

2. HOUSEHOLD INFORMATION

List the number of people who live with you who you support. Support means the people rely on you financially.

A. I support _____ adults (not counting myself) who live with me.
of Adults

B. I support _____ children under 18 who live with me.
of Children Under 18

3. PUBLIC BENEFITS

Check all the benefits that you currently receive. Be prepared to provide proof that you currently receive at least 1 of the checked benefits if asked.

I currently receive the following public benefits (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> SSI (Supplemental Security Income, not Social Security) | <input type="checkbox"/> AABD (Aid to the Aged, Blind and Disabled) | <input type="checkbox"/> General Assistance Program (GA), Transitional Assistance, or State Children and Family Assistance |
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program/Food Stamps) | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | |

STOP: Read this note to see **what to complete next.**

I checked one of the public benefit boxes in section 3.

▶ **Skip section 4 and section 5.** Go to page 4 and sign the form. You qualify for a full fee waiver. ([735 ILCS 5/5-105\(a\)\(2\)\(i\), \(b\)\(1\)](#)).

- OR -

I did **not** check any of the public benefit boxes in section 3.

▶ **Complete both columns of section 4 and the rest of the form.**

4. FINANCIAL INFORMATION

Do not fill out this section if you checked any boxes in section 3. Skip to page 4 and sign the form.

If you did **not** check any boxes in section 3, fill out information in sections A, B, C, D, and E below for **both** the past month and the past 12 months. Be prepared to provide proof of your income, the value of your belongings (including real estate), and your expenses, if asked.

A. I have a **pending** application for 1 or more of the benefits listed in section 3:

- Yes No

MONTHLY INCOME

B. I received the following income (money) in the **past month**. List the gross (before taxes) amount (check all that apply):

Type	Total received in the past month
<input type="checkbox"/> No income	
<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 income, including any money received from family and friends that is not listed above (list type and amount)	
_____	\$ _____
_____	\$ _____
Total of all money received in the past month	\$ _____

YEARLY INCOME

C. I received the following income (money) in the **past 12 months**. List the gross (before taxes) amount (check all that apply):

Type	Total received in the past 12 months
<input type="checkbox"/> No income	
<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 income, including any money received from family and friends that is not listed above (list type and amount)	
_____	\$ _____
_____	\$ _____
Total of all money received in the past 12 months	\$ _____

MONTHLY EXPENSES

D. I have the following **monthly expenses** (check all that apply. If you share expenses with someone, list only the amount you pay):

Type of expense	Amount per month
<input type="checkbox"/> Rent	\$ _____
<input type="checkbox"/> Home mortgage	\$ _____
<input type="checkbox"/> Other mortgage	\$ _____
<input type="checkbox"/> Utilities	\$ _____
<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Medical	\$ _____
<input type="checkbox"/> Vehicle, including loans	\$ _____
<input type="checkbox"/> Childcare	\$ _____
<input type="checkbox"/> Child support	\$ _____
<input type="checkbox"/> Other monthly expenses not listed above (list type and amount)	
_____	\$ _____
_____	\$ _____
Total of all expenses in the past month	\$ _____
<input type="checkbox"/> None of the above	

ITEMS OF VALUE

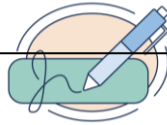
E. I own the following **items and their value is** (check all that apply):

Item	Total value
<input type="checkbox"/> Bank accounts and cash	\$ _____
<input type="checkbox"/> Home	\$ _____
The total I owe on my home mortgage is \$ _____	
<input type="checkbox"/> Other real estate (not including the house I live in)	\$ _____
<input type="checkbox"/> 1st vehicle worth	\$ _____
Is the 1st vehicle paid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2nd vehicle worth	\$ _____
Is the 2nd vehicle paid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (list items and value)	
_____	\$ _____
_____	\$ _____
<input type="checkbox"/> None of the above	

5. HARDSHIP INFORMATION (Optional)

If there is additional information you think the judge should know about why you cannot afford to pay the court fees, include that information here.

It would be a substantial hardship for me or my family if I have to pay the fees, costs, and charges because:



SIGN

Under [735 ILCS 5/1-109](#), my signature means that:

- 1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and
- 2) I understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Signature /s/ _____ Print Name _____

I am completing this form for myself

Phone Number _____ Email (if you have one) _____

Address _____
Street, Apt. # City State Zip Code

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): _____

Lawyer Name _____ Attorney Number _____

Lawyer Phone Number _____ Law Firm _____

Lawyer Email _____

Address _____
Street, Apt. # City State Zip Code

WHAT'S NEXT

NEXT STEP:

File this form with the Appellate Court Clerk's office. You should file this form when you file your first document with the appellate court. You are responsible for knowing the deadlines to file documents with the appellate court.

THEN:

It might take the appellate court a couple of weeks to review your *Application*. If the court needs more information from you, the clerk will notify you. This may include documents showing your income, value of belongings (including real estate) and expenses. The court will make a decision, and you will be mailed or emailed a copy of the *Order for Waiver of Appellate Court Fees*, which will show if you must pay any court fees.

If the court decides you have to pay all or some of the court fees, you have to pay by the deadline set in the *Order for Waiver of Appellate Court Fees*. If you do not pay by the deadline, the court may dismiss your case or find against you.



Learn more about each step in the process by reading through our Instructions document:
ilcourts.info/appl-how-to-fee-waiver