

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

Instructions ▼	<input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).
Check the box to the right if your appeal involves custody, visitation, or removal of a child.	Appellate Case No.: _____
Enter the Appellate Court case number.	IN THE APPELLATE COURT OF ILLINOIS
Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	_____ District
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").	In re _____ _____ Plaintiff/Petitioner in the trial court (<i>First, middle, last names</i>) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee v. _____ Defendant/Respondent in the trial court (<i>First, middle, last names</i>) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
To the far right, enter the trial court county, trial court case number, and trial judge's name.	Appeal from the Circuit Court of _____ County Trial Court Case No.: _____ Honorable _____ Judge, Presiding

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

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 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.

- I am providing the following information about myself:**
 - Name: _____
First Middle Last
 - Year of Birth: _____
 - Street Address: _____
City, State, ZIP: _____
 - I cannot afford to pay the court fees in this case.
 - Email address: _____ Telephone number: _____
- 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

This form is approved by the Supreme Court of Illinois and is required to be accepted.

<p>Instructions ▼</p>	<input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).	
<p>Check the box to the right if your appeal involves custody, visitation, or removal of a child.</p>	<p>Case No.: _____</p>	
<p>Enter the Supreme Court case number if one has been assigned.</p>	<p style="text-align: center;">IN THE SUPREME COURT OF ILLINOIS</p>	
<p>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").</p>	<p>In re _____</p> <hr/> <p>Plaintiff/Petitioner in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p>v.</p>	<p>Appeal from the Appellate Court, _____ District No. _____</p> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p>
<p>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.</p>	<p>Defendant/Respondent in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Honorable _____</p> <p>Judge, Presiding</p>

**APPLICATION FOR WAIVER OF COURT FEES
(SUPREME 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>

- I am providing the following information about myself:**
 - Name: _____
First Middle Last
 - Year of Birth: _____
 - Street Address: _____
City, State, ZIP: _____
 - I cannot afford to pay the court fees in this case.
 - Email address: _____ Telephone number: _____
- 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:	\$ _____

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

- 1st vehicle worth: \$ _____ The 1st vehicle is paid off: Yes No
 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.

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.

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 (Supreme 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](#).

/s/
Your Signature

Street Address

Print Your Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

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

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
) Circuit Number _____
) Trial Judge _____
) Date of Notice of Appeal _____
) Date of Judgment _____
) Date of Postjudgment Motion Order _____
) _____
) Supreme court rule which confers jurisdiction
) upon the reviewing court _____

DOCKETING STATEMENT

(Civil)

1. Is this a cross-appeal, separate appeal, joining in a prior appeal, or related to another appeal which is currently pending or which has been disposed of by this court? _____

If so, state the docket number(s) of the other appeal(s):

2. If any party is a corporation or association, identify any affiliate, subsidiary, or parent group:

3. Full name and complete address of appellant(s) filing this statement:

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

*Use additional page if multiple appellants.

Counsel on Appeal for appellant(s) filing this statement:

Name: _____ ARDC # _____

Address: _____

Telephone: _____

E-mail address: _____

*Use additional page if multiple appellants.

4. Full name and complete address of appellee(s):

Name: _____

Address : _____

Telephone: _____

E-mail address: _____

*Use additional page if multiple appellees.

Counsel on Appeal for appellee(s):

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

*Use additional page if multiple appellees.

5. Court reporting personnel:

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

*Use additional page if multiple court reporting personnel.

6. Is this appeal from a final order in a matter involving child custody or allocation of parental responsibility or relocation of unemancipated minors pursuant to Illinois Supreme Court Rule 311(a), which requires **Mandatory Accelerated Disposition of Child Custody, Allocation of Parental Responsibilities, and Relocation of Unemancipated Minors Appeals?**

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).

7. State the general issues proposed to be raised (failure to include an issue in this statement will not result in the waiver of the issue on appeal):

As ___ attorney for the appellant ___ self-represented appellant (check one), I hereby certify that on the ___ day of _____, 20___, I requested the clerk of the circuit court to prepare the record on appeal, and on the ___ day of _____, 20___, I requested the court reporting personnel to prepare the transcript(s).

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 _____ Judicial Circuit
_____ County, Illinois

[Names of all plaintiffs,
including intervening plaintiffs]

v.

Circuit Court No. _____
Trial Judge _____
Reviewing Court No. _____

[Names of all defendants,
including intervening or
impleaded defendants]

(The designations of appellant, appellee, cross-appellant, and cross-appellee may be added to follow the trial court designations. If not all plaintiffs or all defendants are appellants or appellees, the names of those who are should be included parenthetically just below the title.)

CERTIFICATION OF RECORD

The record has been prepared and certified in the form required for transmission to the reviewing court. It consists of:

_____ Volume(s) of the Common Law Record, containing _____ pages
_____ Volume(s) of the Report of Proceedings, containing _____ pages
_____ Volume(s) of the Exhibits, containing _____ pages

I do further certify that this certification of the record pursuant to Supreme Court Rule 324 issued out of my office this _____ day of _____, 20__.

Clerk of the Circuit Court

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

IN THE APPELLATE COURT OF ILLINOIS
FOR THE _____ DISTRICT

[Name of Petitioner],

Petitioner,

v.

[Names of Agency and Other
Parties of Record],

Respondent.

Petition for Review
of Order of the
[Name of Agency]
Docket Number

[Name of Petitioner] hereby petitions the court for review of the order [or part of the order] of the [name of agency] which [describe the 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)

Case Title (Complete)) Appeal from Circuit Court of _____ County
) Lower Court Case No. _____
) Trial Judge _____

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING. Pursuant to Illinois Supreme Court Rule 364(d), the filer of a document containing personal identifiers required by law, ordered by the court, or otherwise necessary to effect disposition of a matter shall, at the time of such filing, include this confidential information form which identifies the personal identifier redacted from such filing pursuant to Rule 364(d), and which will be redacted from future filings to protect the subject personal identifier. **This personal identifier information will not be available to the public, and this document will be sealed by the clerk of the reviewing court.**

Party/Individual Information:

1. Name: _____
 Address: _____

 Phone: _____
 SSN: _____

Other personal identifiers as defined in Rule 364(b), to the extent applicable:

2. Name: _____
 Address: _____

Phone: _____

SSN: _____

Other personal identifier information as defined in Rule 364(b), to the extent applicable:

(Attach additional pages, if necessary.)