

<p><b>Instructions ▼</b></p> <p>Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.</p> <p>Enter the Appellate Court case number, if you have it.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<p><input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b></p> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;"><b>IN THE APPELLATE COURT OF</b></p> <p style="text-align: center;"><b>ILLINOIS</b></p> <p style="text-align: center;">_____ District</p> <hr/> <p><b>In re</b> _____</p> <hr/> <p><b>Plaintiff/Petitioner</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> <p>v.</p> <hr/> <p><b>Defendant/Respondent</b> in the trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p>	<p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p>
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**APPLICATION FOR WAIVER OF COURT FEES  
(APPELLATE COURT)**

<b>NOTE:</b>	<p><b>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.</b></p>
<p>In <b>1a</b>, enter your full name.</p> <p>In <b>1b</b>, only enter the year you were born. <b>DO NOT</b> enter your entire date of birth.</p> <p>In <b>1c</b>, enter your complete current address.</p> <p>In <b>2</b>, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your <i>Application</i> will be rejected.</p>	<p>Pursuant to <a href="#">Illinois Supreme Court Rule 313(f)</a>, <a href="#">Illinois Supreme Court Rule 298</a> and <a href="#">735 ILCS 5/5-105</a>, I state:</p> <p><b>1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:</b></p> <p>a. Name: _____  <span style="margin-left: 100px;"><i>First</i></span> <span style="margin-left: 150px;"><i>Middle</i></span> <span style="margin-left: 100px;"><i>Last</i></span></p> <p>b. Year of Birth: _____</p> <p>c. Street Address: _____  City, State, ZIP: _____</p> <p><b>2. I am currently incarcerated.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, inmate I.D. # _____  <b>If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.</b></p> <p><b>**If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.**</b></p>

In **3a**, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.

In **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you are currently receiving 1 or more of the benefits listed below.

If you check "Yes" in **4**, skip **5** and sign the form. You do not have to complete **5**.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Under **Other** in **5b** and **5c**, include any money received from family or friends.

In **5c**, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.

In **5d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

**3. I am providing the following information about people who live with me:**

- a. I support \_\_\_\_\_ adults (*not counting myself*) who live with me.
- b. I support \_\_\_\_\_ children under 18 who live with me.

**4. I have received 1 or more of the benefits listed below in the past 4 weeks:**

- Yes  No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - State Children & Family Assistance
  - SNAP (Food Stamps)
  - General Assistance (GA), Transitional Assistance or State Children and Family Assistance.

**\*\*If you answered "Yes" in section 4, you qualify for a fee waiver under [735 ILCS 5/5-105\(a\)\(2\)\(i\) and \(b\)\(1\)](#). You can skip section 5 and sign the form.\*\***

**5. I checked "No" in section 4, so I am providing the following financial information:**

- a. I have applied for 1 or more of the benefits listed in section 4:  
 Yes  No
- b. I receive the following money each month. (*check all that apply*)
 

<input type="checkbox"/> My employment: \$ _____	<input type="checkbox"/> Social Security (not SSI): \$ _____
<input type="checkbox"/> Child support: \$ _____	<input type="checkbox"/> Unemployment: \$ _____
<input type="checkbox"/> Pension: \$ _____	
<input type="checkbox"/> Money from other household members:	\$ _____
<input type="checkbox"/> Other ( <i>list type and amount</i> ): _____	\$ _____
<input type="checkbox"/> 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*)
 

<input type="checkbox"/> My employment: \$ _____	<input type="checkbox"/> Social Security (not SSI): \$ _____
<input type="checkbox"/> Child support: \$ _____	<input type="checkbox"/> Unemployment: \$ _____
<input type="checkbox"/> Pension: \$ _____	
<input type="checkbox"/> Money from other household members:	\$ _____
<input type="checkbox"/> Other ( <i>list type and amount</i> ): _____	\$ _____
<input type="checkbox"/> No income	
Total of all money received in the past 12 months: \$ _____	
- d. My current monthly debts and expenses are listed below. (*check all that apply*)
 

<input type="checkbox"/> Rent:	\$ _____ per month
<input type="checkbox"/> Home	\$ _____ per month
<input type="checkbox"/> Other Mortgage:	\$ _____ per month
<input type="checkbox"/> Utilities:	\$ _____ per month
<input type="checkbox"/> Food:	\$ _____ per month
<input type="checkbox"/> Medical:	\$ _____ per month
<input type="checkbox"/> Car Loan:	\$ _____ per month
<input type="checkbox"/> Childcare	\$ _____ per month
<input type="checkbox"/> Child Support	\$ _____ per month

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

Other expenses not listed above (*list type and amount*): \_\_\_\_\_

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

Other debts not listed above (*list type and amount*): \_\_\_\_\_

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

I have no expenses

Total of all expenses: \$ \_\_\_\_\_ per month

In 5e, 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.

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 value*): \_\_\_\_\_ \$ \_\_\_\_\_

None of the above

Under Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

/s/ \_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Street Address*

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name. Enter your complete current address and telephone number.

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Relationship to Minor or Incompetent Adult (if applicable)*

\_\_\_\_\_  
*Telephone*

If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person. Enter your complete current address and telephone number.

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. 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 or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

\_\_\_\_\_  
*Email*