

In 3a, 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 3b, enter the number of people under age 18 living in your house who you support.

In 4, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in 4, skip 5 and sign below.

In 5a, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In 5b, 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.

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In 5c, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

In 5d, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

3. I am providing the following information about people who live with me:
- a. I support 0 adults (not counting myself) who live with me.
- b. I support 0 children under 18 who live with me.

4. I have received 1 or more of the benefits listed below in the past 4 weeks:

Yes No

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

****If you answered "Yes" in section 4, skip section 5 and sign below.****

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

- a. I have applied for 1 or more of the benefits listed in section 4:

Yes No

- b. I receive the following money each month. This includes money received by people I support who live with me. (check all that apply)

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other (list type and amount):	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received: \$ _____

- c. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (check all that apply)

<input type="checkbox"/> Rent:	\$ _____	per month
<input type="checkbox"/> Home Mortgage:	\$ _____	per month
<input type="checkbox"/> Other Mortgage:	\$ _____	per month
<input type="checkbox"/> Utilities:	\$ _____	per month
<input type="checkbox"/> Food:	\$ _____	per month
<input type="checkbox"/> Medical:	\$ _____	per month
<input type="checkbox"/> Car Loan:	\$ _____	per month
<input type="checkbox"/> Other (list type and amount):	_____	\$ _____ per month
<input type="checkbox"/> I have no expenses		

Total of all expenses: \$ _____

- d. I have the belongings listed below. This includes the belongings of the people I support who live with me. (check all that apply)

<input type="checkbox"/> Bank accounts and cash totaling:	\$ _____
<input type="checkbox"/> Home real estate, worth:	\$ _____
The total I owe on my home mortgage is:	
	\$ _____
<input type="checkbox"/> 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

1-18-0572

Enter the Case Number given by the Appellate Court Clerk: 1-18-0572

- 2nd vehicle worth: \$ _____ The 2nd vehicle is paid Yes No
- Other (list items and value): _____ \$ _____
- None of the above

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.

The person who filled out this form must sign it. If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

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

(Signature)
Your Signature

821 Alicia Road
Street Address

Gordon Wayne Watts
Print Your Name

Lakeland, FL 33801-2113
City, State, ZIP

- M/A -
Relationship to Minor or Incompetent Adult (if applicable)

H: (863) 688-9880
Telephone
C: (863) 409-2109

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. 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 or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

Primary: Gww1210@AOL.com
Email
Alternate: Gww1210@gmail.com

PROOF OF SERVICE

In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In 1b, check the box to show how you sent the document, and fill in any other information required on the blank lines.

CAUTION: If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

1. I sent this document

a. To: All parties in attached Service List
 Name: by 1st Class U.S. Postal Mail, as indicated in Service List
 Address: _____
 Street, Apt # City State ZIP
 Email address: _____

b. By: Personal hand delivery
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at: 6000 South Florida Ave. LAKELAND FL US Postoffice
 Address of Post Office or Mailbox
 Third-party commercial carrier, with delivery paid for at: _____
 Name (for example, FedEx or UPS) and office address

1-18-0572

Enter the Case Number given by the Appellate Court Clerk: 1-18-0572

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (not through an EFM or EFSP)
- Mail from a prison or jail at:

Name of prison or jail

In c. fill in the date and time that you sent the document.

c. On: Wednesday, 28 - March 2018
Date

c.w. At: 11:59 a.m. p.m. (E.S.T.)
Time

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

2. I sent this document:

a. To: Name: All parties who are e-file registered in this case -
First Middle Last

Address: See Attached Service List
Street, Apt # City State ZIP

Email address: See Attached Service List

- b. By: Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP) Odyssey eFile IL (Tyler Hest.) net
- Email (not through an EFM or EFSP)
- Mail from a prison or jail at:

Name of prison or jail

c. On: Wednesday, 28 - March 2018
Date

c.w. At: 11:59 a.m. p.m. (E.S.T.)
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To: Name: All parties whose e-mail addresses I have - See ATTACHED Service List
First Middle Last

Address: See Service List
Street, Apt # City State ZIP

Email address: See Service List

Enter the Case Number given by the Appellate Court Clerk: 1-18-0572

- b. By: Personal hand delivery
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

- Email (not through an EFM or EFSP) ←

- Mail from a prison or jail at

Name of prison or jail

c. On: Wednesday 28 March 2018

Date

circled At: 11:59 a.m. p.m. (E.S.T.)

