

<p>Instructions ▼</p> <p>Check the box to the right if your case involves custody, visitation, or removal of a child.</p> <p>Enter the Appellate Court case number.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<p><input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</p> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;">IN THE APPELLATE COURT OF ILLINOIS</p> <p style="text-align: center;">_____ District</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> <p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p>v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> </td> <td style="width: 30%; padding: 5px;"> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p> </td> </tr> </table>	<p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p>v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>
<p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p>v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>		

APPLICATION FOR WAIVER OF COURT FEES (APPELLATE COURT)

<p>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.</p>
<p>In 1b, only enter the year you were born. DO NOT enter your entire date of birth.</p>
<p>In 1c, enter your complete current address.</p>
<p>In 2, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your <i>Application</i> will be rejected.</p>

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 cannot afford to pay the court fees in this case.
 - e. Email address: _____ Telephone number: _____

2. I am currently incarcerated. Yes No If yes, inmate I.D. # _____
If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.

****If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.****

In **3a**, 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 **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in **4**, skip **5** and sign below.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, 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. Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **5c**, 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.

In **5d**, 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.

- 3. 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.

4. 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 4, skip section 5 and sign below.****

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

- a. I have applied for 1 or more of the benefits listed in section 4:
 Yes No

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

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other (<i>list type and amount</i>):	_____		\$ _____
<input type="checkbox"/> No income			
Total of all money received:		\$ _____	

- c. 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*)

<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"/> Other (<i>list type and amount</i>):	_____	\$ _____ per month
<input type="checkbox"/> I have no expenses		
Total of all expenses:		\$ _____

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

<input type="checkbox"/> Bank accounts and cash totaling:	\$ _____
<input type="checkbox"/> Home real estate, worth:	\$ _____
The total I owe on my home mortgage is:	
	\$ _____
<input type="checkbox"/> Other real estate, not including the house I live in, worth:	\$ _____
The total I owe on my other mortgage is:	
	\$ _____
<input type="checkbox"/> 1 st vehicle worth:	\$ _____
The 1 st vehicle is paid off:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter the Case Number given by the Appellate Court Clerk: _____

- 2nd vehicle worth: \$ _____ The 2nd vehicle is paid 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.

I certify that everything in the *Application for Waiver of Court Fees (Appellate Court)* 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](#).

The person who filled out this form must sign it. If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

/s/ _____
Your Signature _____
Street Address

_____ _____
Print Your Name *City, State, ZIP*

_____ _____
Relationship to Minor or Incompetent Adult (if applicable) *Telephone*

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

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

PROOF OF SERVICE

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

- b. By: Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

Enter the Case Number given by the Appellate Court Clerk: _____

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (not through an EFM or EFSP)
- Mail from a prison or jail at:

Name of prison or jail

In c, fill in the date and time that you sent the document.

c. On: _____
Date

At: _____ a.m. p.m.
Time

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

2. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

- b. By: Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (not through an EFM or EFSP)
- Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

Enter the Case Number given by the Appellate Court Clerk: _____

- b. By: Personal hand delivery
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- Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

If you are serving more than 3 parties or lawyers, fill out and insert 1 or more *Additional Proof of Service* forms after this page.

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 by hand and print your name.

I certify that everything in the Proof of Service 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

Print Your Name