

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF COURT FEES	<i>For Court Use Only</i>
Instructions ▼	_____ Plaintiff / Petitioner (<i>First, middle, last name</i>) v. _____ Defendant / Respondent (<i>First, middle, last name</i>)	
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 sued as Defendant/Respondent		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ Case Number	

Enter your full name as "Applicant."

Applicant Name: _____

First
Middle
Last

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

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

1. The applicant **qualifies** for a **full (100%)** waiver of all fees, costs, and charges because:
 - 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. Dept. of Health & 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:
 - more than **125%** but not greater than **150%** (*75% waived*);
 - more than **150%** but not greater than **175%** (*50% waived*);
 - more than **175%** but not greater than **200%** (*25% waived*)
 of the current poverty level as established by the US Dept. of Health & 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.

3. There is a factual issue about the applicant's entitlement to a fee waiver. The nature of the factual issue is: _____

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**, effective on the filing date of the *Application for Waiver of Court Fees*.

i. The applicant qualifies for a **full waiver**, and may participate in this case without payment of fees, costs, or charges.

ii. The applicant qualifies for a **partial fee waiver** as follows:

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)*.

The applicant must pay fees, costs, and charges currently due by: _____
Date

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. Fees, costs, and charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, and any other fee listed in [735 ILCS 5/5-105\(a\)\(2\)\(1\)](#).

B. *Application for Waiver of Court Fees* is **SET FOR HEARING** on

_____ at _____
Date *Time*

in person at _____
Courthouse address *Courtroom*

remotely by telephone at _____
Call-in number for telephone remote appearance

remotely by video conference at _____
Video conference website

Video conference log-in information (meeting ID, password, etc)

The applicant must bring the following **documents** to the hearing:

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