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

Forms are free at ilcourts info/forms.

	Forms are free at <u>ilcourts.info/forms</u> .					
<b>Instructions ▼</b>	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER					
Check the top box if	RULE 311(a).	EDITED DIGITORI GRADER				
your case involves	ROLL OTT(a).					
parental	☐ THIS APPEAL INVOLVES A DELINQUENT MINOR PRO	CEEDING UNDER THE				
responsibility or	JUVENILE COURT ACT.					
parenting time						
(custody/visitation	Case No.:					
rights), or relocation	Odse No					
of a child. Check the						
other box if your case						
involves delinquent						
minor proceedings.						
Enter the Supreme	IN THE					
Court case number if						
one has been	SUPREME COURT OF ILLINOIS					
assigned.						
If the case name in		Appeal from the Appellate				
the trial and/or						
appellate court began	In re	Court, District				
with "In re" (e.g., "In		No.				
re Marriage of Jones"), enter that						
name. Below that.						
enter the names of the						
parties as they		Appeal from the Circuit Court				
appeared in the		of County				
trial/appellate court,						
and check the correct						
boxes to show which	Plaintiffs/Petitioners in trial court (First, middle, last names)	Trial Court Case No.:				
party filed the appeal	Appellants Appellees					
in the Supreme Court	_					
("appellant") and						
which party is						
responding to the	V.					
appeal ("appellee").		Honorable				
To the far right, enter						
the number of the						
appellate district,		Judge, Presiding				
appellate court case						
number, trial court	Defendants/Respondents in trial court (First, middle, last names)					
county, trial court case number, and trial						
judge's name.	Appellants Appellees					
Judge's name.						
	APPLICATION FOR WAIVER OF COUR	RT FFFS				
	(SUPREME COURT)	==0				
	(OUT INCIDE COUNT)					
NOTE	If you are completing this form on behalf of a minor or an incomp	etent adult, provide that person's				
NOTE:	information on this form instead of your own information.					
	1					
	Pursuant to Illinois Supreme Court Rule 313(f), Illinois Supreme Court Rule 298 and					
In 1a, enter your full	735 ILCS 5/5-105, I state:					
name.	,					
In <b>1b</b> , enter your	1. I believe I cannot afford to pay the court fees in this	case and I am providing the				
complete current	following information about myself:					
address.	Tollowing information about myself:					
	a. Name:					
	First Middle	Last				

b. Street Address:

City, State, ZIP:

	Enter the Case Number given by the Supreme Court Clerk:				
In 2, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your <i>Application</i> will be rejected.	<ol> <li>I am currently incarcerated.  Yes  No If yes, inmate I.D. # If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.</li> <li>**If you answered "Yes" in section 2, skip sections 3, 4, and 5 and sign below.**</li> <li>I am providing the following information about people who live with me:         <ul> <li>I support  adults (not counting myself) who live with me.</li> <li>I support  children under 18 who live with me.</li> </ul> </li> <li>I have received 1 or more of the benefits listed below in the past 4 weeks:         <ul> <li>Yes  No</li> </ul> </li> </ol>				
In 3a, 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 <b>3b</b> , enter the number of people under age 18 living in your house who you support.  In <b>4</b> , check "Yes" if you are currently receiving 1 or more of the benefits listed below.	<ul> <li>Supplemental Security Income (SSI) (Not Social Security)</li> <li>Aid to the Aged, Blind and Disabled (AABD)</li> <li>Temporary Assistance to Needy Families (TANF)</li> <li>SNAP (Food Stamps)</li> <li>General Assistance (GA), Transitional Assistance or State C Assistance.</li> </ul>	hildren and Family			
If you check "Yes" in 4, skip 5 and sign the form. You do not have to complete 5.	**If you answered "Yes" in section 4, you qualify for a fee waiver under  735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 5 and sign the form.**  5. I checked "No" in section 4, so I am providing the following financial information:				
In <b>5a</b> , check "Yes" if you have applied for at least 1 of the benefits listed in section 4.  In <b>5b</b> , 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.	a. I have applied for 1 or more of the benefits listed in section 4:  Yes No  b. I receive the following money each month. (check all that apply)  My employment:  Social Security (not SSI)  Child support:  Pension:  Money from other household members:  Other (list type and amount):  No income				
Under Other in 5b and 5c, include any money received from family or friends.  In 5c, 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.	Total of all money received in the past  c. I received the following total amount of money in the past 12 mon    My employment: \$				
In <b>5d</b> , check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.	d. My current monthly debts and expenses are listed below. (check a Rent: per month per month  Other Mortgage: per month  Utilities: per month  Food: per month  Medical: per month	all that apply)			

	☐ Car Loan:	\$	per month		
	☐ Childcare	\$	per month		
	☐ Child Support	\$	per month		
	Other expenses	not listed	above (list type and amount):	_	
	Other debts not	listed abov	e (list type and amount):		
				\$	
	☐ I have no exper		,, ,,, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,,		
	Total of all expens	es: <u>\$</u>	per month		
In 5e, check all of the	e. I have the belongi	ngs listed b	pelow. (check all that apply)		
items owned by you and list the value of	Bank accounts and cash totaling: \$				
each item. If you own	Home worth:			\$	
real estate, include the total you owe on any		-	home mortgage is:	\$	
mortgage.	Other real esta	ite, not incl	uding the house I live in, worth:		
		-	other mortgage is:	\$	
The Court will notify you if you need to give	1st vehicle wort		The 1 <sup>st</sup> vehicle is paid off		
more information. This	2 <sup>nd</sup> vehicle wor		The 2 <sup>nd</sup> vehicle is paid of		
may include documents showing your income,	Other (list items	-		<u>\$</u>	
value of belongings	☐ None of the ab	ove			
(including real estate)					
and expenses. See <u>735</u> <u>ILCS 5/5-105 and 5/5-</u>		-	family or I would face substantial h	ardship if I have to pay	
105.5; Illinois Supreme	the fees, costs, and cha	rges becau	use:		
Court Rule 298.					
<b>6</b> is optional. In <b>6</b> , list any reason why you or	-				
your family would face	Under <u>735 ILCS 5/1-109</u> , r				
hardship if you have to pay the fees.			ue and correct, or I have been in		
Under the Code of	true and correct, and 2) I understand that making a false statement on this form is perjury and has penalties provided by law.				
Civil Procedure, <u>735</u>			and various manners but to miner it. If you a	no filling out this forms by	
ILCS 5/1-109, making a statement on this	hand, sign and print your n		gn your name by typing it. If you a	re illing out this form by	
form that you know to		u			
be false is perjury, a	/s/ Your Signature		Print Name		
Class 3 Felony.  Enter your complete		orm for my			
address, telephone	I am completing this formula	offit for filly	seii.		
number, and email	- Division Management of the Control			. )	
address, if you have one.	Phone Number		Email (if you have one	<del>?</del> )	
	Chun at Andrean		City State 71D		
	Street Address		City, State, ZIP		
	<b>GETTING COURT DOCUMENTS BY EMAIL:</b> Be sure to check your email every day so you do not miss important information or documents from other parties or from the court.				
	☐ I am a lawyer completing this form on behalf of a client.				
	(Client name):				
Only complete this					
section if you are a	I average Maries		- A44		
licensed attorney	Lawyer Name		Attorney Number		
completing the form on behalf of a client.	<del> </del>				
	Lawyer Phone Number		Law Firm		
	Lawyer Email		Lawyer Address		

Enter the Case Number given by the Supreme Court Clerk: