Rule 298. Application for Waiver of Court Fees

RULE 298 CERTIFICATION FOR WAIVER OF FEES REPRESENTATION BY CIVIL LEGAL SERVICES PROVIDER OR COURT-SPONSORED PRO BONO PROGRAM

	dersigned counsel hereby certifies that he/she is
an attorney for((name of organization or court program), a civil
legal services provider or court-sponsored pro	bono program as defined in 735 ILCS 5/5-
105.5(a), and that	(name of organization or court program) has
made the determination that	(name of party) has income of 125% or
less of the current official poverty guidelines or is	s otherwise eligible to receive services under the
eligibility guidelines of the civil legal services pro	1 1 5
a result, under Supreme Court Rule 298,	
sue or defend without payment of fees, costs or c	harges as defined at 735 ILCS 5/5-105(a)(1).
	Attorney Certification
Name of Organization or Court Program:	<u>-</u>
Attorney Name	
Attorney No	
Address	
City, State, Zip	
Telephone	

Circuit Application for Waiver of Court Fees

STATE OF ILLINOIS, CIRCUIT COURT		APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
Instructions▼	COUNTY		
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.	Plaintiff / Peti	tioner (First, middle, last name)	
Enter the name of the person being charged as Defendant/ Respondent.	V.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	Defendant /R	espondent (First, middle, last name)	Case Number
NOTE:	If you are con	npleting this form on behalf of a minor or an incor information on this form instead of your ov	

In 1a, enter your full name

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 vou support.

In 3, check "Yes" if you are currently receiving 1 or more of the benefits listed below. Be prepared to provide proof that you are currently receiving 1 of these benefits.

If you check "Yes" in 3, skip 4 and sign the form. You do not have to complete 4.

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

1. I believe I cannot afford to pay the court fees, costs and charges in this case and I am providing the following information about myself:

First b. Year of Birth:

c. Street Address:

a. Name:

City, State, ZIP:

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 am receiving 1 or more of the benefits listed below:

☐ Yes ☐ No

- Supplemental Security Income (SSI) (Not Social Security)
- Aid to the Aged, Blind and Disabled (AABD)
- Temporary Assistance to Needy Families (TANF)
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

If you answered "Yes" in section 3, you qualify for a fee waiver under 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 4 and sign the form.

Enter the Case Number given by the Circuit Clerk:	
In 4a, check "Yes" if you have applied for at least 1 of the benefits listed in section 3. 4. I checked "No" in section 3, so I am providing the following finan a. I have a pending application for 1 or more of the benefits listed in section 3.	
In 4b, check the box b. I received the following money in the past month. (check all that app	oly)
for each type of money \qquad My employment: \$ \qquad \text{Social Security (to	
vou nave received in	loyment: \$
the past month. Also enter the gross (before Pension: \$ Unempto Unempto Unempto Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The past month. Also enter the gross (before pension: \$ Unempto The	loyment. ψ
tayes) amount for each	Φ.
type. Money from other household members:	\$
Other (list type and amount):	
Under Other in 4b and No income	
4c, include any money received from family or C: 1 Total of all money received in the past month: \$	-
friends. c. I received the following total amount of money in the past 12 mont	hs. (check all that apply)
In 4c, check the box for My employment: \$ Social Security (r	
each type of money Child support: \$ \qquad \text{Inemp}	loyment: \$
you have received in	ιο y ι ι ι οι ι ι . <u>Ψ</u>
the past 12 monais.	Φ.
(hefore taxes) amount	\$
for each type. Unter (list type and amount):	\$
☐ No income	
Total of all money received in the past 12 months: _\$	
In 4d, check all of your d. My current monthly debts and expenses are listed below. (check all	ll that apply)
debts and expenses for Rent: \$ per month	
the past month and list the amount of money Home Mortgage: \$ per month	
you pay each month for Other Mortgage: \$ per month	
that expense. Utilities: \$ per month	
Utilities: \$ per month Food: \$ per month Medical: \$ per month Car Loan: \$ per month	
Medical: \$ per month	
Car Loan: \$ per month	
Childcare: \$ per month	
Child Support: \$ per month	
Other expenses not listed above (list type and amount):	
	\$
Other debts not listed above (list type and amount):	
	\$
☐ I have no expenses	
Total of all expenses: \$ per month	
In 4e , check all of the	
items owned by you	
and list the value of e. I have the belongings listed below. (check all that apply)	
each item. If you own real estate, include the Bank accounts and cash totaling:	<u> </u>
total you owe on any Home worth:	\$
mortgage. The total I owe on my home mortgage is:	5
Be prepared to provide Other real estate, not including the house I live in, worth:	\$
documents showing The total Lowe on my other mortgage is:	
your income, value of	•
real estate) and expense information when you	

