

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
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	

In **1a**, enter your full name. **If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.**

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 have received at least 1 of the benefits listed in the past 4 weeks.

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

1. I am providing the following information about myself:

- a. Name: _____
First
Middle
Last
- b. Year of Birth: _____
- c. Street Address: _____
 City, State, ZIP: _____
- d. I believe I cannot afford to pay the court fees in this case.

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 have received 1 or more of the benefits listed below in the past 4 weeks:

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

****If you answered "Yes" in section 3, skip section 4 and sign the form.****

If you check "Yes" in **3**, skip **4** and sign the form.

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

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

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

- Yes No

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.

b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income

Total of all money received: \$ _____

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income

Total of all money received: \$ _____

Include the money received by the people you support who live with you.

In **4d**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*

- Rent: \$ _____ per month
 Home Mortgage: \$ _____ per month
 Other Mortgage: \$ _____ per month
 Utilities: \$ _____ per month
 Food: \$ _____ per month
 Medical: \$ _____ per month
 Car Loan: \$ _____ per month
 Other *(list type and amount)*: _____ \$ _____ per month
 I have no expenses

Total of all expenses: \$ _____

In **4e**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. (*check all that apply*)

Bank accounts and cash totaling: \$ _____

Home real estate, 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 1st vehicle is paid off: Yes No

2nd vehicle worth: \$ _____ The 2nd vehicle is paid off: Yes No

Other (*list items and value*): _____ \$ _____

None of the above

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

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 the complete current address and telephone number of the person who filled out this form.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

I certify that everything in the *Application For Waiver Of Court Fees* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/
Your Signature

Street Address

Print Your Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone