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

Instructions▼	THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPE	DITED DISPOSITION UNDER
Check the box to the	RULE 311(a).	DITED BIOL CONTON CREEK
right if your appeal involves custody,		
visitation, or removal of	Associate Occasion	
a child. Enter the Appellate	Appellate Case No.:	
Court case number.	IN THE APPELLATE COURT OF	
Just below "In the	ILLINOIS	
Appellate Court of Illinois," enter the		
number of the appellate district where the appeal	Dist	rict
was filed.		A
If the case name in the	ln ro	Appeal from the Circuit Court
trial court began with	In re	of County
"In re" (for example, "In re Marriage of		Trial Court Case No.:
Jones"), enter that name. Below that, enter		Thai Court Case No
the names of the parties as they appeared in the	Plaintiff/Petitioner in the trial court (First, middle, last names)	
trial court, and check	☐ Appellant ☐ Appellee	Honorable
the correct boxes to show which party filed		
the appeal ("appellant") and which party is	v.	Judge, Presiding
responding to the appeal		
("appellee").	Defendant/Respondent in the trial court (First, middle, last_names)	
To the far right, enter the trial court county, trial		
court case number, and trial judge's name.	Appellant Appellee	
That judge 5 Harrie.		
	ADDLICATION FOR WAIVER OF COURT	FEEC
	APPLICATION FOR WAIVER OF COURT (APPELLATE COURT)	LEE2
In 1a, enter your full	1. I am providing the following information about myself:	
name. If you are completing this form	a. Name:	
on behalf of a minor	First Middle	Last
or an incompetent adult, provide that	b. Year of Birth:	
person's information. In 1b, only enter the	c. Street Address:	
year you were born.	City, State, ZIP:	
DO NOT enter your entire date of birth.	d. I cannot afford to pay the court fees in this case.	
In 1c, enter your	e. Email address: Telept	none number:
complete current address.		
In 2, if you are	2. I am currently incarcerated. Yes No If yes,	inmate I.D.#
currently incarcerated, attach a copy of your	If yes, I am attaching a copy of my inmate trust fund le	
inmate trust fund ledger for the last 6 months or	,,	<u> </u>
your Application will	**If you answered "Yes" in section 2, skip section 3, 4,	and 5 and sign below.**

	Enter the Case Number given by the Appellate 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	3. I am providing the following information about people who live with me a. I support adults (not counting myself) who live with n b. I support children under 18 who live with me.	ne.
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.	 4. I have received 1 or more of the benefits listed below in the past 4 week 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.** 	(S:
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 financial in a. I have applied for 1 or more of the benefits listed in section 4: Yes No 	formation:
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.	b. I receive the following money each month. This includes money received support who live with me. (check all that apply) My employment: Child support: Pension: Other (list type and amount): No income Total of all money received: Social Security (not SSI): Unemployment: Unemployment: Social Security (not SSI):	\$ \$ \$
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.	c. My current monthly expenses are listed below. This includes the monthly people I support who live with me. (check all that apply) Rent: per month Home Mortgage: per month Utilities: per month Food: per month Medical: per month Car Loan: per month Other (list type and amount): S	y expenses of the
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.	☐ I have no expenses Total of all expenses: \$ d. I have the belongings listed below. This includes the belongings of the perwholive 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: \$ ☐ 1st vehicle worth: \$ ☐ The 1st vehicle is paid off: ☐	

AWA-A 1303.3 Page 2 of 3 (05/18)

	Enter the Case Number given by the	Appellate Court Clerk:	
	2 nd vehicle worth: \$ Other (list items and value):		☐ Yes ☐ No \$
	☐ 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 <i>Application fo</i> and correct. I understand that making a false penalties provided by law under <u>735 ILCS 5/</u> /s/	statement on this form is	•
The person who filled out this form must sign it. If you are completing this form	Your Signature	Street Address	
on a computer, sign your name by typing it. If you are	Print Your Name	City, State, ZIP	
completing it by hand, sign by hand and print your name.	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.			
address. You should use	OCUMENTS BY EMAIL: If you agree to receive court door an email account that you do not share with anyone else and retant information or notice of court dates. Other parties may see the court dates.	that you check every day. If you d	lo not check your email every
I	☐ I agree to receive court documents at this ema	ail address during my entire	case.
	Email		

	i his form is approved by the Supreme Court of Illinois and is requ	ired to be accepted.
Instructions▼	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPE	EDITED DISPOSITION UNDER
Check the box to the right if your appeal involves custody, visitation, or removal of a child.	RULE 311(a). 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 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").	Plaintiff/Petitioner in trial court (First, middle, last names) Appellant Appellee V.	Appeal from the Appellate Court, District No Appeal from the Circuit Court of County Trial Court Case No.: Honorable
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.	Defendant/Respondent in trial court (First, middle, last names) ☐ Appellant ☐ Appellee	Judge, Presiding
	APPLICATION FOR WAIVER OF COURT FE	ES