Other (list items and value):

☐ None of the above

real estate) and expense information when you

file your forms.

\$

	Enter the Case N	umber given by the Circuit Clerk:		
5 is optional. In 5, list any reason why you or your family would face hardship if you have to	5. (Optional) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:			
pay the fees.				
Under Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose,	/s/ Your Signature	Street Address		
such as to cause delay. If you are completing				
this form on a computer, sign your name by typing it. If you are completing it	Print Your Name	City, State, ZIP		
by hand, sign and print your name.	Relationship to Minor or Incompetent Adult (if applicable)	Telephone		
If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person. Enter your complete	Attorney # (if any)	Email		
address, telephone number, and email address, if you have				

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.

Appellate Application for Waiver of Court Fees

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Appellate Courts.

Instructions ▼	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPE	EDITED DISPOSITION UNDER
Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.	RULE 311(a). Appellate Case No.:	
Enter the Appellate Court case number, if	IN THE APPELLATE COURT OF	
you have it. Just below "In the Appellate Court of	ILLINOIS	
Illinois," enter the number of the appellate district	Dist	trict
where the appeal was filed.		Appeal from the Circuit Court
If the case name in the trial court began with	In re	of County
"In re" (for example, "In re Marriage of Jones"), enter that name. Below that,		Trial Court Case No.:
enter the names of the parties as they appeared in the trial court, and check the	Plaintiffs/Petitioners in the trial court (First, middle, last names) Appellants Appellees	Honorable
correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").	V.	Judge, Presiding
To the far right, enter		
the trial court county, trial court case number, and trial judge's name.	Defendants/Respondents in the trial court (First, middle, last names) ☐ Appellants ☐ Appellees	
	APPLICATION FOR WAIVER OF COURT (APPELLATE COURT)	T FEES
NOTE:	If you are completing this form on behalf of a minor or an incomp information on this form instead of your own	
In 1a , enter your full	Pursuant to Illinois Supreme Court Rule 313(f), Illinois	Supreme Court Rule 298 and
In 1b , only enter the	735 ILCS 5/5-105, I state:	and and
year you were born. DO	100 1200 0.0 100, 1 otato.	
NOT enter your entire date of birth.	 I believe I cannot afford to pay the court fees, costs an providing the following information about myself: 	nd charges in this case and I am
In 1c, enter your	a. Name:	
complete current	First Middle	Last
address.	b. Year of Birth:	

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

If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.

2. I am currently incarcerated.

Yes

No If yes, inmate I.D. #

inmate trust fund ledger

for the last 6 months or

your Application will

be rejected.

In 3a , enter the number of people age 18 and older living in your house who you support.	I am providing the following information about people who live with a. I support adults (not counting myself) who live with b. I support children under 18 who live with me.				
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.	 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) 				
In 4, check "Yes" if you are currently receiving 1 or more of the benefits listed below.	 Temporary Assistance to Needy Families (TANF) State Children & Family Assistance Food Stamps (SNAP) General Assistance (GA), Transitional Assistance or State Child 	dren and Family			
If you check "Yes" in 4, skip 5 and sign the form. You do not have to complete 5.	Assistance. **If you answered "Yes" in section 4, you qualify for a fee wa 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 5 and si				
In 5a , check "Yes" if you have applied for at least 1 of the benefits listed in section 4.	 5. I checked "No" in section 4, so I am providing the following financi a. I have applied for 1 or more of the benefits listed in section 4: Yes No 	ial information:			
In 5b , check the box for each type of money you have received in the	Child support: \$ Unemployment:	<u>\$</u> \$			
past month. Also enter the gross (before taxes) amount for each type.	☐ Pension:\$ ☐ Money from other household members: ☐ Other (list type and amount): ☐ No income	\$ \$			
Under Other in 5 b and 5 c , include any money received from family or friends.	Total of all money received in the past month: \$ c. I received the following total amount of money in the past 12 months				
In 5c , check the box for each type of money you have received in the	My employment: \$ Child support: \$ □ Pension: \$ Unemployment:	\$			
past 12 months. Also enter the gross (before taxes) amount for each type.	 Money from other household members: Other (list type and amount): No income Total of all money received in the past 12 months: 	<u>\$</u> _\$			
In 5d , check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.	d. My current monthly debts and expenses are listed below. (check all to Rent: Rent: Per month Home Mortgage: Other Mortgage: Utilities: per month Food: Per month Medical: per month Car Loan: Childcare Child Support Per month per month per month per month	that apply)			

