**ILLINOIS APPLICATION FOR WAIVER OF COURT FEES**

**Name:** «name»

**Do your receive public assistance under one or more of the following programs: Supplemental Security Income (SSI), Aid to the Aged, Blind and Disabled (AABD), Temporary Assistance for Needy Families (TANF), Food Stamps, General Assistance, Transitional Assistance, or State Children and Family Assistance?**

«assistance»

**How many people are in your household?**

«house»

**How much income does your household bring in per year in after tax dollars?**

«income»

**Would the payment of fees, costs, and charges associated with this case result in substantial hardship to you or your family?**

«hard»