

<b>Instructions ▼</b> Check the top box if your case involves parental responsibility or parenting time (custody/visitation rights), or relocation of a child. Check the other box if your case involves delinquent minor proceedings. Enter the Appellate Court case number, if you have it. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed. 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"). To the far right, enter the trial court county, trial court case number, and trial judge's name.	<input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b> <input type="checkbox"/> <b>THIS APPEAL INVOLVES A DELINQUENT MINOR PROCEEDING UNDER THE JUVENILE COURT ACT.</b>  <b>Appellate Case No.:</b> _____  <b>IN THE APPELLATE COURT OF</b>  <b>ILLINOIS</b>  _____ <b>District</b>  <b>In re</b> _____ _____ _____ _____ <b>Plaintiffs/Petitioners</b> in the trial court ( <i>First, middle, last names</i> ) <input type="checkbox"/> <b>Appellants</b> <input type="checkbox"/> <b>Appellees</b>  v. _____ _____ _____ <b>Defendants/Respondents</b> in the trial court ( <i>First, middle, last names</i> ) <input type="checkbox"/> <b>Appellants</b> <input type="checkbox"/> <b>Appellees</b>	<b>Appeal from the Circuit Court</b> <b>of</b> _____ <b>County</b>  <b>Trial Court Case No.:</b> _____  <b>Honorable</b> _____  <b>Judge, Presiding</b>
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**APPLICATION FOR WAIVER OF COURT FEES  
(APPELLATE COURT)**

<b>NOTE:</b>	<b>If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.</b>
In <b>1a</b> , enter your full name.	<b>Pursuant to <a href="#">Illinois Supreme Court Rule 313(f)</a>, <a href="#">Illinois Supreme Court Rule 298</a> and <a href="#">735 ILCS 5/5-105</a>, I state:</b>  <b>1. I believe I cannot afford to pay the court fees, costs and charges in this case and I am providing the following information about myself:</b> a. Name: _____ <i>First</i> <i>Middle</i> <i>Last</i> b. Year of Birth: _____ c. Street Address: _____ City, State, ZIP: _____  <b>2. I am currently incarcerated.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, inmate I.D. # _____ <b>If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.</b>  <b>**If you answered "Yes" in section 2, skip sections 3, 4, and 5 and sign below.**</b>
In <b>1b</b> , only enter the year you were born. DO NOT enter your entire date of birth.	
In <b>1c</b> , enter your complete current address.	
In <b>2</b> , if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your <i>Application</i> will be rejected.	

In **3a**, 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 **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, 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.

If you check "Yes" in **4**, skip **5** and sign the form. You do not have to complete **5**.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Under **Other** in **5b** and **5c**, include any money received from family or friends.

In **5c**, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.

In **5d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

**3. 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.

**4. 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 answered "Yes" in section 4, you qualify for a fee waiver under 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 5 and sign the form.\*\***

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

- a. I have a pending application for 1 or more of the benefits listed in section 4:

☐ Yes ☐ No

- b. I received the following money in the past month. (*check all that apply*)

☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_  
☐ Money from other household members: \$ \_\_\_\_\_  
☐ Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ 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*)

☐ My employment: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_  
☐ Money from other household members: \$ \_\_\_\_\_  
☐ Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ No income

Total of all money received in the past 12 months: \$ \_\_\_\_\_

- d. My current monthly debts and expenses are listed below. (*check all that apply*)

☐ Rent: \$ \_\_\_\_\_ per month  
☐ Home Mortgage: \$ \_\_\_\_\_ per month  
☐ Other Mortgage: \$ \_\_\_\_\_ per month  
☐ Utilities: \$ \_\_\_\_\_ per month  
☐ Food: \$ \_\_\_\_\_ per month  
☐ Medical: \$ \_\_\_\_\_ per month  
☐ Car Loan: \$ \_\_\_\_\_ per month  
☐ Childcare \$ \_\_\_\_\_ per month  
☐ Child Support \$ \_\_\_\_\_ per month

☐ Other expenses not listed above (*list type and amount*): \_\_\_\_\_  
\$ \_\_\_\_\_

☐ Other debts not listed above (*list type and amount*): \_\_\_\_\_  
\$ \_\_\_\_\_

☐ I have no expenses

Total of all expenses: \$ \_\_\_\_\_ per month

e. I have the belongings listed below. (*check all that apply*)

☐ Bank accounts and cash totaling: \$ \_\_\_\_\_

☐ 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: \$ \_\_\_\_\_

☐ 1<sup>st</sup> vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off: ☐ Yes ☐ No

☐ 2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid off: ☐ Yes ☐ No

☐ Other (*list items and value*): \_\_\_\_\_ \$ \_\_\_\_\_

6. (*Optional: Additional Information*) My family or I would face substantial hardship if I have to pay the fees, costs, and charges because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In 5e, 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.

The court will notify you if you need to give more information. This may include documents showing your income, value of belongings (including real estate) and expenses. See [735 ILCS 5/5-105 and 5/5-105.5](#); [Illinois Supreme Court Rule 298](#).

6 is optional. In 6, list any reason why you or your family would face hardship if you have to pay the fees.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you complete this form on a computer, sign your name by typing it. If you complete it by hand, sign and print your name. Enter your current address, telephone, and email address, if you have one.

If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to them.

**I certify that everything in the *Application for Waiver of Court Fees* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

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

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

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

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

\_\_\_\_\_  
Relationship to Minor or Incompetent Adult (if applicable)

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
Email

**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.