

<p><b>Instructions ▼</b></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 Appellate Court case number if you have it.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<p><input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b></p> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;"><b>IN THE APPELLATE COURT OF</b></p> <p style="text-align: center;"><b>ILLINOIS</b></p> <p style="text-align: center;">_____ District</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; padding: 5px;"> <p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiffs/Petitioners</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> <p style="text-align: center;">v.</p> <p>_____</p> <p>_____</p> <p><b>Defendants/Respondents</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p> </td> </tr> </table>	<p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiffs/Petitioners</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p> <p style="text-align: center;">v.</p> <p>_____</p> <p>_____</p> <p><b>Defendants/Respondents</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellants</b>    <input type="checkbox"/> <b>Appellees</b></p>	<p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p>
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**ORDER FOR WAIVER OF COURT FEES  
(APPELLATE COURT)**

Enter your full name as "Applicant." If the application was filled out on behalf of a minor, enter the minor's full name.

**Applicant Name:** \_\_\_\_\_  
*First*
*Middle*
*Last*

**The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:**

1.  The applicant **qualifies** for a **full** waiver of all fees, costs, and charges because
  - a.  The applicant receives means-based government assistance under one or more of the following programs:
    - Supplemental Security Income (SSI) (Not Social Security)
    - Aid to the Aged, Blind and Disabled (AABD)
    - Temporary Assistance for Needy Families (TANF)
    - SNAP (Food Stamps)
    - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
  - OR**
  - b.  The applicant's income is **125%** or less of the of the current poverty level as established by the US Dept. of Health & Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that

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

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

the applicant is unable, without undue hardship, to pay the fees, costs, or charges;  
**OR**

- c.  Payment of fees, costs or charges would result in undue hardship to the applicant or his or her family.
- 2.  The applicant **qualifies** for a **partial** (75%, 50%, or 25%) waiver of all fees, costs and charges because the applicant's household income is (check one):
  - more than **125%** but not greater than **150%** (75% waived);
  - more than **150%** but not greater than **175%** (50% waived);
  - more than **175%** but not greater than **200%** (25% waived)
 of the current poverty level as established by the US Dept. of Health & Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the fees, costs, and charges in full.
- 3.  There is a factual issue about the applicant's entitlement to a fee waiver. The nature of the factual issue is: \_\_\_\_\_  
\_\_\_\_\_
- 4.  The applicant **does not qualify** for a fee waiver because (must state specific reason):  
\_\_\_\_\_  
\_\_\_\_\_

**IT IS HEREBY ORDERED:**

- A.  Application for Waiver of Court Fees is **GRANTED**.
  - i.  The applicant qualifies for a **full waiver**, and may participate in this case without payment of fees, costs, or charges
  - ii.  The applicant qualifies for a **partial fee waiver** as follows (check one):
    - 75%** of all fees, costs, and charges **are waived** (and the applicant must pay 25% of all fees, costs, and charges).
    - 50%** of all fees, costs, and charges **are waived** (and the applicant must pay 50% of all fees, costs, and charges).
    - 25%** of all fees, costs, and charges **are waived** (and the applicant must pay 75% of all fees, costs, and charges).
  - The applicant must pay fees, costs and charges currently due by: \_\_\_\_\_  
*Date*
  - Upon good cause shown, the applicant may make payments as follows (describe deferral, installment plan, or other reasonable terms): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This order expires one year from the date of this order.** The applicant may reapply before or after the expiration date.

- B.  Application for Waiver of Court Fees is **SET FOR HEARING** on \_\_\_\_\_ at \_\_\_\_\_  
*Date* *Time*
  - in person at \_\_\_\_\_  
*Courthouse address* *Courtroom*
  - remotely by telephone at \_\_\_\_\_  
*Call-in number for telephone remote appearance*
  - remotely by video conference at \_\_\_\_\_  
*Video conference website*
- \_\_\_\_\_  
*Video conference log-in information (meeting ID, password, etc)*

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

The applicant must bring the following **documents** to the hearing: \_\_\_\_\_

\_\_\_\_\_

C.  *Application for Waiver of Court fees is DENIED.*

The applicant must pay all fees, costs, and charges currently due by: \_\_\_\_\_  
*Date*

**DO NOT** complete this section. The justice will sign and date here.

**ENTERED:**

\_\_\_\_\_  
*Justice* *Date*