

## 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**

Pursuant to Supreme Court Rule 298, the undersigned 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 otherwise eligible to receive services under the eligibility guidelines of the civil legal services provider or court-sponsored pro bono program. As a result, under Supreme Court Rule 298, \_\_\_\_\_ (*name of party*) is eligible to sue or defend without payment of fees, costs or charges as defined at 735 ILCS 5/5-105(a)(1).

\_\_\_\_\_  
Attorney Certification

Name of Organization or Court Program: \_\_\_\_\_

Attorney Name \_\_\_\_\_

Attorney No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Circuit**  
**Application for Waiver**  
**of Court Fees**

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>APPLICATION FOR WAIVER OF COURT FEES</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> 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 charged 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>

<b>NOTE:</b>	<b>If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.</b>
--------------	--

In <b>1a</b> , enter your full name
In <b>1b</b> , only enter the year you were born. DO NOT enter your entire date of birth.
In <b>1c</b> , enter your complete current address.
In <b>2a</b> , 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 <b>2b</b> , enter the number of people under age 18 living in your house who you support.
In <b>3</b> , 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 <b>3</b> , skip <b>4</b> and sign the form. You do not have to complete <b>4</b> .

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:
  - a. Name: \_\_\_\_\_  

*First*
*Middle*
*Last*
  - b. Year of Birth: \_\_\_\_\_
  - c. Street Address: \_\_\_\_\_  
 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.\*\***

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

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.

Under **Other** in **4b** and **4c**, include any money received from family or friends.

In **4c**, 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.

In **4d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

In **4e**, 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.

Be prepared to provide documents showing your income, value of belongings (including real estate) and expense information when you file your forms.

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

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

☐ Yes ☐ No

- b. I received the following money in the past month. *(check all that apply)*

☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_

☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_

☐ Pension: \$ \_\_\_\_\_

☐ Money from other household members: \$ \_\_\_\_\_

☐ Other *(list type and amount)*: \_\_\_\_\_ \$ \_\_\_\_\_

☐ No income

Total of all money received in the past month: \$ \_\_\_\_\_

- c. I received the following total amount of money in the past 12 months. *(check all that apply)*

☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_

☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_

☐ Pension: \$ \_\_\_\_\_

☐ Money from other household members: \$ \_\_\_\_\_

☐ Other *(list type and amount)*: \_\_\_\_\_ \$ \_\_\_\_\_

☐ No income

Total of all money received in the past 12 months: \$ \_\_\_\_\_

- d. My current monthly debts and expenses are listed below. *(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

☐ 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

- e. I have the belongings listed below. *(check all that apply)*

☐ Bank accounts and cash totaling: \$ \_\_\_\_\_

☐ Home 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

5 is optional. In 5, list any reason why you or your family would face hardship if you have to pay the fees.

5. (Optional) My family or I would face substantial hardship if I have to pay the fees, costs, and 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 an improper purpose, 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 by hand, sign and print your name.

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 address, telephone number, and email address, if you have one.

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

Attorney # (if any)

Email

**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

<p><b>Instructions ▼</b></p> <p>Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.</p> <p>Enter the Appellate Court case number, if you have it.</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 as they appeared 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>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b> </div> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;"><b>IN THE APPELLATE COURT OF</b></p> <p style="text-align: center;"><b>ILLINOIS</b></p> <p style="text-align: center;">_____ District</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 10px; vertical-align: top;"> <p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiffs/Petitioners</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Defendants/Respondents</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> </td> <td style="width: 40%; padding: 10px; vertical-align: top;"> <p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p> </td> </tr> </table>	<p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiffs/Petitioners</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Defendants/Respondents</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p>	<p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p>
<p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiffs/Petitioners</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Defendants/Respondents</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p>	<p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p>		

### APPLICATION FOR WAIVER OF COURT FEES (APPELLATE COURT)

<p><b>NOTE:</b></p> <p>In <b>1a</b>, enter your full name.</p> <p>In <b>1b</b>, only enter the year you were born. DO NOT enter your entire date of birth.</p> <p>In <b>1c</b>, enter your complete current address.</p> <p>In <b>2</b>, 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>	<p><b>If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.</b></p> <p><b>Pursuant to <a href="#">Illinois Supreme Court Rule 313(f)</a>, <a href="#">Illinois Supreme Court Rule 298</a> and <a href="#">735 ILCS 5/5-105</a>, I state:</b></p> <ol style="list-style-type: none"> <li><b>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:</b> <ol style="list-style-type: none"> <li>Name: _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </li> <li>Year of Birth: _____</li> <li>Street Address: _____  City, State, ZIP: _____</li> </ol> </li> <li><b>I am currently incarcerated.</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, inmate I.D. # _____  <b>If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.</b></li> </ol> <p><b>**If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.**</b></p>
---	--

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 are currently receiving 1 or more of the benefits listed below.

If you check "Yes" in **4**, skip **5** and sign the form. You do not have to complete **5**.

