

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

1. I believe I cannot afford to pay the court fees 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.****

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

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.

Under **Other** in **4b** and **4c**, include any money received from family or friends.

In **4c**, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.

In **4d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

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

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

Yes No

b. I received the following money in the past month. *(check all that apply)*

- My employment: \$ _____ Social Security (not SSI): \$ _____
- Child support: \$ _____ Unemployment: \$ _____
- Pension: \$ _____
- Money from other household members: \$ _____
- Other *(list type and amount)*: _____ \$ _____
- No income

Total of all money received in the past month: \$ _____

c. I received the following total amount of money in the past 12 months. *(check all that apply)*

- My employment: \$ _____ Social Security (not SSI): \$ _____
- Child support: \$ _____ Unemployment: \$ _____
- Pension: \$ _____
- Money from other household members: \$ _____
- Other *(list type and amount)*: _____ \$ _____
- No income

Total of all money received in the past 12 months: \$ _____

d. My current monthly debts and expenses are listed below. *(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
- Childcare: \$ _____ per month
- Child Support: \$ _____ per month
- Other expenses not listed above *(list type and amount)*: _____ \$ _____

Other debts not listed above *(list type and amount)*: _____ \$ _____

I have no expenses.

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. (check all that apply)
- Bank accounts and cash totaling: \$ _____
 - Home 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 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 _____ *Street Address* _____

Print Your Name _____ *City, State, ZIP* _____

Relationship to Minor or Incompetent Adult (if applicable) _____ *Telephone* _____

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.

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.

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.

Email

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF COURT FEES	<i>For Court Use Only</i>
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. 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 <i>(First, middle, last name)</i> V. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

Enter your full name as "Applicant."

Applicant Name: _____
First
Middle
Last

DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:

1. The applicant **qualifies** for a **full (100%)** waiver of all fees, costs, and charges because *(check only one)*:
 - a. The applicant receives means-based government assistance under one or more of the following programs:
 - Supplemental Security Income (SSI) (Not Social Security)
 - Aid to the Aged, Blind and Disabled (AABD)
 - Temporary Assistance for Needy Families (TANF)
 - SNAP(Food Stamps)
 - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
 - OR**
 - b. The applicant's personal income is **125%** or less of the current poverty level as established by the U.S. Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the fees, costs, or charges;
 - OR**
 - c. Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.

2. The applicant **qualifies** for a **partial (75%, 50%, or 25%)** waiver of all fees, costs, and charges because the applicant's household income is *(check one)*:
 - more than **125%** but not greater than **150%** *(75% waived)*; OR
 - more than **150%** but not greater than **175%** *(50% waived)*; OR
 - more than **175%** but not greater than **200%** *(25% waived)*
 of the current poverty level as established by the US Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable

to pay the fees, costs, or charges.

- 3. The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- 4. The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:

IT IS HEREBY ORDERED:

- A. *Application for Waiver of Court Fees* is **GRANTED**.
 - i. The applicant qualifies for a **full waiver**, and may participate in this case without payment of fees, costs, or charges.
OR
 - ii. The applicant qualifies for a **partial fee waiver** as follows *(check one)*:
 - 75%** of all fees, costs, and charges **are waived** *(and the applicant must pay 25% of all fees, costs, and charges)*.
 - 50%** of all fees, costs, and charges **are waived** *(and the applicant must pay 50% of all fees, costs, and charges)*.
 - 25%** of all fees, costs, and charges **are waived** *(and the applicant must pay 75% of all fees, costs, and charges)*.

Charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees listed in [735 ILCS 5/5-105\(a\)\(2\)\(1\)](#).

The applicant must pay fees, costs, and charges currently due by: _____
Date

OR

Upon good cause shown, the applicant may make payments as follows *(describe deferral, installment plan, or other reasonable terms)*:

This order expires one year from the date of this order. The applicant may reapply before or after the expiration date.

- B. *Application for Waiver of Court Fees* is **SET FOR HEARING** on _____
Date
at _____ in courtroom: _____
Time
The applicant must bring the following documents: _____

- C. *Application for Waiver of Court Fees* is **DENIED**.
The applicant must pay all fees, costs, and charges currently due by: _____
Date

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

ENTERED:

Judge Date