

Application and Affidavit to

Waive Filing Fees for Jackson County, Illinois*

(All other counties please first check the Circuit Clerk's office where you are filing your document to verify if they have their own form. Only if they do not have a form, see *Application to Sue as a poor Person.*)

*735 Illinois Compiled Statutes 5/5-105 - Leave to sue or defend as an indigent person

*735 Illinois Compiled Statutes 5/5-105.5 - Representation/civil legal services

*Illinois Supreme Court Rule 298 - Application to sue/defend as an indigent person

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
JACKSON COUNTY**

_____)
Plaintiff/Petitioner)
)
)
vs.) CASE NO. _____
)
)
_____)
Defendant/Respondent)
)

APPLICATION AND AFFIDAVIT TO WAIVE FILING FEES

_____ age _____, pursuant to 735 ILCS 5/5-105 and Supreme Court Rule 298, petitions this Court for leave to waive filing fees as an indigent person. In support of this Application, the Petitioner states that:

1. I am employed as _____

Monthly salary \$ _____

Employer: _____
(Name of employer)

(Street address)

(City, state, ZIP)

2. I am unemployed as of _____
(Date of unemployment)

Last employer: _____
(Name of last employer)

(Street address)

(City, state, ZIP)

3. I began receiving unemployment compensation on _____ ,
20____ in the amount of \$_____ per month.

4. My spouse is employed as: _____

Spouse monthly salary: \$ _____

Spouse's employer: _____
(Name of employer)

(Street address)

(City, state, ZIP)

5. My spouse is unemployed as of: _____
(Date of unemployment)

Spouse's last employer: _____
(Name of last employer)

(Street address)

(City, state, ZIP)

6. My spouse began receiving unemployment compensation on _____
20 ____ in the amount of \$_____ per month.

7. My other sources of income are:

___ Public Aid

___ Supplemental Security Income (SSI)

___ Child Support

___ Family Assistance

___ Foster Care

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

___ General Assistance

___ Temporary Assistance - Needy Families (TANF)

___ State Transitional Assistance

___ State Children and Family Assistance

___ Food Stamps

___ Other (specify) _____

Total other income each month: \$ _____

8. The value of property I own:

Real estate (home) – present value \$ _____

Address: _____

Mortgage: _____

Cash, bank accounts: \$ _____

Clothing, jewelry: \$ _____

Furniture, appliances, household goods: \$ _____

Automobile - Value of vehicle: \$ _____

model/make: _____

year: _____

9. Names and ages of persons dependent upon me for support:

_____/_____
(Name) (Age) (Name) (Age)

_____/_____
(Name) (Age) (Name) (Age)

_____/_____
(Name) (Age) (Name) (Age)

10. I am (paying) (receiving) child support: \$ _____ per month.

11. I am (paying) (receiving) spousal support: \$ _____ per month.

12. My living expenses are: \$ _____ per month.

_____ I am unable to pay the costs of this case and to do so would cause a substantial hardship to me and my family.

_____ I am eligible to receive civil legal services as defined in 735 ILCS 5/5-105.5.

_____ In good faith, I believe that I have a meritorious (claim) (defense).

WHEREFORE, the Petitioner prays that this court will waive filing fees.

Petitioner

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, as to such matters the undersigned certifies as aforesaid he/she verily believes the same to be true.

Date: _____
_____ Petitioner

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

ORDER

Having reviewed the Application to Waive Filing Fees, the Court now enters its Order:

_____ Application ALLOWED. Applicant is allowed to sue or defend as a poor person without payment of fees, costs or charges. Applicant may be ordered to pay any portion of the waived fees or costs out of a settlement or judgment resulting from this action.

_____ Application ALLOWED to the extent that filing fees are reduced. The petitioner is to pay \$_____ for the filing fees in this case.

_____ Application DENIED for the following reason(s): _____

ENTERED: _____

JUDGE