

<p>Instructions ▼</p> <p>Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.</p> <p>Enter the Supreme Court case number if one has been assigned.</p> <p>If the case name in the trial and/or appellate court began with "In re" (e.g., "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the trial/appellate court, and check the correct boxes to show which party filed the appeal in the Supreme Court ("appellant") and which party is responding to the appeal ("appellee").</p> <p>To the far right, enter the number of the appellate district, appellate court case number, trial court county, trial court case number, and trial judge's name.</p>	<p><input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</p> <p style="text-align: center;">Case No.: _____</p> <p style="text-align: center;">IN THE SUPREME COURT OF ILLINOIS</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top;"> <p>In re _____</p> <p>_____</p> <p>_____</p> <p>Plaintiffs/Petitioners in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Defendants/Respondents in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> </td> <td style="width: 40%; border: none; vertical-align: top; padding-left: 20px;"> <p>Appeal from the Appellate Court, _____ District No. _____</p> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p> </td> </tr> </table>	<p>In re _____</p> <p>_____</p> <p>_____</p> <p>Plaintiffs/Petitioners in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Defendants/Respondents in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p>	<p>Appeal from the Appellate Court, _____ District No. _____</p> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>
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**APPLICATION FOR WAIVER OF COURT FEES
(SUPREME COURT)**

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 information.

<p>In 1a, enter your full name.</p> <p>In 1b, only enter the year you were born. DO NOT enter your entire date of birth.</p> <p>In 1c, enter your complete current address.</p> <p>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.</p>	<p>Pursuant to Illinois Supreme Court Rule 313(f), Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:</p> <p>1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:</p> <p>a. Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> First Middle Last </div> </p> <p>b. Year of Birth: _____</p> <p>c. Street Address: _____ City, State, ZIP: _____</p> <p>2. I am currently incarcerated. <input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p>**If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.**</p>
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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.

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)
 - State Children & Family Assistance
 - 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 \$ _____ per month
 - Other Mortgage: \$ _____ per month
 - Utilities: \$ _____ per month
 - Food: \$ _____ per month
 - Medical: \$ _____ per month
 - Car Loan: \$ _____ per month
 - Childcare \$ _____ per month
 - Child Support \$ _____ per month

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

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.

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*) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:

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

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.

/s/ _____
Your Signature

Street Address

Print Your Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

Email

Attorney # (if any)

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name. Enter your complete address, telephone number, and email address, if you have one.

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.

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.