

APPLICATION FOR WAIVER OF COURT FEES (SUPREME COURT)

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 information.

(07/25)

In **2**, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your *Application* will be rejected.

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 **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you are currently receiving 1 or more of the benefits listed below.

If you check "Yes" in **4**, skip **5** and sign the form. You do not have to complete **5**.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, 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 **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.

In **5d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

- 2. 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.

****If you answered "Yes" in section 2, skip sections 3, 4, and 5 and sign below.****

- 3. 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.

- 4. 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)
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance or State Children and Family Assistance.

****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:**

- 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: \$ _____ ☐ Unemployment: \$ _____
☐ Pension: \$ _____
☐ Money from other household members: \$ _____
☐ Other (*list type and amount*): _____ \$ _____
☐ No income

Total of all money received in the past _____ \$ _____

- c. I received the following total amount of money in the past 12 months. (*check all that apply*)

☐ My employment: \$ _____ ☐ Social Security (not SSI): \$ _____
☐ Child support: \$ _____ ☐ Unemployment: \$ _____
☐ 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

Enter the Case Number given by the Supreme Court Clerk: _____

- ☐ Car Loan: \$ _____ per month
☐ Childcare \$ _____ 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 5e, check all of the items owned by you and list the value of each item. If you own real estate, include the total you owe on any mortgage.

The Court will notify you if you need to give more information. This may include documents showing your income, value of belongings (including real estate) and expenses. See [735 ILCS 5/5-105 and 5/5-105.5](#); Illinois Supreme Court Rule [298](#).

6 is optional. In 6, list any reason why you or your family would face hardship if you have to pay the fees.

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.

Enter your complete address, telephone number, and email address, if you have one.

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: \$ _____ 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

6. (*Optional: Additional Information*) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:

Under [735 ILCS 5/1-109](#), my signature means:

1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and 2) I understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

/s/

Your Signature

Print Name

☐ I am completing this form for myself.

Phone Number

Email (if you have one)

Street Address

City, State, ZIP

GETTING COURT DOCUMENTS BY EMAIL: 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 licensed attorney completing the form on behalf of a client.

Lawyer Name

Attorney Number

Lawyer Phone Number

Law Firm

Lawyer Email

Lawyer Address