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

STATE OF ILLINOIS, CIRCUIT COURT COUNTY		APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
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 / Petiti	oner (First, middle, last name)	
Enter the name of the person being charged as Defendant/ Respondent.	V.		
Enter the Case Number given by the	Defendant /Respondent (First, middle, last name)		
Circuit Clerk or leave this blank if you do not have one.			Case Number
NOTE	If you are comp	oleting this form on behalf of a minor or an incon	npetent adult, provide that person's

NOTE:

information on this form instead of your own information.

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.

□ None of the above

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

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

Other (list items and value):

to court or give more

information. This may include documents

showing your income,

(including real estate) and expenses.

value of belongings

rk:

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: Additional Information) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:

NOTE:

You should only have to go to court if the judge needs more information from you (735 ILCS 5/5-105 and 5/5-105.5; Illinois Supreme Court Rule 298). The judge will notify you if you need to give more information or documents, or if you have to go to court.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

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. I certify that everything in the *Application for Waiver of Court Fees* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under <u>735 ILCS 5/1-109</u>.

/s/	
Your Signature	Street Address
Print Your Name	City, State, ZIP
Time Tour Name	Oity, State, 211
Relationship to Minor or Incompetent	Telephone
Adult (if applicable)	
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.