

Getting Started

Application for Waiver of Court Fees

IMPORTANT: This getting started guide and the instructions are not legal advice. They are only meant to help you learn how to use the *Application for Waiver of Court Fees* and *Order for Waiver of Court Fees* forms. Your use of the form(s) does not guarantee you will be successful in court.

To learn how to fill out the forms and file them with the court, read the *How to Ask the Court to Participate in a Court Case for Free* instruction sheet and the instructions on the forms.

Name(s) of the form(s):	<ul style="list-style-type: none">• <i>Application for Waiver of Court Fees</i>• <i>Order for Waiver of Court Fees</i>
Purpose of the form(s):	To ask the court to let you participate in a court case for free.
Types of cases the form(s) CAN be used for:	All civil cases. For example, divorce cases, family cases, eviction cases, small claims cases, and lawsuits for injury or property damage.
Types of cases the form(s) CANNOT be used for:	All criminal, traffic, and juvenile justice cases.
Special information or papers needed to complete the form(s):	You will need to know the income and expense information for the past 12 months and the value of belongings, including real estate, for: <ul style="list-style-type: none">• yourself,• the people you support who live with you, and• If you are filling this form out on behalf of a minor or incompetent adult, you will need that person's information.
Statutes covering the form(s):	<ul style="list-style-type: none">••
Where to find the forms and instruction sheet:	
For more information:	Read the <i>How to Ask the Court to Participate in a Court Case for Free</i> instruction sheet that comes with these form(s). You may also find more information, resources, and the location of your local county self help center at

4. I checked "No" in section 3, so I am providing the following financial information:

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 or more of the benefits listed in section 3:

Yes No

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.

b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other <i>(list type and amount)</i> :	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received: \$ _____

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.

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)*

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other <i>(list type and amount)</i> :	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received: \$ _____

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.

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)*

<input type="checkbox"/> Rent:	\$ _____	per month
<input type="checkbox"/> Home Mortgage:	\$ _____	per month
<input type="checkbox"/> Other Mortgage:	\$ _____	per month
<input type="checkbox"/> Utilities:	\$ _____	per month
<input type="checkbox"/> Food:	\$ _____	per month
<input type="checkbox"/> Medical:	\$ _____	per month
<input type="checkbox"/> Car Loan:	\$ _____	per month
<input type="checkbox"/> Other <i>(list type and amount)</i> :	_____	\$ _____ per month
<input type="checkbox"/> I have no expenses		

Total of all expenses: \$ _____

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

**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.**

Under the Code of Civil Procedure, _____, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

The person who filled out this form must sign it.

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.

Your Signature

Street Address

Print Your Current Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF COURT FEES	
Instructions ▼ Enter above the county name 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.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

Enter your full name as "Applicant."

Applicant Name: _____
First
Middle
Last

DO NOT check any more boxes or fill in any more blanks on this form.
 The Judge will decide if your *Application for Waiver of Court Fees* is granted or denied and complete the rest of this 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 **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 **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