

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

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

**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.

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 complete 4.

**1. I believe that 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 name)
- 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 5/5-1056(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.

**3. 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: \$ \_\_\_\_\_
- Child Support: \$ \_\_\_\_\_
- 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: \$ \_\_\_\_\_
- Child Support: \$ \_\_\_\_\_
- 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
- Child Care: \$ \_\_\_\_\_ 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 own 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: \$ \_\_\_\_\_ 1st vehicle is paid off:  Yes  No
  - 2nd vehicle worth: \$ \_\_\_\_\_ 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.

\_\_\_\_\_  
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 number.

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.