This form is approved by the Illinois Supreme Court and is required to be used in the Illinois Appellate Court.

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Instructions ▼	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXP	PEDITED DISPOSITION UNDER		
Check the top box if	RULE 311(a).			
your case involves	☐ THIS APPEAL INVOLVES A DELINQUENT MINOR PROC	CEEDING UNDER THE		
parental responsibility	JUVENILE COURT ACT.			
or parenting time				
(custody/visitation				
rights), or relocation				
of a child. Check the				
other box if your case				
involves delinquent				
minor proceedings.	Appellate Case No.:			
Enter the Appellate				
Court case number, if	IN THE APPELLATE COURT O	E		
you have it.	IN THE APPELLATE COURT O	Г		
Just below "In the	ILLINOIS			
Appellate Court of	ILLINOIS			
Illinois," enter the				
number of the	District			
appellate district	District			
where the appeal was				
filed.		Appeal from the Circuit Court		
If the case name in the	In re	of County		
trial court began with				
"In re" (for example,				
"In re Marriage of		Trial Court Case No.:		
Jones"), enter that		That court case item		
name. Below that,				
enter the names of the				
parties as they	Plaintiffs/Petitioner in the trial court (First, middle, last name)	Honorable		
appeared in the trial	Figure 1137 Fermioner in the that court (First, middle, last hame)	nonorable		
court, and check the	Appellant Appellee			
correct boxes to show				
which party filed the		Judge, Presiding		
appeal ("appellant")	V.			
and which party is				
responding to the				
appeal ("appellee").				
To the far right, enter				
the trial court county,				
trial court case number,	Defendants/Respondent in the trial court (First, middle, last name)			
and trial judge's name.				
and that judge's name.	Appellant Appellee			
	APPLICATION FOR WAIVER OF COUR	T FFFQ		
		III LLO		
	(APPELLATE COURT)			
NOTE:	If you are completing this form on behalf of a minor or an incom	petent adult, provide that person's		
NOIE:	information on this form instead of your ow	n information.		
In 1a , enter your full	· · · · · · · · · · · · · · · · · · ·			
name.	Pursuant to Illinois Supreme Court Rule 313(f), Illinois	s Supreme Court Rule 298 and		
	·	o oupromo oourt itulo <u>zoo</u> , unu		
In 1b, enter your	<u>735 ILCS 5/5-105</u> , I state:			
complete current				
address.	1. I believe I cannot afford to pay the court fees, costs a	nd charges in this case and I am		
	providing the following information about myself:	. 5		
	1			
In 2, if you are	a. Name:			
currently incarcerated,	First Middle	Last		
attach a copy of your	b. Street Address:			

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

If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.

2. I am currently incarcerated.

No Yes If yes, inmate I.D. #

City, State, ZIP:

inmate trust fund ledger

for the last 6 months or your *Application* will

be rejected.