		☐ Other expenses not	t listed above	e (list type and amount):	
			. notou abov		\$
		Other debts not liste	ed above (lis	t type and amount):	
					\$
		☐ I have no expenses	3		
		Total of all expenses:	\$	per month	
In 5e , check all of the items owned by you	e.	I have the belongings I			
and list the value of		Bank accounts and	cash totaling	g:	<u>\$</u>
each item. If you own		☐ Home worth:			\$ \$ \$ \$
real estate, include the total you owe on any		The total I owe	•	• •	\$
mortgage.		Other real estate, no	ot including	the house I live in, worth:	\$
5 5		The total I owe	on my other	mortgage is:	\$
		1st vehicle worth:	\$	The 1 st vehicle is paid	d off: 🗌 Yes 📗 No
		2nd vehicle worth:	\$	The 2 nd vehicle is paid	d off: 🗌 Yes 📗 No
		Other (list items and	value):		\$
6 is optional. In 6, list any reason why you or		☐ None of the above			
your family would face hardship if you have to	6. (O)	otional) Mv family or I wo	uld face sub	stantial hardship if I have t	to pay the fees, costs.
pay the fees.				'	· ·
	Giri	a charges because.			
Under Illinois Supreme Court Rule 137, your signature means that	_				
you have read the					
document, that to the					
best of your belief, it is true and correct and that					
you are not filing it for	le.l				
an improper purpose,	Your Si	gnature		Street Address	
such as to cause delay.		3			
If you are completing	Print Vo	our Name		 City, State, ZIP	
this form on a computer, sign your	FIIIL TO	our Name		City, State, ZIF	
name by typing it. If					
you are completing it		nship to Minor or Incompete	ent	Telephone	
by hand, sign by hand and print your	Adult (if	f applicable)			
name. Enter your					
complete address, telephone number, and					
email address, if you	Email			Attorney # (if any)	
have one.					
If you are filling out					
this form for a minor					
or incompetent adult,					
sign and print your name and state your					
relationship to that					
person. Enter your					
complete current address and telephone					
number.					

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

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.

Supreme Application for Waiver of Court Fees

This form is approved by the Illinois Supreme Court and is required to be used in the Supreme Court.

Instructions ▼	Inis Affeat involves a matter subject to ex	APEDITED DISPOSITION UNDER
Check the box to the right if your case	RULE 311(a).	
involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.	Case No.:	-
Enter the Supreme Court case number if one has been assigned.	IN THE SUPREME COURT OF ILLINOIS	
If the case name in the trial and/or appellate court began with "In re" (e.g., "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the	In re	Appeal from the Appellate Court, District No Appeal from the Circuit Court of County
trial/appellate court, and check the correct boxes to show which party filed the appeal in the Supreme Court ("appellant") and which party is responding to the appeal ("appellee"). To the far right, enter	Plaintiffs/Petitioners in trial court (First, middle, last names) Appellants Appellees V.	Trial Court Case No.: Honorable
the number of the appellate district, appellate court case number, trial court county, trial court case number, and trial judge's name.	Defendants/Respondents in trial court (First, middle, last names) ☐ Appellants ☐ Appellees	Judge, Presiding
	APPLICATION FOR WAIVER OF COUF (SUPREME COURT)	RT FEES
NOTE:	If you are completing this form on behalf of a minor or an incompinformation on this form instead of your own information.	petent adult, provide that person's
In 1a , enter your full name.	Pursuant to <u>Illinois Supreme Court Rule 313(f)</u> , <u>Illino 735 ILCS 5/5-105</u> , I state:	is Supreme Court Rule 298 and
In 1b , only enter the year you were born. DO NOT enter your entire date of birth.	I believe I cannot afford to pay the court fees in this of following information about myself: A Name:	case and I am providing the
In 1c, enter your complete current address.	First Middle b. Year of Birth: c. Street Address:	Last
In 2, if you are currently incarcerated, attach a copy of your	City, State, ZIP: 2 Lam currently incarcerated	
inmate trust fund ledger for the last 6 months or your <i>Application</i> will	If yes, I am attaching a copy of my inmate trust fund **If you answered "Yes" in section 2 skip section 3	ledger for the last six (6) months.

