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

Forms are free at illourts.info/forms.

STATE OF II	•	ORDER FOR	For Court Use Only
	COUNTY	WAIVER OF COURT FE	ES
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.	Plaintiff / Petit	ioner (First, middle, last name)	
Enter the name of the person being sued as Defendant/Respondent	V.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	Defendant / Ro	espondent (First, middle, last name)	Case Number
Enter your full name as "Applicant."	Applicant Na		
us rippireum.	The Count ha	First Middle	E Last Waiver of Court Fees hereby finds:
DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.	 The a a. b. c. 	applicant qualifies for a full (100%) The applicant receives means- more of the following programs Supplemental Security Income Aid to the Aged, Blind and Disa Temporary Assistance for Nee SNAP (Food Stamps) General Assistance (GA), Tran Assistance OR The applicant's personal incomestablished by the U.S. Dept. on non-exempt assets under 735 I are such that the applicant is unor OR Payments of fees, costs, and clithe applicant or his or her family	waiver of all fees, costs, and charges because: based government assistance under one or it. (SSI) (Not Social Security) abled (AABD) dy Families (TANF) asitional Assistance, or State Children and Family e is 125% or less of the current poverty level as if Health & Human Services and the Applicant's LCS 5/12-901 and 735 ILCS 5/12-1001 hable to pay the fees, costs, or charges; harges would result in substantial hardship to y.
	charg	more than 125% but not greate more than 150% but not greate more than 175% but not greate more than 175% but not greate of the current poverty level as estab Services and the Applicant's non-ex 735 ILCS 5/12-1001 are such that the or charges.	r than 150% (<i>75% waived</i>); r than 175 % (<i>50% waived</i>);

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IS HEF	REBY O	RDERED:	
🗌 A	Application	on for Waiver of Court Fees is GRANTED, effecti	ive on the filing date of the
A	Application	on for Waiver of Court Fees.	
i.	. 🗆	The applicant qualifies for a full waiver , and ma	ay participate in this case
		without payment of fees, costs, or charges.	
ii	i. 🗌	The applicant qualifies for a partial fee waiver a	as follows:
		75% of all fees, costs, and charges are wai	ived (and the applicant must pay
		25% of all fees, costs, and charges).	
		50% of all fees, costs, and charges are wai	ived (and the applicant must pay
		50% of all fees, costs, and charges).	
		25% of all fees, costs, and charges are wai	ived (and the applicant must pay
		75% of all fees, costs, and charges).	
		The applicant must pay fees, costs, and charges	s currently due by: Date
		Upon good cause shown, the applicant may ma	
		(describe deferral, installment plan, or other reasonal	• •
			35 ILCS 5/5-105(a)(2)(1).
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Enter the Case Number given by the Circuit Clerk: _

DO NOT complete this section. The judge will sign and date here.