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

For Court Use Only STATE OF ILLINOIS, **CIRCUIT COURT** APPLICATION FOR WAIVER OF **COURT FEES** COUNTY **Instructions ▼** Directly above, enter the name of the county where the case was filed. Enter the name of the Plaintiff / Petitioner (First, middle, last name) person who started the lawsuit as Plaintiff/Petitioner. ٧. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave Defendant / Respondent (First, middle, last name) Case Number this blank if you do not have one. In 1a, enter your full Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state: name. If you are completing this form 1. I am providing the following information about myself: on behalf of a minor a. Name: or an incompetent Middle First Last adult, provide that person's information. b. Year of Birth: In **1b**, only enter the c. Street Address: year you were born. City, State, ZIP: **DO NOT** enter your entire date of birth. d. I believe I cannot afford to pay the court fees in this case. In 1c, enter your complete current address. 2. I am providing the following information about people who live with me: In 2a, enter the number a. I support adults (not counting myself) who live with me. of people age 18 and older living in your b. I support children under 18 who live with me. house who you support. Support means that the people rely on you 3. I have received 1 or more of the benefits listed below in the past 4 weeks: financially. Yes No In 2b, enter the number Supplemental Security Income (SSI) (Not Social Security) of people under age 18 living in your house Aid to the Aged, Blind and Disabled (AABD) who you support. Temporary Assistance to Needy Families (TANF) In 3, check "Yes" if State Children & Family Assistance you have received at least 1 of the benefits Food Stamps (SNAP) listed in the past 4 weeks. • General Assistance (GA)

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

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

Transitional Assistance

	4. I checked "No" in section	on 3, so I am	providing the following financial in	formation:
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 o ☐ Yes ☐ No	r more 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	b. I receive the following support who live withMy employment:	me. (check all	month. This includes money received that apply) Other people's employment	
	☐ Child support:	\$	Social Security (not SSI):	\$
	Pension:	\$	Unemployment:	\$
	Other (list type and amount):			\$
with you. Support means that the people	☐ No income			
rely on you financially.	Total of all money red	eived: \$		
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.	received by people I s My employment:	support who li	ive with me. (check all that apply) Other people's employment	: \$
	☐ Child support:	\$	Social Security (not SSI):	\$
Include the money	☐ Pension:	\$	Unemployment:	<u>\$</u> \$
received by the people you support who live		☐ Other (list type and amount): ☐ No income		
with you.	Total of all money red	ceived: \$		
	rotal of all money rec	,eινeα. <u>ψ</u>		
In 4d , check all of your expenses for the past month and list the monthly amounts. Include the expenses of	d. My current monthly e	•	isted below. This includes the monthly (check all that apply)	/ expenses of the
	Rent:	\$	per month	
the people you support who live with you.	☐ Home Mortgage:	\$	per month	
was are wan your	Other Mortgage:	\$	per month	
	Utilities:	\$	per month	
	Food:	\$	per month	
	☐ Medical:	\$	per month	
	Car Loan:	\$	per month	
	Other (list type and	l amount):	\$	per month
	☐ I have no expense	es		
	Total of all expenses:	\$		

Enter the Case Number given by the Circuit Clerk: _____

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.	e. I have the belongings listed below. This	includes the belonging	gs of the peo	ple 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:			
If you own real estate,	Other real estate, not including the house I live in, worth:		<u>\$</u> \$	
include the total you owe on any mortgage.	The total I owe on my other mortgage is:		\$	
	1 st vehicle worth: \$	The 1 st vehicle is		Yes No
	2 nd vehicle worth: \$		paid off:	Yes No
	Other (list items and value):			 \$
	None of the above			
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	understand that making a false statement on by law under 735 ILCS 5/1-109. /s/ Your Signature	Street Address	no nas pena	anies provided
computer, sign your name by typing it. If you are completing it by hand, sign and print your name.	Print Your Name	City, State, ZIP		
Enter the complete current address and	Relationship to Minor or Incompetent Adult (if applicable)	Telephone		
telephone number of the person who filled out this form.				

Enter the Case Number given by the Circuit Clerk: ___