Time

If you are serving more than 3 parties or lawyers, fill out and insert 1 or more Additional Proof of Service forms after this page.

4. And - I am posting online at www.GordonWatts.com and www.GordonWayneWatts.com said docs - See the "Mortgage Fraud" story - dated Fri. 14 April 2017

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.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

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

/s/ Gordon Wayne Watts
Your Signature

Gordon Wayne Watts
Print Your Name

Wednesday, 28 March 2018

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



December 7, 2017

Case: 1165166518

Phone: (407) 552-0396

GORDON W WATTS
821 ALICIA RD
LAKELAND FL 33801

Dear Gordon W Watts

The following is information about your eligibility.

Food Assistance

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 1.

Name	Jan, 2018 Thru July 31, 2018
Gordon Watts	Eligible
Benefit Amount	\$188.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1165166518, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of \$1,307.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

The requirement to report changes for Cash and Medicaid benefits is different. If you are receiving either of those benefits, you must still report all changes in your household's circumstances within 10 days.



Menu | Florida Dep... | Food Assista... | dcf-access.dcf.state.fl.us/access/benefitDetails.do

www.youtube.com/us | gww1210f | gww1210g | support.microsoft.com | www.microsoft.com/ie | gww00dani | gww00dani

Food Assistance Details

Case Information

Case Number	1165166518	Head of the Household	GORDON W. WATTS
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Food Assistance Details

Group No	Payee	Begin Date	End Date	Status	Monthly Amount	Benefit Month	Date Benefit Available	History Information
01	GORDON W. WATTS	05/01/2018	07/31/2018	OPEN	188			click here
01	GORDON W. WATTS	04/01/2018	04/30/2018	OPEN	188	April, 2018	04/05/2018	click here
01	GORDON W. WATTS	03/01/2018	03/31/2018	OPEN	188	March, 2018	03/05/2018	click here

SERVICE LIST

- * 1st District Appellate Court, Clerk's Office, 160 North LaSalle St., Chicago, IL 60601 (312) 793-5484 , Office Hours: 8:30a.m.-4:30p.m., Mon-Fri, Excl. Holidays [served by eFiling only, since this The Court no longer accepts paper filings]**
- * CIVIL APPEALS DIVISION: Richard J. Daley Center, 50 West Washington St., Room 801 Chicago, IL 60602 – (312) 603-5406, Hours: 8:30a.m.-4:30p.m., Mon-Fri, Excl. Holidays Attention: Deputy Chief, Patricia O'Brian, PAOBrien@CookCountyCourt.com [served by all means, as Rule 326 requires for Motions for Extension of Time]**
- *Hon. Timothy C. Evans, Chief Judge (Ph 312-603-6000, 4299, 4259 TTY: 6673) Circuit Court of Cook County, 50 W. Washington St., Room 2600, Richard J. Daley Center Chicago, IL 60602 Courtesy copy via: Timothy.Evans@CookCountyIL.gov [served by email / electronic service only, as a courtesy, since this is an appeal]**
- * Hon. James P. Flannery, Jr., Circuit Judge–Presiding Judge, Law Division 50 W. Washington St., Room 2005, Chicago, IL 60602, Ph:312-603-6343, Courtesy copy via: James.Flannery@CookCountyIL.gov [served by email / electronic service only, as a courtesy, since this is an appeal]**
- * Law Division and Hon. Diane M. Shelley, Circuit Judge, [served by email / electronic service only, as a courtesy, since this is an appeal] Law@CookCountyCourt.com ; ccc.LawCalendarW@CookcountyIL.gov ; Diane.Shelley@CookCountyIL.gov**
- * Richard B. Daniggelis [true owner of 1720] 312-774-4742, c/o John Daniggelis 773-327-7198 2150 North Lincoln Park West, Apartment #603, Chicago, IL 60614-4652**
- * Richard B. Daniggelis (who receives mail, via USPS mail-forwarding at his old address) 1720 North Sedgwick St., Chicago, IL 60614-5722**
- * Andjelko Galic (Atty#:33013) Cell:312-217-5433, Fax:312-986-1810, Phone:312-986-1510 845 Sherwood Road, LaGrange Park, IL 60526-1547 (Please take note of Mr. Galic's new address) Email: AndjelkoGalic@Hotmail.com ; AGForeclosureDefense@Gmail.com**
- * Robert J. More (Anselm45@Gmail.com) [Note: More's name is misspelled on docket as: “MOORE ROBERT”] P.O. Box 6926, Chicago, IL, 60680-6926, PH: (708) 317-8812**
- * Associated Bank, N.A., 200 North Adam Street, Green Bay, WI 54301-5142**