(SUPREME COURT)

In 1a, enter your full name. If you are	1.	I a	m providing the fo Name:	llowing information about n	nyself:
completing this form on behalf of a minor			First	Middle	Last
or an incompetent adult, provide that		b.	Year of Birth:		
person's information.		C.	Street Address:		
In 1b , only enter the year you were born.			City, State, ZIP:		
DO NOT enter your		d.	ا cannot afford to	pay the court fees in this case).
entire date of birth.		e.	Email address: _		Telephone number:
In 1c , enter your complete current address.	2.	Ιa	ım currently incarc	erated. Tyes No	If yes, inmate I.D. #
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.		-			on 3, 4, and 5 and sign below.**

	7	
In 3a, enter the number	3. I am providing the following information about people who live with m	e:
of people age 18 and older living in your	a. I support adults (not counting myself) who live with	me.
house who you support.	b. I support children under 18 who live with me.	
Support means that the		
people rely on you financially.	4. I have received 1 or more of the benefits listed below in the past 4 week	eks:
In 3b , enter the number	□ Yes □ No	
of people under age 18		
living in your house who you support.	Supplemental Security Income (SSI) (Not Social Security) Aid to the Aged Blind and Disabled (AARD)	
	Aid to the Aged, Blind and Disabled (AABD) The Aged of the Aged of Table (TANE)	
In 4 , check "Yes" if you have received at	Temporary Assistance to Needy Families (TANF)	
least 1 of the benefits	State Children & Family Assistance (ANAR)	
listed in the past 4 weeks.	Food Stamps (SNAP)	
	General Assistance (GA)	
If you check "Yes" in 4, skip 5 and sign	Transitional Assistance	
below.	**If you answered "Yes" in section 4, skip section 5 and sign below.**	
In 5a, check "Yes" if	5. I checked "No" in section 4, so I am providing the following financial i	nformation:
you have applied for at	a. I have applied for 1 or more of the benefits listed in section 4:	
least 1 of the benefits listed in section 4.	☐ Yes ☐ No	
In 5b , check the box for	b. I receive the following money each month. This includes money receive	ed by people I
each type of money you have received in the	support who live with me. (check all that apply)	
past month. Also enter	My employment: \$ Other people's employment:	\$
the gross (before taxes)	☐ Child support: ☐ Social Security (not SSI):	\$
amount for each type. Include the money	Pension: \$ Unemployment:	\$
received by the people	Other (list type and amount):	\$
you support who live	☐ No income	
with you. Support means that the people	Total of all money received: _\$	
rely on you financially.		
	c. My current monthly expenses are listed below. This includes the month	ly expenses of the
In 5c , check all of your	people I support who live with me. (check all that apply)	
expenses for the past month and list the	Rent: \$ per month	
monthly amounts.	Home Mortgage: \$ per month	
Include the expenses of the people you support	Other Mortgage: \$ per month	
who live with you.	Utilities: per month	
	Food: <u>\$</u> per month	
	Medical: <u>\$</u> per month	
	Car Loan: <u>\$</u> per month	
	Other (list type and amount):	per month
	☐ I have no expenses	
In 5d, check all of the	Total of all expenses: \$	
items owned by you and list the value of		
each item. Include the	d. I have the belongings listed below. This includes the belongings of the p	people I support
items owned by the	who live with me. (check all that apply)	
people you support who live with you.	Barik doodanis and dash totaling.	
iivo wiui you.	 ☐ Home real estate, worth: ☐ The total I owe on my home mortgage is: ☐ Other real estate, not including the house I live in, worth: \$ 	
If you own real estate,	The total I owe on my home mortgage is: \$	
include the total you		
owe on any mortgage.	The total I owe on my other mortgage is: \$	

Enter the Case Number given by the Supreme Court Clerk:

	Enter the Case Number given b	y the Supreme Court Clerk	—
	Other (list items and value):	The 1 st vehicle is paid off: Yes No The 2 nd vehicle is paid Yes No \$\$\$	
	☐ 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.	and correct. I understand that making a penalties provided by law under 735 ILC	<i>n for Waiver of Court Fees (Supreme Court)</i> is true false statement on this form is perjury and has <u>S 5/1-109</u> .	!
The person who filled out this form must sign it. If you are	Your Signature	Street Address	
completing this form on a computer, sign your name by typing it. If you are	Print Your Name	City, State, ZIP	
completing it by hand, sign by hand and print your name.	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.			
address. You should use		documents by email, check the box below and enter your email and that you check every day. If you do not check your email ever any still send you court documents by mail.	ery
	☐ I agree to receive court documents at this	email address during my entire case.	
	Email	_	

