



ORDER ON APPLICATION FOR WAIVER OF CRIMINAL COURT ASSESSMENTS

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY _____
County Where the Case is Filed

The People of the State of Illinois or the Charging Municipality or Local
Government Unit,
PLAINTIFF

v.

DEFENDANT/RESPONDENT _____
Who is being charged. First, Middle, and Last Name

Case Number _____

Your Name (applicant): _____
First Middle Last Name

STOP

DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

The Court has reviewed the *Application for Waiver of Criminal Court Assessments* and orders (check 1, 2, 3, or 4):

☐ **1. GRANTED – FULL WAIVER**

The *Application for Waiver of Criminal Court Assessments* is **granted**, effective on the date the *Application* was first filed. The applicant qualifies for a **full (100%) waiver** of all assessments because (check A, B, or C):

☐ **A.** The applicant receives **means-based public benefits** under one or more of the following programs:

- SSI (Supplemental Security Income, not Social Security)
- AABD (Aid to the Aged, Blind and Disabled)
- TANF (Temporary Assistance to Needy Families)
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

- OR -

☐ **B.** The applicant's personal income is **125% or less of the current poverty level** as established by the U.S. Dept. of Health & Human Services and the applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the assessments.

- OR -

☐ **C.** Payment of assessments would cause **undue hardship** for the applicant or their family.

☐ **2. GRANTED – PARTIAL WAIVER**

The *Application for Waiver of Criminal Court Assessments* is granted, effective on the date the *Application* was first filed. The court finds (*check one*):

- ☐ **75%** of all assessments are waived. The applicant **must pay 25%** of all assessments because the applicant's available income is more than 125% but not greater than 150% of the current poverty level.
- ☐ **50%** of all assessments are waived. The applicant **must pay 50%** of all assessments because the applicant's available income is more than 150% but not greater than 175% (50% waiver);
- ☐ **25%** of all assessments are waived. The applicant **must pay 75%** of all assessments because the applicant's available income is more than 175% but not greater than 200% (25% waiver);

Income findings are based on the current poverty level as established by the U.S. Dept. of Health & Human Services, and the applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the assessments.

Payment (*check one*):

☐ The applicant must pay the assessments currently due by: _____
Month, Day, Year

☐ Upon good cause shown, the applicant may make payments as follows (*describe deferral, installment plan, or other reasonable terms*):

☐ **3. CONTINUED – APPLICATION IS INCOMPLETE OR FACTUAL ISSUE**

If the court determines that relevant sections of the Application are incomplete or there is a factual issue regarding the applicant's entitlement to a waiver, the applicant must be notified of the deficiencies and given the opportunity to amend the Application and/or be given a remote hearing in accordance with Supreme Court Rule [45](#), unless the applicant requests an in-person hearing or will already be present in the courthouse on the date of the hearing.

Relevant sections of the *Application* are incomplete or there is a factual issue about the applicant's eligibility for a fee waiver on the face of the *Application*.

The specific eligibility questions are:

