

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	APPLICATION FOR WAIVER OF COURT FEES	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name 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 sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ Plaintiff / Petitioner (First, middle, last name) v. _____ Defendant / Respondent (First, middle, last name)	_____ Case Number

In **1a**, enter your full name. If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.

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 have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in 3, skip 4 and sign the form.

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

1. I am providing the following information about myself:

- a. Name: _____
 First *Middle* *Last*
- b. Year of Birth: _____
- c. Street Address: _____
 City, State, ZIP: _____
- d. I believe I cannot afford to pay the court fees in this case.

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 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 3, skip section 4 and sign the form.****

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

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

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

Yes No

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.

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

b. I receive the following money each month. This includes money received by people I

support who live with me. *(check all that apply)*

My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income
 Total of all money received: \$ _____

In 4c, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

Include the money received by the people you support who live with you.

c. I received the following total amount of money in the past 12 months. This includes money

received by people I support who live with me. *(check all that apply)*

My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income
 Total of all money received: \$ _____

In 4d, 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.

d. 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)*

Rent: \$ _____ per month
 Home Mortgage: \$ _____ per month
 Other Mortgage: \$ _____ per month
 Utilities: \$ _____ per month
 Food: \$ _____ per month
 Medical: \$ _____ per month
 Car Loan: \$ _____ per month
 Other *(list type and amount)*: _____ \$ _____ per month
 I have no expenses
 Total of all expenses: \$ _____

In 4e, 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.

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

Bank accounts and cash totaling: \$ _____

Home real estate, 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

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.

Enter the complete current address and telephone number of the person who filled out this form.

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

I certify that everything above is true and correct to the best of my knowledge.

I understand that making a false statement in this form could be perjury.

Your Signature

Street Address

Print Your Current Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Plaintiff/Petitioner

v.

Defendant/Respondent

No. _____

Calendar _____

ORDER

This matter coming before the Court on an Application and Affidavit to Sue or Defend as an Indigent Person, the Court being fully advised in the premises, IT IS HEREBY ORDERED;

Pursuant to Supreme Court Rule 298 and 735 ILCS 5/5-105:

- The applicant is permitted to sue or defend without payment of fees, costs or charges. Fees for the reproduction of any documents contained in the court file or the electronic docket are not waived without specific order of court. The applicant may be ordered to pay any portion of the waived fees or costs out of a settlement or judgment resulting from this action.
- The application is denied for the following reason(s): _____

- Payment shall be: made by _____ (date) OR deferred until _____ (date) OR other _____

ENTERED:

Dated: _____

Judge

Judge's No.

Payment should be made by cash, money order or cashier's check, directly to the Clerk of the Circuit Court of Cook County at the courthouse where you filed your application.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS