

**New Article IV Forms Appendix**

**ARTICLE IV - Rules on Criminal Proceedings in the Trial Court**

# Rule 404. Application for Waiver of Court Assessments

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>APPLICATION FOR WAIVER OF CRIMINAL COURT ASSESSMENTS</b>	<i>For Court Use Only</i>
Instructions ▼	<p style="text-align: center;"><b>The People of the State of Illinois or the charging Municipality or Local Governmental Unit, Plaintiff,</b></p> <p style="text-align: center;">v.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Defendant</b> <i>(First, middle, last name)</i></p>	_____ <b>Case Number</b>
Directly above, enter the name of the county where the case was filed.		
Enter the name of the person being charged as Defendant.		
Enter the Case Number.		

**NOTE: If you are completing this form on behalf of a minor, provide that person's information on this form instead of your own information.**

Pursuant to [Illinois Supreme Court Rule 404](#) and [725 ILCS 5/124A-20](#), I state:

In **1a**, enter your full name.

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In **1b**, only enter the year you were born. **DO NOT** enter your entire date of birth.

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In **1c**, enter your complete current address.

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In **2a**, 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.

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**1. I am providing the following information about myself:**

- a. Name: \_\_\_\_\_  

First
Middle
Last
- b. Year of Birth: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_
- d. I believe I cannot afford to pay the court fee assessments in this case.

**2. 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.

**3. I am receiving 1 or more of the benefits listed below:**

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

In **2b**, enter the number of people under age 18 living in your house who you support.

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In **3**, check "Yes" if you are currently receiving 1 or more of the benefits listed below. Be prepared to provide proof that you are currently receiving 1 of these benefits.

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If you check "Yes" in **3**, skip **4** and sign the form. You do not have to complete **4**.

**\*\*If you answered "Yes" in section 3, you qualify for a waiver of criminal court assessments under [725 ILCS 5/124A-20](#). You can skip section 4 and sign the form.\*\***

In **4a**, check "Yes" if you applied for at least 1 of the benefits listed in 3.

In **4b**, check the box for each type of money you or the person on whose behalf this Application is being filed have received in the past month. Enter the gross (before taxes) amount for each type.

Under **Other** in **4b** and **4c**, include any money received from family or friends.

In **4c**, check the box for each type of money you or the person on whose behalf this Application is being filed have received in the past 12 months. Enter the total gross (before taxes) amount for each type.

In **4d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

**4. I checked "No" in section 3, so I am providing the following financial information:**

- a. I have a pending application for 1 or more of the benefits listed in section 3:  
 Yes     No
- b. I received the following money in the past 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 expenses are listed below. *(check all that apply)*
- |  |                |           |
|--|----------------|-----------|
| <input type="checkbox"/> Rent:                                 | \$ _____       | per month |
| <input type="checkbox"/> Home Mortgage:                        | \$ _____       | 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 |
| <input type="checkbox"/> Other <i>(list type and amount)</i> : | _____ \$ _____ |           |
| <input type="checkbox"/> I have no expenses.                   |                |           |
- Total of all expenses: \$ \_\_\_\_\_ per month

In **4e**, 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: \$ \_\_\_\_\_
  - 1st 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 their value)*: \_\_\_\_\_ \$ \_\_\_\_\_
  - None of the above

Sign and print your name. Enter your complete current address and telephone number.

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

**I certify that everything in the *Application for Waiver of Criminal Court Assessments* is true and correct.**

\_\_\_\_\_  
*Your Signature*

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

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

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

\_\_\_\_\_  
*Relationship to Minor (if applicable)*

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