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

STATE OF ILLINOIS, CIRCUIT COURT COUNTY		APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
Instructions ▼ Enter above the county name where the case was filed. Enter the name of the			
person who started the lawsuit as Plaintiff/Petitioner.	Plaintiff / Petiti	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 / Re	espondent (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:

 I am providing the following information about my

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.

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.

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

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.

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.

		Linei	the Case Number give	en by the Chcuit Clerk.		
4.	4. I checked "No" in section 3, so I am providing the following financial information:					
	a.	. I have applied for 1 or more of the benefits listed in section 3:				
		☐ Yes ☐ No				
	b.	_	th. This includes money received	by people I		
		support who live, ac@	•			
				Other people's employment:		
				Social Security (not SSI):	\$	
				Unemployment:	\$	
		Other (list type and	amount):		\$	
		☐ No income				
		Total of all money rec	eived: \$			
	C.	I received the following	g total amount of	money in the past 12 months. This	s 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 rec	eived: \$			
	d.		•	below. This includes the monthly	expenses of the	
		people I support who	•			
		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):

☐ I have no expenses

Total of all expenses: \$

per month

\$

	Enter the Case Number given i	by the Circuit Clerk:			
In 4e , check all of the items owned by you and list the value of	e. I have the belongings listed below. This in who live with me. (check all that apply)	cludes the belonging	gs of the peop	le I suppo	ort
each item. Include the items owned by the	Bank accounts and cash totaling:		\$		
people you support who live with you.	☐ Home real estate, worth:				
•	The total I owe on my home mo	\$			
If you own real estate, include the total you	Other real estate, not including the house I live in, worth:				
owe on any mortgage.	The total I owe on my other mo	rtgage is:	\$		
	1st vehicle worth: _\$	The 1 st vehicle is	paid off:] Yes [No
	2 nd vehicle worth: _\$	The 2 nd vehicle is	s paid off:	Yes [No
	Other (list items and value):		<u> </u>	\$	
	☐ 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.	I certify that everything above is true and correlation of the statement in a sta			· <u> </u>	
The person who filled out this form must					
Enter the complete current address and telephone number of the person who filled	Print Your Current Name Relationship to Minor or Incompetent	City, State, ZIP Telephone			
out this form. If you are filling out this form for a minor or an incompetent adult, state your relationship.	Adult (if applicable)				