**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 or State Children and Family Assistance.

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

**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. (*check all that apply*)

- ☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_  
☐ Money from other household members: \$ \_\_\_\_\_  
☐ Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ No income

Total of all money received in the past month: \$ \_\_\_\_\_

- c. I received the following total amount of money in the past 12 months. (*check all that apply*)

- ☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_  
☐ Money from other household members: \$ \_\_\_\_\_  
☐ Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ No income

Total of all money received in the past 12 months: \$ \_\_\_\_\_

- d. My current monthly debts and expenses are listed below. (*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  
☐ Childcare \$ \_\_\_\_\_ per month  
☐ Child Support \$ \_\_\_\_\_ per month

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.

Under **Other** in **5b** and **5c**, include any money received from family or friends.

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.

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.



☐ 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 **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. (*check all that apply*)

☐ Bank accounts and cash totaling: \$ \_\_\_\_\_

☐ Home 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

**6** is optional. In **6**, list 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 substantial hardship if I have to pay the fees, costs, and 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 an improper purpose, such as to cause delay.

/s/ \_\_\_\_\_  
Your Signature

\_\_\_\_\_ Street Address

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. Enter your complete address, telephone number, and email address, if you have one.

\_\_\_\_\_ Print Your Name

\_\_\_\_\_ City, State, ZIP

\_\_\_\_\_ Relationship to Minor or Incompetent Adult (if applicable)

\_\_\_\_\_ Telephone

\_\_\_\_\_ 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.

**Supreme**  
Application for Waiver  
of Court Fees

<b>Instructions ▼</b>  Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.  Enter the Supreme Court case number if one has been assigned.  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 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 the number of the appellate district, appellate court case number, trial court county, trial court case number, and trial judge's name.	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b>   <div style="text-align: center;">Case No.: _____</div>   <div style="text-align: center;"><b>IN THE SUPREME COURT OF ILLINOIS</b></div> </div> <div style="width: 35%; padding-left: 20px;"> <b>Appeal from the Appellate Court, _____ District No. _____</b>   <b>Appeal from the Circuit Court of _____ County</b>   <b>Trial Court Case No.: _____</b>   <b>Honorable _____</b>   <b>Judge, Presiding</b> </div> </div> <div style="margin-top: 20px;"> <b>In re</b> _____           _____           _____   <b>Plaintiffs/Petitioners</b> in trial court (<i>First, middle, last names</i>)  <input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b>           v.           _____           _____   <b>Defendants/Respondents</b> in trial court (<i>First, middle, last names</i>)  <input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b> </div>
--	---

### APPLICATION FOR WAIVER OF COURT FEES (SUPREME COURT)

<b>NOTE:</b>	If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.
--------------	---

In <b>1a</b> , enter your full name.  In <b>1b</b> , only enter the year you were born. DO NOT enter your entire date of birth.  In <b>1c</b> , enter your complete current address.  In <b>2</b> , 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>Pursuant to <a href="#">Illinois Supreme Court Rule 313(f)</a>, <a href="#">Illinois Supreme Court Rule 298</a> and <a href="#">735 ILCS 5/5-105</a>, I state:</p> <p><b>1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:</b></p> <p>a. Name: _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span><i>First</i></span> <span><i>Middle</i></span> <span><i>Last</i></span> </div> </p> <p>b. Year of Birth: _____</p> <p>c. Street Address: _____            City, State, ZIP: _____</p> <p><b>2. I am currently incarcerated.</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, inmate I.D. # _____  <b>If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.</b></p> <p><b>**If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.**</b></p>
--	---

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 are currently receiving 1 or more of the benefits listed below.

If you check "Yes" in **4**, skip **5** and sign the form. You do not have to complete **5**.

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.

Under **Other** in **5b** and **5c**, include any money received from family or friends.

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.

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.

**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
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance or State Children and Family Assistance.

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

**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. (*check all that apply*)

☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_  
☐ Money from other household members: \$ \_\_\_\_\_  
☐ Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ No income

Total of all money received in the past \_\_\_\_\_ \$ \_\_\_\_\_

- c. I received the following total amount of money in the past 12 months. (*check all that apply*)

☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_  
☐ Money from other household members: \$ \_\_\_\_\_  
☐ Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ No income

Total of all money received in the past 12 months: \$ \_\_\_\_\_

- d. My current monthly debts and expenses are listed below. (*check all that apply*)

☐ Rent: \$ \_\_\_\_\_ per month  
☐ Home \$ \_\_\_\_\_ per month  
☐ Other Mortgage: \$ \_\_\_\_\_ per month  
☐ Utilities: \$ \_\_\_\_\_ per month  
☐ Food: \$ \_\_\_\_\_ per month  
☐ Medical: \$ \_\_\_\_\_ per month  
☐ Car Loan: \$ \_\_\_\_\_ per month  
☐ Childcare \$ \_\_\_\_\_ per month  
☐ Child Support \$ \_\_\_\_\_ per month

Enter the Case Number given by the Supreme Court Clerk: \_\_\_\_\_

☐ 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 **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. (*check all that apply*)

☐ Bank accounts and cash totaling: \$ \_\_\_\_\_

☐ Home 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

**6.** (*Optional*) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:

\_\_\_\_\_  
\_\_\_\_\_

/s/

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Relationship to Minor or Incompetent Adult (if applicable)*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Attorney # (if any)*

**6** is optional. In **6**, list any reason why you or your family would face hardship if you have to 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, 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 by hand, sign by hand and print your name. Enter your complete address, telephone number, and email address, if you 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.

**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.