

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT  
KANE COUNTY, ILLINOIS**

Case No. \_\_\_\_\_

Plaintiff/Petitioner	Defendant/Respondent	File Stamp
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.

**APPLICATION FOR WAIVER OF COURT FEES**

**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.\*\***

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.

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

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. 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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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 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.

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.

**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

The person who filled out this form must sign it.

\_\_\_\_\_  
Relationship to Minor or Incompetent Adult (if applicable)

\_\_\_\_\_  
Telephone

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.