

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF COURT FEES	For Court Use Only
Instructions ▼ 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.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

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:

- The applicant **qualifies** for a fee waiver because *(check one)*:
 - The applicant receives assistance under one or more of the following programs: Supplemental Security Income (SSI); Aid to the Aged, Blind and Disabled (AABD); Temporary Assistance for Needy Families (TANF); Food Stamps (SNAP); General Assistance; Transitional Assistance; or State Children and Family Assistance; **OR**
 - The applicant's household income is 125% or less than the current poverty level as established by the U.S. Department of Health and Human Services; **OR**
 - Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
- The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:

IT IS HEREBY ORDERED:

- Application for Waiver of Court Fees* is **GRANTED**. The applicant may participate in this case without payment of fees, costs, or charges including: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees as listed in 735 ILCS 5/5-105(a)(1).
- Application for Waiver of Court Fees* is **SET FOR HEARING** on _____ at _____
Date
Time

Enter the Case Number given by the Circuit Clerk: _____

in court room: _____ The applicant must bring the following documents: _____

Application for Waiver of Court Fees is **DENIED** and:

Applicant must pay all applicable fees, costs, or charges by: _____ **OR**
Date

Applicant must pay all applicable fees, costs or charges as follows (*describe payment plan*):

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

ENTERED:

Judge

Date