

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY		<b>APPLICATION FOR WAIVER OF CRIMINAL COURT ASSESSMENTS</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.	<b>1. 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: _____ d. I believe I cannot afford to pay the court fee assessments in this case.
In <b>1b</b> , only enter the year you were born. <b>DO NOT</b> enter your entire date of birth.	<b>2. I am providing the following information about people who live with me:</b> a. I support _____ adults ( <i>not counting myself</i> ) who live with me. b. I support _____ children under 18 who live with me.
In <b>1c</b> , enter your complete current address.	<b>3. I am receiving 1 or more of the benefits listed below:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Supplemental Security Income (SSI) (Not Social Security)</li> <li>• Aid to the Aged, Blind and Disabled (AABD)</li> <li>• Temporary Assistance to Needy Families (TANF)</li> <li>• SNAP (Food Stamps)</li> <li>• General Assistance (GA), Transitional Assistance, or State Children and Family Assistance</li> </ul>
In <b>2a</b> , enter the number of people aged 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.	
If you check "Yes" in <b>3</b> , skip <b>4</b> and sign the form. You do not have to complete <b>4</b> .	<p><b>**If you answered "Yes" in section 3, you qualify for a waiver of criminal court assessments under <a href="#">725 ILCS 5/124A-20</a>. You can skip section 4 and sign the form.**</b></p>

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.

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) and expenses.

**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)*

☐ 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 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 *(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 their value)*: \_\_\_\_\_ \$ \_\_\_\_\_

☐ 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: Additional Information) My family or I would face substantial hardship if I have to pay the assessments because:

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**NOTE:**

You should only have to go to court if the judge needs more information from you ([725 ILCS 5/124A-20](#); [Illinois Supreme Court Rule 298](#)). The judge will notify you if you need to give more information or documents, or if you have to go to court.

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.

**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](#).**

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.

/s/

*Your Signature*

*Street Address*

*Print Your Name*

*City, State, ZIP*

Enter your complete address, telephone number, and email address, if you have one.

*Telephone*

*Email*

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.

*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.