

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

**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 <b>1a</b> , enter your full name.
In <b>1b</b> , only enter the year you were born. <b>DO NOT</b> enter your entire date of birth.
In <b>1c</b> , enter your complete current address.
In <b>2a</b> , 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>2b</b> , enter the number of people under age 18 living in your house who you support.
In <b>3</b> , 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.

**1. I am providing the following information about myself:**

- a. Name: \_\_\_\_\_  

First
Middle
Last
- b. Year of Birth: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_
- 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:**

- a. I support \_\_\_\_\_ adults (*not counting myself*) who live with me.
- 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 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 [725 ILCS 5/124A-20](#). You can skip section 4 and sign the form.\*\***

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 *Application* is being filed have received in the past month. Enter the gross (before taxes) amount for each type.

Under **Other** in **4b** and **4c**, include any money received from family or friends.

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.

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.

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.

Be prepared to provide documents showing your income, value of belongings (including real estate) and expense information when you file your forms.

**4. I checked "No" in Section 3, so I am providing the following financial information:**

- a. I have a pending application for 1 or more of the benefits listed in Section 3:  
 Yes     No
- b. I received the following money in the past month. *(check all that apply)*
- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment:                       | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Child support:                       | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Pension:                             | \$ _____ |   |          |
| <input type="checkbox"/> Money from other household members:  |          |   | \$ _____ |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    |   | \$ _____ |
| <input type="checkbox"/> 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. *(check all that apply)*
- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment:                       | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Child support:                       | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Pension:                             | \$ _____ |   |          |
| <input type="checkbox"/> Money from other household members:  |          |   | \$ _____ |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                            |          |   |          |
- Total of all money received in the past 12 months: \$ \_\_\_\_\_

- d. My current monthly expenses are listed below. *(check all that apply)*
- |   |          |           |
|---|----------|-----------|
| <input type="checkbox"/> Rent:                                | \$ _____ | per month |
| <input type="checkbox"/> Home Mortgage:                       | \$ _____ | per month |
| <input type="checkbox"/> Other Mortgage:                      | \$ _____ | per month |
| <input type="checkbox"/> Utilities:                           | \$ _____ | per month |
| <input type="checkbox"/> Food:                                | \$ _____ | per month |
| <input type="checkbox"/> Medical:                             | \$ _____ | per month |
| <input type="checkbox"/> Car Loan:                            | \$ _____ | per month |
| <input type="checkbox"/> Childcare:                           | \$ _____ | per month |
| <input type="checkbox"/> Child Support:                       | \$ _____ | per month |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    | \$ _____  |
| <input type="checkbox"/> I have no expenses.                  |          |           |
- Total of all expenses: \$ \_\_\_\_\_ per month

- e. I have the belongings listed below. *(check all that apply)*
- |   |   |
|---|---|
| <input type="checkbox"/> Bank accounts and cash totaling:                             | \$ _____  |
| <input type="checkbox"/> Home worth:  | \$ _____  |
| The total I owe on my home mortgage is: \$ _____                                      |   |
| <input type="checkbox"/> Other real estate, not including the house I live in, worth: | \$ _____  |
| The total I owe on my other mortgage is: \$ _____                                     |   |
| <input type="checkbox"/> 1 <sup>st</sup> vehicle worth: \$ _____                      | The 1 <sup>st</sup> vehicle is paid off: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 2 <sup>nd</sup> vehicle worth: \$ _____                      | The 2 <sup>nd</sup> vehicle is paid off: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other <i>(list items and their value):</i>                   | _____ \$ _____  |
| <input type="checkbox"/> None of the above  |   |

5 is optional. In 5. list any reason why you or your family would face hardship if you have to pay the assessments.

- 5. (Optional) My family or I would face substantial hardship if I have to pay the assessments because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign 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, sign and print your name and state your relationship to that minor. Enter your complete current address and telephone number.

**I certify that everything in the *Application for Waiver of Criminal and/or Traffic Court Assessments For Use Cook County* is true and correct.**

\_\_\_\_\_  
/s/  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Relationship to Minor (if applicable)*

\_\_\_\_\_  
*Attorney # (if any)*

**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.