New Article III Forms Appendix

PART A. APPEALS FROM THE CIRCUIT COURT

Rule 312. Docketing Statement

Docket Number in the Reviewing Court

Case Title (Complete))	Appeal from	County
(001147500)	,)	Circuit Number	
)	Trial Judge	
)	Date of Notice of Appea	
)	Date of Judgment	
)	Date of Postjudgment M	
)		
)	Supreme court rule which	ch confers jurisdiction
)	upon the reviewing cour	rt
Is this a cross-appeal, sep appeal which is currently pending If so, state the docket number(or which has b	oining in a prior appeal, been disposed of by this con	
2. If any party is a corporati group:	on or associat	ion, identify any affiliate,	subsidiary, or parent
3. Full name and complete add			
Address:			
Telephone:			
E-mail address:			
*Use additional page if multip	le appellants.		

Counsel on Appeal for	or appellant(s) filing this statement:
Name:	ARDC #
Address:	
	nal page if multiple appellants.
4. Full name and	complete address of appellee(s):
Name:	
Telephone:	
E-mail address:	
	nal page if multiple appellees.
Counsel on Appe	al for appellee(s):
Name:	
	nal page if multiple appellees.
5. Court reporting	g personnel:
Name:	
*Use addition	nal page if multiple court reporting personnel.
parental responsibilit Rule 311(a), which re	from a final order in a matter involving child custody or allocation of an order of the property of the proper
Yes:	No:

*If yes, this docketing statement, briefs and all other notices, motions and pleadings filed by any party shall include the following statement in bold type on the top of the front page:

THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).

	deral issues proposed to be raised (fee waiver of the issue on appeal):	failure to incl	ude an issue in this statemer	ıt
				_
certify that on the prepare the record	ey for the appellant self-rep day of, 20, I on appeal, and on the day to prepare the transcript(s).	requested the	clerk of the circuit court t	0
 Date	Appellant's Attorney	OR	Appellant	

PART C. RECORD ON APPEAL

Rule 324. Preparation and Certification by the Circuit Clerk of the Record on Appeal

Appeal to the	Court of Illinois	
	District	
From the Circuit Court of the		
County, Illinois		
[Names of all plaintiffs,		
including intervening plaintiffs]		
	Circuit Court No	
	Trial Judge	
	Reviewing Court No	
[Names of all defendants,		
including intervening or		
impleaded defendants]		
CERTIFICATION Of The record has been prepared and certified in the forceurt. It consists of:		
Volume(s) of the Common Law Reco	ord, containing pages	
Volume(s) of the Report of Proceeding		
Volume(s) of the Exhibits, containing	gpages	
I do further certify that this certification of the rissued out of my office this day of		
	Clerk of the Circuit Court	

Rule 335. Direct Review of Administrative Orders by the Appellate Court [(a)The Petition for Review.]

IN THE APPELLAT	E COURT OF ILLINOIS
FOR THE	DISTRICT
[Name of Petitioner],	
Petitioner,	
v.	Petition for Review
[Names of Agency and Other	of Order of the
Parties of Record],	[Name of Agency]
Respondent.	Docket Number
	court for review of the order [or part of the order] order or part as to which review is sought] entered
on	, 20
	Attorney for Petitioner
	Address:

PART F. OTHER PROVISIONS

Rule 364. Privacy Protection for Documents Filed in Courts of Review.

Appendix

Case Number in the Reviewing Court

Name of Reviewing Court (Include Appellate District, if applicable)

	ranic 0	n Keviewing Court (metade Appenate District, if appri	icabic)
Case	Title (Complete))	Appeal from Circuit Court of _ Lower Court Case No Trial Judge	<u> </u>
Illind requi shall, perso from infor	ois Supreme Cou ired by law, orde , at the time of so onal identifier red future filings	art Rule 364(d), the ered by the court, or such filing, include the lacted from such filing to protect the sult the available to the	RMATION WITHIN COURT Is the filer of a document containing of otherwise necessary to effect distribution forming pursuant to Rule 364(d), and which personal identifier. This he public, and this document were supported to the file of t	personal identifiers sposition of a matter which identifies the hich will be redacted personal identifier
Part	y/Individual Info	ormation:		
1.	Name:			
	Address:			
	Phone:			
	SSN: Other personal	l identifiers as define	ed in Rule 364(b), to the extent app	olicable:
	-			
2.	Name:			
	Address:			

Phone:			
SSN:			
Other personal	l identifier information as def	ined in Rule 364(b), to the	ne extent applicable:
(Attach additio	onal pages, if necessary.)		