This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

	,	·	
STATE OF ILLINOIS, CIRCUIT COURT COUNTY		APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
<b>Instructions ▼</b>			
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.	Plaintiff / Petit	ioner (First, middle, last name)	
Enter the name of the person being charged as Defendant/Respondent.	V.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	Defendant /Re	spondent (First, middle, last name)	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.

Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:

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.

If you check "Yes" in 3, skip 4 and sign the form. You do not have to complete 4.

١.	believe I cannot afford to pay the court fees in this case and I am providing the
	ollowing information about myself:

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.\*\*

		Ente	r the Case Nur	mber given by the Circuit Clerk:		
In <b>4a</b> , check "Yes" if you have applied for at least 1 of the benefits listed in section 3.	<b>4. I c</b> a.			n providing the following financial in or more of the benefits listed in section		
In <b>4b</b> , check the box for each type of money	b.	I received the following  My employment:		the past month. (check all that apply)  Social Security (not SSI):	\$	
you have received in the past month. Also		☐ Child support:	\$	Unemployment:	\$	
enter the gross (before taxes) amount for each type.		Pension:	\$			
		☐ Money from other		members:	\$	
		Other (list type and			\$ \$	
Under Other in 4b and		☐ No income	· —			
<b>4c</b> , include any money received from family or		Total of all money received in the past month: \$				
friends.	c.	I received the following	ng total amo	unt of money in the past 12 months. (ch	neck all that apply)	
In <b>4c</b> , check the box for			\$	Social Security (not SSI):	\$	
each type of money you have received in		☐ Child support:	\$	Unemployment:	\$	
the past 12 months. Also enter the gross		Pension:	\$			
		☐ Money from other household members:		<u>\$</u> \$		
(before taxes) amount for each type.		Other (list type and	I amount):		\$	
		☐ No income				
		Total of all money red	eived in the	past 12 months: \$	_	
In <b>4d</b> , check all of your	d.	My current monthly d	ebts and exp	penses are listed below. (check all that a	pply)	
debts and expenses for the past month and list		Rent:	\$	per month		
the amount of money		☐ Home Mortgage:	\$	per month		
you pay each month for that expense.		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 lis	sted above (	list type and amount):		
					\$	
		☐ I have no expense	es.			

Total of all expenses: \$ per month

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.	e. I have the belongings listed below.  Bank accounts and cash totaling.  Home worth:  The total I owe on my hor  Other real estate, not including the state of the total I owe on my oth.  1st vehicle worth:  2 <sup>nd</sup> vehicle worth:  Other (list items and value):  None of the above	seg:  \$ \$ me mortgage is:  \$ he house I live in, worth:  ser mortgage is:  \$
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.	/s/ Your Signature Print Your Name	Street Address  City, State, ZIP
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. Enter your complete current address and telephone.	Relationship to Minor or Incompetent Adult (if applicable)	Telephone
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 current address and telephone number.		
address. You should use		documents by email, check the box below and enter your email and that you check every day. If you do not check your email arties may still send you court documents by mail.
	☐ I agree to receive court documents at the	his email address during my entire case.

Enter the Case Number given by the Circuit Clerk: \_\_\_\_