SERVICE LIST (continued from above)

MERS (Mortgage Electronic Registration Systems, Inc.) <https://www.MersInc.org/about-us/about-us> a nominee for HLB Mortgage, (703) 761-0694 / (800)-646-MERS (6377) / 888-679-MERS (6377) ATTN: Sharon McGann Horstkamp, Esq., Corporate Counsel, Mortgagee: <https://www.MersInc.org/component/content/article/8-about-us/401-sharon-horstkamp> Senior Vice President, Chief Legal and Legislative Officer, and Corporate Secretary for MERSCORP Holdings, Inc. – Telephone No.: (703) 761-1270, Facsimile No.: (703) 748-0183, SharonH@MersInc.org ; SharonH@MersCorp.com Cc: Janis Smith, 703-738-0230, VP, Corp. Comm. is no longer with MersCorp, and Amy Moses (AmyM@MersCorp.com ; AmyM@MersInc.org) has replaced her as an email contact; Sandra Troutman 703-761-1274, E: SandraT@MersInc.org ; SandraT@MersCorp.com) Dir, Corporate Communications, Karmela Lejarde, Communications Manager, Tel~ 703-761-1274, Mobile: 703-772-7156, Email: KarmelaL@MersInc.org ; KarmelaL@MersCorp.com C/o: MERS (Mortgage Electronic Registration Systems, Inc.), 1901 East Vorhees Street, Suite 'C', Danville, IL 61834-4512

* **COHON RAIZES®AL LLP (90192) (Atty for STEWART TITLE ILLINOIS)**
Attn: Carrie A. Dolan, 208 S LASALLE#1860, CHICAGO IL, 60604 [ph:(312) 726-2252]

* **Stewart Title, Attn: Leigh Curry**
<http://www.Stewart.com/en/stc/chicago/contact-us/contact-us.html>
2055 W. Army Trail Rd., STE 110, Addison, IL 60101 [ph:(630) 889-4050]

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<http://www.KingHolloway.com/contact.htm> ; Attn: Peter M. King, Esq. PKing@khl-law.com
or: PKing@KingHolloway.com ; One North LaSalle Street, Suite 3040, Chicago, IL 60602

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3 Grant Square, SUITE #363, Hinsdale, IL 60521-3351

* **Erika R. Rhone** [ph:(773) 788-3711], 22711 Southbrook Dr., Sauk Village, IL 60411-4291

Instructions ▼ Check the box to the right if your case involves custody, visitation, or removal of a child. Enter the Appellate Court case number. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed. If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee"). To the far right, enter the trial court county, trial court case number, and trial judge's name.	<input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). Appellate Case No.: 1-18-0572 IN THE APPELLATE COURT OF ILLINOIS First [] District In re [] GMAC MORTGAGE Plaintiff/Petitioner (First, middle, last names) <input type="checkbox"/> Appellant <input checked="" type="checkbox"/> Appellee v. GORDON WAYNE WATTS Defendant/Respondent (First, middle, last names) <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee Appeal from the Circuit Court of Cook [] County Trial Court Case No.: 07CR29738 Honorable James P. Flannery, Jr. Judge, Presiding
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ORDER FOR WAIVER OF COURT FEES (APPELLATE COURT)

Enter your full name as "Applicant."	Applicant Name: Gordon Wayne Watts First Middle Last
DO NOT check any more boxes or fill in any more blanks on this form. The Appellate Court will decide if your <i>Application for Waiver of Court Fees</i> is granted or denied and complete the rest of this form.	The Court having reviewed the <i>Application for Waiver of Court Fees</i> hereby finds: <input type="checkbox"/> The applicant qualifies for a fee waiver. <input type="checkbox"/> The applicant does not qualify for a fee waiver because (must state specific reason): _____
DO NOT complete this section. The justice will sign and date here.	IT IS HEREBY ORDERED: <input type="checkbox"/> <i>Application for Waiver of Court Fees</i> is GRANTED. The applicant may participate in this appeal without payment of fees, costs, or charges. <input type="checkbox"/> <i>Application for Waiver of Court Fees</i> is DENIED and: <input type="checkbox"/> Applicant must pay all applicable fees, costs, or charges by: _____ OR _____ Date <input type="checkbox"/> Applicant must pay all applicable fees, costs or charges as follows (describe payment plan): _____
	ENTERED: _____ Justice Date

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