This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts. Forms are free at ilcourts.info/forms.

STATE OF ILLINOIS, CIRCUIT COURT COOK COUNTY		APPLICATION FOR WAIVER OF CRIMINAL AND/OR TRAFFIC COURT ASSESSMENTS FOR USE IN COOK COUNTY ONLY	For Court Use Only
Instructions ▼ Directly above, enter the name of the county where the case was filed.	The People of the State of Illinois or the charging Municipality or Local Governmental Unit, Plaintiff,		
Enter the name of the person being charged as Defendant.	v. Defendant (First, middle, last name)		
Enter the Case Number.			Case Number

NOTE:	If you are completing this form on behalf of a minor, provide that person's information on this form
	instead of your own information.

Pursuant to Illinois Supreme Court Rule 404 and 725 ILCS 5/124A-20, I state:

In 1a, enter your full	1. I am providing the following information about myself:							
name.	a. Name:							
In 1b , only enter the year you were born. DO NOT enter your entire date of birth.	First Middle Last b. Year of Birth:							
In 1c , enter your complete current address.	 d. I believe I cannot afford to pay the court fee assessments in this case. 2. I am providing the following information about people who live with me: 							
In 2a , 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.								
	b. I support children under 18 who live with me.							
	 3. I am receiving 1 or more of the benefits listed below: Yes No Supplemental Security Income (SSI) (Not Social Security) Aid to the Aged, Blind and Disabled (AABD) Temporary Assistance to Needy Families (TANF) Food Stamps (SNAP) General Assistance (GA), Transitional Assistance, or State Children and Family 							
In 2b , enter the number of people under age 18 living in your house who you support.								
In 3 , check "Yes" if you are currently receiving 1 or more of the benefits listed below. Be prepared to provide proof that you are currently receiving 1 of these benefits.	Assistance							

If you check "Yes" in **3**, skip **4** and sign the form. You do not have to complete **4**.

If you answered "Yes" in Section 3, you qualify for a waiver of criminal and/or traffic court assessments under <u>725 ILCS 5/124A-20</u>. You can skip section 4 and sign the form.

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In 4a , check "Yes" if you applied for at least 1 of the benefits listed in 3 . In 4b , check the box for each type of money you or the person on whose behalf this <i>Application</i> is being filed have received in the past month. Enter the gross (before taxes)	 4. I checked "No" in Section 3, so I am providing the following financial in a. I have a pending application for 1 or more of the benefits listed in Section Yes No b. I received the following money in the past month. <i>(check all that apply)</i> My employment: Social Security (not SSI): Child support: Pension: Money from other household members: Other <i>(list type and amount)</i>: 	
amount for each type. Under Other in 4b and 4c , include any money received from family or friends.	 No income Total of all money received in the past month: \$ c. I received the following total amount of money in the past 12 months. <i>(che</i> My employment: \$ 	eck all that apply) _\$
In 4c , check the box for each type of money you or the person on whose behalf this Application is being filed have received in the past 12 months. Enter the total gross (before taxes) amount for each type.	 Child support: \$ Unemployment: Pension: \$ Money from other household members: Other (<i>list type and amount</i>): No income Total of all money received in the past 12 months: \$ d. My current monthly expenses are listed below. (<i>check all that apply</i>) 	Unemployment: \$ ers: \$ 2 months: \$
In 4d , check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.	Rent:\$per monthHome Mortgage:\$per monthOther Mortgage:\$per monthUtilities:\$per monthFood:\$per monthMedical:\$per monthCar Loan:\$per monthChildcare:\$per monthChild Support:\$per month	¢
	 Other (<i>list type and amount</i>): I have no expenses. Total of all expenses: <u>\$</u> per month 	\$
In 4e , 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: 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: 	
The judge will notify you if you need to go to court or give more information. This may include documents showing your income, value of belongings (including real estate)	 1st vehicle worth: 2nd vehicle worth: 2nd vehicle worth: The 2nd vehicle is paid off: The 2nd vehicle is paid off: Other (<i>list items and their value</i>): None of the above 	Yes 🗌 No Yes 🗍 No \$

and expenses.

Enter the Case Number given by the Circuit Clerk:

5 is optional. In 5 list any reason why you or your family would face hardship if you have to pay the assessments.	5.	<i>(Optional: Additional Information)</i> My family pay the assessments because:	or I would face substantial hardship if I have to
NOTE:		ne Court Rule 298). The judge will notify you	Is more information from you (<u>725 ILCS 5/124A-20</u> ; <u>Illinois</u> if you need to give more information or documents, or if to go to court.
Under the Code of Civil Procedure, 735 <u>ILCS 5/1-109</u> , making a statement on this form that you know to be false is perjury, a Class 3 Felony.	I certify that everything in the <i>Application for Waiver of Court Fe</i> es is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under <u>735 ILCS 5/1-109</u> .		
If you are completing this form on a computer, sign your name by typing it. If you are completing it	<u>/s/</u> Yo	ur Signature	Street Address
by hand, sign and print your name.	Pri	nt Your Name	City, State, ZIP
Enter your complete address, telephone number, and email address, if you have one.	Tei	lephone	Email
	OCUMI		Attorney # (if any) unt that you do not share with anyone else and that you check rmation, notice of court dates, or documents from other parties.