

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF COURT FEES	For Court Use Only
Instructions ▼	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> V. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number
Directly above, enter the name of the county where the case was filed.		
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.		
Enter the name of the person being sued as Defendant/Respondent.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.		

Enter your full name as "Applicant."

Applicant Name: _____
First
Middle
Last

DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:

1. The applicant **qualifies** for a **full (100%)** waiver of all fees, costs, and charges because *(check only one)*:
 - a. The applicant receives means-based government assistance under one or more of the following programs:
 - Supplemental Security Income (SSI) (Not Social Security)
 - Aid to the Aged, Blind and Disabled (AABD)
 - Temporary Assistance for Needy Families (TANF)
 - SNAP(Food Stamps)
 - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
 - OR**
 - b. The applicant's personal income is **125%** or less of the current poverty level as established by the U.S. Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the fees, costs, or charges;
 - OR**
 - c. Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.

2. The applicant **qualifies** for a **partial (75%, 50%, or 25%)** waiver of all fees, costs, and charges because the applicant's household income is *(check one)*:
 - more than **125%** but not greater than **150%** *(75% waived)*; OR
 - more than **150%** but not greater than **175%** *(50% waived)*; OR
 - more than **175%** but not greater than **200%** *(25% waived)*
 of the current poverty level as established by the US Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable

to pay the fees, costs, or charges.

- 3. The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- 4. The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:

IT IS HEREBY ORDERED:

- A. *Application for Waiver of Court Fees* is **GRANTED**.
 - i. The applicant qualifies for a **full waiver**, and may participate in this case without payment of fees, costs, or charges.
OR
 - ii. The applicant qualifies for a **partial fee waiver** as follows *(check one)*:
 - 75%** of all fees, costs, and charges **are waived** *(and the applicant must pay 25% of all fees, costs, and charges)*.
 - 50%** of all fees, costs, and charges **are waived** *(and the applicant must pay 50% of all fees, costs, and charges)*.
 - 25%** of all fees, costs, and charges **are waived** *(and the applicant must pay 75% of all fees, costs, and charges)*.

Charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees listed in [735 ILCS 5/5-105\(a\)\(2\)\(1\)](#).

- The applicant must pay fees, costs, and charges currently due by: _____
Date
- OR
- Upon good cause shown, the applicant may make payments as follows *(describe deferral, installment plan, or other reasonable terms)*:

This order expires one year from the date of this order. The applicant may reapply before or after the expiration date.

- B. *Application for Waiver of Court Fees* is **SET FOR HEARING** on _____
Date
at _____ in courtroom: _____
Time
The applicant must bring the following documents: _____

- C. *Application for Waiver of Court Fees* is **DENIED**.
The applicant must pay all fees, costs, and charges currently due by: _____
Date

DO NOT complete this section. The judge will sign and date here.

ENTERED:

Judge _____ *Date*