

# ILLINOIS STATEWIDE STANDARDIZED COURT FORMS



- ▶ Free and easy to use
- ▶ Fill out on the computer or by hand
- ▶ Helpful instructions on how to file
- ▶ Select forms available in multiple languages

**Forms available to start cases, respond to cases, file motions and more!**

**Get forms at [ilcourts.info/forms](https://ilcourts.info/forms) or scan the QR Code.**

# STANDARDIZED COURT FORMS HAVE A NEW LOOK!

- ▶ Forms for every court in Illinois: Circuit, Appellate, and Supreme.
- ▶ Available as fillable PDFs, in print, or through ILAO's easy form guided interviews

Need help filling it out?


Call Illinois Court Help: 833-411-1121  
or go to [ilcourthelp.gov](http://ilcourthelp.gov)

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.  
Forms are free at [icourt.ilsnet.gov](http://icourt.ilsnet.gov).

## APPLICATION FOR WAIVER OF COURT FEES (CIVIL) IN THE STATE OF ILLINOIS, CIRCUIT COURT

<b>COUNTY</b> <small>County Where You Are Filing the Case</small>	
<b>PLAINTIFF/PETITIONER</b> <small>WHO STARTED THE CASE</small>	<small>First, Middle, and Last Name</small>
<b>DEFENDANT/RESPONDENT</b> <small>WHO THE CASE WAS FILED AGAINST</small>	<small>First, Middle, and Last Name</small>

**Case Number**  
(Circle 20 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. Address: \_\_\_\_\_  
Street, Apt. #    City    State    Zip Code

D. 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):

<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 (GAP), 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)	

Find Illinois Supreme Court approved forms at: [icourt.ilsnet.gov](http://icourt.ilsnet.gov)

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