

<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 Supreme Court case number if one has been assigned.</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>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><input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b></p> <p style="text-align: center;">Case No.: _____</p> <p style="text-align: center;"><b>IN THE SUPREME COURT OF ILLINOIS</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; padding: 5px;"> <p>In re _____</p> <hr/> <p><b>Plaintiff/Petitioner</b> in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant    <input type="checkbox"/> Appellee</p> <p>v.</p> <hr/> <p><b>Defendant/Respondent</b> in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant    <input type="checkbox"/> Appellee</p> </td> <td style="width: 40%; border: none; padding: 5px;"> <p><b>Appeal from the Appellate Court, _____ District No. _____</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> </td> </tr> </table>	<p>In re _____</p> <hr/> <p><b>Plaintiff/Petitioner</b> in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant    <input type="checkbox"/> Appellee</p> <p>v.</p> <hr/> <p><b>Defendant/Respondent</b> in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant    <input type="checkbox"/> Appellee</p>	<p><b>Appeal from the Appellate Court, _____ District No. _____</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>
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**APPLICATION FOR WAIVER OF COURT FEES  
(SUPREME COURT)**

**NOTE:** 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 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 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.

Pursuant to [Illinois Supreme Court Rule 313\(f\)](#), [Illinois Supreme Court Rule 298](#) and [735 ILCS 5/5-105](#), I state:

1. I believe I cannot afford to pay the court fees 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 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 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 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

