

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT  
KANKAKEE COUNTY, ILLINOIS**

Plaintiff,	)	
	)	
v.	)	Case No. _____
	)	
Defendant.	)	

**SUPPLEMENTAL FORM  
(APPLICATION FOR WAIVER OF FEES)**

To request a waiver of court fees due to financial hardship, you must submit the following documents in support of your Application for Waiver of fees.

IF YOU ARE CLAIMING ELIGIBILITY BECAUSE: You Receive:	THEN PROVIDE:
<input type="checkbox"/> Supplemental Security Income (SSI); <input type="checkbox"/> Aid to the Aged, Blind, and Disabled (AABD); <input type="checkbox"/> Temporary Assistance for Needy Families (TANF); <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> General Assistance; Transitional Assistance, or State Children and Family Assistance	<input type="checkbox"/> Copies of documents showing your <b>current</b> eligibility
<input type="checkbox"/> Your household income is less than 125% of the current poverty level.	<b>(at least one, but as many as are available)</b> <input type="checkbox"/> Copy of a year-to-date paystub <input type="checkbox"/> Copy of Last year's W2; and/or 1099s <input type="checkbox"/> Copy of Last year's tax return

**NOTICE TO APPLICANT:**

**The Circuit Clerk's Office will contact you by phone 1-4 business days from the date of filing with the judge's decision. A voicemail message will constitute proper notification by this court.**

IF YOUR WAIVER IS GRANTED The following applies:	IF YOUR WAIVER IS DENIED The following applies:
<input type="checkbox"/> You will be required to return to the Circuit Clerk's office within 5 business days of our phone notification to receive copies and complete any necessary paperwork for your court case.	<input type="checkbox"/> Instructions on payment of filing fees will be given by the Circuit Clerk's Office; <input type="checkbox"/> Failure to pay the appropriate filing fees as instructed by the court may result in a judgment against you or the dismissal of your case.

**Clerk's Office is NOT responsible for retaining original documents. All supplemental income/benefit verification will be shredded after review by the Court.**

\_\_\_\_\_  
Litigants Signature

\_\_\_\_\_  
Date