	Enter the Case Number given by the Supreme Court Clerk:	
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.	 3. I am providing the following information about people who live with a. I support adults (not counting myself) who live with 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 Yes No 	me.
In 3b , enter the number of people under age 18 living in your house who you support. In 4 , check "Yes" if you are currently receiving 1 or more of the benefits listed	 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 SNAP (Food Stamps) General Assistance (GA), Transitional Assistance or State Children. 	ildren and Family
If you check "Yes" in 4, skip 5 and sign the form. You do not have to complete 5.	**If you answered "Yes" in section 4, you qualify for a fee w 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 5 and s 5. I checked "No" in section 4, so I am providing the following finance	sign the form.**
In 5a , check "Yes" if you have applied for at least 1 of the benefits listed in section 4.	 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. (check all that apply) 	nai information.
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.	My employment: \$ Social Security (not SSI): Child support: \$ Unemployment: Pension: \$ Money from other household members: Other (list type and amount): No income	\$ \$ \$
Under Other in 5 b and 5 c , include any money received from family or friends.	c. I received the following total amount of money in the past 12 month My employment: \$	
In 5c , check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.	Child support: \$	\$ \$ \$
In 5d , check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.	d. My current monthly debts and expenses are listed below. (check all Rent: \$ per month Home \$ per month Other Mortgage: \$ per month Utilities: \$ per month Food: \$ per month	that apply)

\$

\$

\$

☐ Medical:

☐ Car Loan:

☐ Childcare

☐ Child Support

per month

per month

per month

per month

per month

	Enter the Case Number given by	y the Supreme Court Clerk:	
	Other expenses not listed abo	ove (list type and amount):	
	Other debts not listed above (I	ist type and amount):	Φ.
	□ I have no avecanos		<u> </u>
	☐ I have no expenses	nor month	
	Total of all expenses: <u>\$</u>	per month	
In 5e, check all of the items owned by you and list the value of each item. If you own real estate, include the total you owe on any mortgage.	e. I have the belongings listed below Bank accounts and cash total Home worth: The total I owe on my hom Other real estate, not includin The total I owe on my othe 1st vehicle worth: \$	ing: ne mortgage is: g the house I live in, worth: er mortgage is:	\$ \$ \$ \$ \$ \$ \$ \$ The property of the second
	2 nd vehicle worth: \$	The 2 nd vehicle is paid off:	
	Other (list items and value):	The 2 ^m vehicle is paid oil.	res No
6 is optional. In 6, list	None of the above		Ψ
any reason why you or your family would face hardship if you have to pay the fees.	6. (Optional) My family or I would face sub and charges because:	stantial hardship if I have to p	pay the fees, costs,
Under Illinois			
Supreme Court Rule 137, your signature means that you have read the document,			
that to the best of your			
belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.	<u>/s/</u> Your Signature	Street Address	
If you are completing this form on a computer, sign your	Print Your Name	City, State, ZIP	
name by typing it. If you are completing it by hand, sign by hand and print your name. Enter your complete address, telephone	Relationship to Minor or Incompetent Adult (if applicable)	Telephone	
number, and email address, if you have one.	Email	Attorney # (if any)	
If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person. Enter your complete current address and telephone number.			

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.