

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

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:**

- The applicant **qualifies** for a fee waiver because *(check one)*:
  - The applicant receives assistance under one or more of the following programs: Supplemental Security Income (SSI); Aid to the Aged, Blind and Disabled (AABD); Temporary Assistance for Needy Families (TANF); Food Stamps (SNAP); General Assistance; Transitional Assistance; or State Children and Family Assistance; **OR**
  - The applicant's household income is 125% or less than the current poverty level as established by the U.S. Department of Health and Human Services; **OR**
  - Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
- The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:  
 \_\_\_\_\_

**IT IS HEREBY ORDERED:**

- Application for Waiver of Court Fees* is **GRANTED**. The applicant may participate in this case without payment of fees, costs, or charges including: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees as listed in 735 ILCS 5/5-105(a)(1).
- Application for Waiver of Court Fees* is **SET FOR HEARING** on \_\_\_\_\_ at \_\_\_\_\_  
*Date*
*Time*

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

in court room: \_\_\_\_\_ The applicant must bring the following documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Application for Waiver of Court Fees* is **DENIED** and:

Applicant must pay all applicable fees, costs, or charges by: \_\_\_\_\_ **OR**  
*Date*

Applicant must pay all applicable fees, costs or charges as follows (*describe payment plan*):

\_\_\_\_\_

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

**ENTERED:**

\_\_\_\_\_

*Judge*

\_\_\_\_\_

*Date*