

(Name of Employer)

(Street Address)

(City)

(State)

(ZIP)

OR

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

Last

employer: _____
(Name of Employer)

(Street Address)

(City)

(State)

(ZIP)

My spouse began receiving unemployment compensation on _____ in the amount of
(Date)
\$ _____ per month.

3. My other sources of income are: SSI Public Aid Child Support Family Assistance
Foster Care Aid to the Aged, Blind and Disabled Temporary Assistance for Needy
Families General Assistance State Transitional Assistance State Children and Family
Assistance Other: _____

Totalling _____ \$ per month

4. My available income is 125% or less of the current poverty level established by the State
Department of Health and Human Services.

5. The nature and value of property I own includes:

Real Estate (Describe property, specify address, present value and mortgage and liens
outstanding) _____

Cash, Bank accounts, etc.\$ _____ Clothing and jewelry \$ _____

Furniture appliances, household goods \$ _____

Automobile—Model _____ Year _____ Value \$ _____

6. The names and ages of persons dependent on the applicant for support are:

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

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

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

7. I am paying child support in the amount of \$ _____ per _____.
8. I am paying spousal support in the amount of \$ _____ per _____.
9. My monthly living expenses (not including payment of debts and child support) are \$_____.
10. I am unable to pay the costs of this case and to do so would cause a substantial hardship to me and my family.
11. I am eligible to receive civil legal services as defined in 735 ILCS 5/5-1015.5.

WHEREFORE, the Defendant/Petitioner prays that this Court grant Defendant/Petitioner leave to sue as an indigent person.

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the 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 _____ Defendant/Petitioner

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

Notary/Clerk

Prepared by:
 Name _____ Atty No. _____
 Address _____ Attorney for _____
 City/State/Zip _____ Telephone _____