applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

to pay the fees, costs, or charges.

- 3.  The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- 4.  The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:  
\_\_\_\_\_  
\_\_\_\_\_

**IT IS HEREBY ORDERED:**

- A.  *Application for Waiver of Court Fees* is **GRANTED**.
  - i.  The applicant qualifies for a **full waiver**, and may participate in this case without payment of fees, costs, or charges.  
OR
  - ii.  The applicant qualifies for a **partial fee waiver** as follows *(check one)*:
    - 75%** of all fees, costs, and charges are **waived** *(and the applicant must pay 25% of all fees, costs, and charges)*.
    - 50%** of all fees, costs, and charges are **waived** *(and the applicant must pay 50% of all fees, costs, and charges)*.
    - 25%** of all fees, costs, and charges are **waived** *(and the applicant must pay 75% of all fees, costs, and charges)*.

Charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees listed in 735 ILCS 5/5-105(a)(2)(1).

- The applicant must pay fees, costs, and charges currently due by: \_\_\_\_\_  
Date
- OR
- Upon good cause shown, the applicant may make payments as follows *(describe deferral, installment plan, or other reasonable terms)*:  
\_\_\_\_\_  
\_\_\_\_\_

**This order expires one year from the date of this order.** The applicant may reapply before or after the expiration date.

- B.  *Application for Waiver of Court Fees* is **SET FOR HEARING** on \_\_\_\_\_  
Date
- at \_\_\_\_\_ in courtroom: \_\_\_\_\_  
Time
- The applicant must bring the following documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C.  *Application for Waiver of Court Fees* is **DENIED**.  
The applicant must pay all fees, costs, and charges currently due by: \_\_\_\_\_  
Date

**DO NOT** complete this section. The judge will sign and date here.

**ENTERED:**

\_\_\_\_\_  
Judge Date