



# APPLICATION FOR WAIVER OF COURT FEES (CIVIL)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: \_\_\_\_\_  
*County Where You Are Filing the Case*

*Enter the case information as it appears on your other court documents.*

PLAINTIFF/PETITIONER OR IN RE: \_\_\_\_\_  
*Who started the case. First, Middle, and Last Name, or Business Name*

DEFENDANT/RESPONDENT: \_\_\_\_\_  
*Who the case was filed against. First, Middle, and Last Name, or Business Name*

Case Number  
*(Clerk fills in)*

Use this form to ask the judge to **waive your court fees, costs, and charges in a civil court case**. If your case is a criminal case, use the *Application for Waiver of Criminal Court Assessments* form.

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.

## 1. BASIC INFORMATION

A. I am completing this form: *(check one)*

☐ For myself

☐ On behalf of a minor or incompetent adult.

*(Use the minor or incompetent adult's information on this form)*

B. Name: \_\_\_\_\_  
*First Middle Last Name*

C. I cannot afford to pay the court fees, costs, and charges in this case.

## 2. HOUSEHOLD INFORMATION

*List the number of people who live with you who you support. Support means the people rely on you financially. If on behalf of a minor or an incompetent adult, use their information.*

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)*:

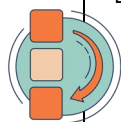
☐ SSI (Supplemental Security Income, not Social Security)

☐ AABD (Aid to the Aged, Blind and Disabled)

☐ General Assistance Program (GA), Transitional Assistance, or State Children and Family Assistance

☐ SNAP (Supplemental Nutrition Assistance Program/Food Stamps)

☐ 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 section 6 on page 4. 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 section 4 and section 5**, including both columns.

## 4. FINANCIAL INFORMATION

*Do not fill out this section if you checked any boxes in section 3. Skip to section 6.*

*If you did **not** check any boxes in section 3, fill out information 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

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

### MONTHLY INCOME:

Type

Total received in the past month

- ☐ No income
- ☐ My employment \$ \_\_\_\_\_
- ☐ Social Security (not SSI) \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Unemployment \$ \_\_\_\_\_
- ☐ Pension \$ \_\_\_\_\_
- ☐ Money from other household members: \$ \_\_\_\_\_
- ☐ 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**

\$ \_\_\_\_\_

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

### YEARLY INCOME:

Type

Total received in the past 12 months

- ☐ No income
- ☐ My employment \$ \_\_\_\_\_
- ☐ Social Security (not SSI) \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Unemployment \$ \_\_\_\_\_
- ☐ Pension \$ \_\_\_\_\_
- ☐ Money from other household members: \$ \_\_\_\_\_
- ☐ 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**

\$ \_\_\_\_\_

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

**MONTHLY EXPENSES:**

| 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 any loans                                      | \$ _____         |
| <input type="checkbox"/> Childcare                                                         | \$ _____         |
| <input type="checkbox"/> Child support                                                     | \$ _____         |
| <input type="checkbox"/> Other monthly expenses not listed above<br>(list type and amount) |                  |
| _____                                                                                      | \$ _____         |
| _____                                                                                      | \$ _____         |
| _____                                                                                      | \$ _____         |
| <b>Total of all expenses<br/>in the past month</b>                                         | <b>\$ _____</b>  |
| <input type="checkbox"/> None of the above                                                 |                  |

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

**ITEMS OF VALUE:**

| 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:

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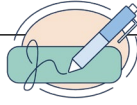
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**6. IF QUESTIONS ABOUT APPLICATION**

If the judge has questions about my *Application* and I have to attend court, I want:

- ☐ A remote court date (video or telephone)
- ☐ An in-person court date

**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, court dates, or documents from other parties.

☐ **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 FOR PERSON FILLING OUT THIS FORM:**

File this form at the Circuit Court Clerk's office. You can file this form at any point during your case.

More information on how to do that can be found here: [ilcourts.info/forms](http://ilcourts.info/forms).

**THEN:**

You should only have to go to court for a hearing on your *Application* if the judge needs more information from you ([735 ILCS 5/5-105 and 5/5-105.5](#); Illinois Supreme Court Rule [298](#)). 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.



Learn more about each step in the process by reading through our Instructions document:

[ilcourts.info/how-to-fee-waiver](http://ilcourts.info/how-to-fee-waiver).