In 3a , enter the number	3. I am providing the following information about people who live with	th ma:			
of people age 18 and					
older living in your	a. I support adults (not counting myself) who live with	i iile.			
house who you support. Support means that the	b. I support children under 18 who live with me.				
people rely on you	4. I am receiving 1 or more of the benefits listed below:				
financially.	☐ Yes ☐ No				
In 3b , enter the number of people under age 18	Supplemental Security Income (SSI) (Not Social Security)				
living in your house	Aid to the Aged, Blind, and Disabled (AABD)				
who you support.	 Aid to the Aged, Blind, and Disabled (AABD) Temporary Assistance to Needy Families (TANF) 				
In 4, check "Yes" if you					
are currently receiving 1	Food Stamps (SNAP) Constant Assistance (CA) Transitional Assistance or State Children and Family The Constant Assistance (CA) Transitional Assistance or State Children and Family The Constant Assistance (CA) Transitional Assistance or State Children and Family The Constant Assistance (CA) Transitional Assistance or State Children and Family				
or more of the benefits	General Assistance (GA), Transitional Assistance or State Children and Family				
listed below. Be prepared to provide	Assistance.				
proof that you are					
currently receiving 1 of	**If you answored "Ves" in section 4 you qualify for a fee w	aivor undor			
these benefits. If you check "Yes" in 4,	**If you answered "Yes" in section 4, you qualify for a fee w 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 5 and s				
skip 5 and sign the	735 IECS 3/5-105(a)(2)(i) and (b)(1). You can skip section 5 and 8	sign the form.			
form. You do not have	5 Laborated "No" in agation 4 as Lam providing the following finance	sial information:			
to complete 5. In 5a, check "Yes" if	5. I checked "No" in section 4, so I am providing the following finance				
you have applied for at	a. I have a pending application for 1 or more of the benefits listed in s	ection 4.			
least 1 of the benefits	☐ Yes ☐ No				
listed in section 4.	b. I received the following money in the past month. (check all that appl	(v)			
In 5b , check the box for	☐ My employment: \$ ☐ Social Security (not SSI):				
each type of money you		\$ \$			
have received in the	☐ Child support:\$ ☐ Unemployment: ☐ Pension: \$	Φ			
past month. Also enter the gross (before taxes)	☐ Money from other household members:	Φ.			
amount for each type.	_ · · ·	\$			
**	Other (list type and amount):	\$			
	☐ No income				
Under Other in 5b and 5c, include any money	Total of all money received in the past month:				
received from family or	c. I received the following total amount of money in the past 12 month	as (abook all that annly			
friends.					
T., F.,					
In 5c , check the box for each type of money you		\$			
have received in the	Pension: \$	•			
past 12 months. Also	☐ Money from other household members:	\$			
enter the gross (before taxes) amount for each	Other (list type and amount):	\$			
type.	☐ No income				
	Total of all money received in the past 12 months: \$				
In 5d , check all of your	d. My current monthly debts and expenses are listed below. (check all	that apply)			
debts and expenses for	Rent: \$ per month				
the past month and list the amount of money	Home Mortgage: \$ per month				
you pay each month for	Other Mortgage: \$ per month				
that expense.	Utilities: \$ per month				
	Food: \$ per month				
	Medical: \$ per month				
	Car Loan: \$ per month				
	Car Loan: \$ per month Childcare \$ per month				
	Child Support \$ per month				

	Other expenses not listed above (//	st type and amount):			
		\$			
	Other debts not listed above (list ty	·			
T 5. 1 1 11 Cd					
In 5e , check all of the items you own and list	☐ I have no expenses	nor month			
the value of each item.	Total of all expenses: \$	per monu			
If you own real estate, include the total you	e. I have the belongings listed below. (cl	neck all that apply)			
owe on any mortgage.	☐ Bank accounts and cash totaling:	_\$			
	☐ Home worth:	\$			
The court will notify you if you need to give	The total I owe on my home m	<u> </u>			
more information. This	Other real estate, not including the				
may include documents showing your income,	The total I owe on my other m		<u> </u>		
value of belongings	1st vehicle worth: \$		☐ No		
(including real estate) and expenses. See 735	2 nd vehicle worth: \$	The 2 nd vehicle is paid off: Yes [No		
ILCS 5/5-105 and 5/5-	Other (list items and value):	\$			
105.5; Illinois Supreme Court Rule 298.	-				
	O CONTRACTOR A LUCY CONTRACTOR AND A STATE OF THE STATE O		4		
6 is optional. In 6 , list any reason why you or	6. (Optional: Additional Information) My family o the fees, costs, and charges because:	r i would face substantial nardsnip if i na	ve to pay		
your family would face	the lees, costs, and charges because.				
hardship if you have to pay the fees.					
1 2	-				
Under the Code of	Under 735 ILCS 5/1-109, my signature mear	ns:			
Civil Procedure, <u>735</u> <u>ILCS 5/1-109</u> , making	1) Everything in this document is true and correct, or I have been informed or I believe it to be				
a statement on this	true and correct, and 2) I understand that m and has penalties provided by law.	aking a false statement on this form is	perjury		
form that you know to be false is perjury, a	w to				
Class 3 Felony. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it. If you are filling out this form online, sign your name by typing it.			s form by		
	/s/				
	Your Signature	Print Name			
Enter your complete	I am completing this form for myself.				
address, telephone					
number, and email address, if you have	Phone Number	Email (if you have one)			
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	Lawyer Name	Attorney Number			
licensed attorney					
completing the form.	Lawyer Phone Number	Law Firm			
	,	-			
	Lawyer Email	Lawyer Address			
	Lawyor Linuii	Lawyor Address			

Enter the Case Number given by the Appellate Court Clerk:__