

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>APPLICATION FOR WAIVER OF COURT FEES</b>	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.	_____ <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>

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: \$ \_\_\_\_\_

1<sup>st</sup> 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 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*