

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	APPLICATION FOR WAIVER OF COURT FEES	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being charged as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant /Respondent <i>(First, middle, last name)</i>	_____ Case Number

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.
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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 2a , 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 2b , enter the number of people under age 18 living in your house who you support.
In 3 , check "Yes" if you are currently receiving 1 or more of the benefits listed below. Be prepared to provide proof that you are currently receiving 1 of these benefits.
If you check "Yes" in 3 , skip 4 and sign the form. You do not have to complete 4 .

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

1. I believe I cannot afford to pay the court fees, costs and charges 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 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.
3. I am receiving 1 or more of the benefits listed below:

☐ Yes ☐ No

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

****If you answered "Yes" in section 3, you qualify for a fee waiver under [735 ILCS 5/5-105\(a\)\(2\)\(i\) and \(b\)\(1\)](#). You can skip section 4 and sign the form.****

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

In **4b**, 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 **4b** and **4c**, include any money received from family or friends.

In **4c**, 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 **4d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

In **4e**, check all of the items owned by you and list the value of each item. If you own real estate, include the total you owe on any mortgage.

Be prepared to provide documents showing your income, value of belongings (including real estate) and expense information when you file your forms.

4. I checked "No" in section 3, so I am providing the following financial information:

- a. I have a pending application for 1 or more of the benefits listed in section 3:

☐ Yes ☐ No

- b. I received the following money in the past 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

☐ Other expenses not listed above *(list type and amount)*: _____

\$ _____

☐ Other debts not listed above *(list type and amount)*: _____

\$ _____

☐ I have no expenses

Total of all expenses: \$ _____ per month

- e. I have the belongings listed below. *(check all that apply)*

☐ Bank accounts and cash totaling: \$ _____

☐ Home worth: \$ _____

The total I owe on my home mortgage is: \$ _____

☐ Other real estate, not including the house I live in, worth: \$ _____

The total I owe on my other mortgage is: \$ _____

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

☐ 2nd vehicle worth: \$ _____ The 2nd vehicle is paid off: ☐ Yes ☐ No

☐ Other *(list items and value)*: _____ \$ _____

☐ None of the above

5 is optional. In 5, list any reason why you or your family would face hardship if you have to pay the fees.

5. (Optional) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:

Under Illinois Supreme Court Rule [137](#), your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person.

Enter your complete address, telephone number, and email address, if you have one.

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

Attorney # (if any)

Email

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.