STATE OF ILLINOIS, CIRCUIT COURT		APPLICATION FOR WAIVER OF	For Court Use Only Electronically 19	
WILL	COUNTY	COURT FEES	Filed Date: 10/30/2019 12 Envelope: 7	
Instructions ▼ 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.	Plaintiff / Petiti	NORTON oner (First, middle, last name)) NICCUBBIN TR ORSYTHE LA ESPOSITO	Clerk:	
as CYNTHIA Defendant/Respondent. INAPLY JO Enter the Case FIRT. ALL		L BRZANA INES	19L943 Case Number	
NOTE:		eting this form on behalf of a minor or an incom information on this form instead of your ow nois Supreme Court Rule 298 and <u>735 ILCS</u>	n information.	
n 1a, enter your full name n 1b, only enter the year you were born. DO NOT enter your ntire date of birth. n 1c, enter your omplete current ddress.	 I believe I ca following inf a. Name:	nnot afford to pay the court fees in this cas formation about myself: JOHN E First Middle irth: 1965 dress:		
n 2a, enter the number f people age 18 and lder living in your ouse who you support. upport means that the cople rely on you nancially.	a. Isupport b. Isupport	ag the following information about people we adults (not counting myself) we children under 18 who live we g 1 or more of the benefits listed below: No	ho live with me.	
 2b, enter the number people under age 18 ving in your house ho you support. 3, check "Yes" if u are currently ceiving 1 or more of e benefits listed low. 	 Supp Aid to Temp SNAF 	lemental Security Income (SSI) (Not Social Se o the Aged, Blind and Disabled (AABD) oorary Assistance to Needy Families (TANF) P (Food Stamps) ral Assistance (GA), Transitional Assistance, c		

If you answered "Yes" in section 3, you qualify for a fee waiver under 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 4 and sign the form.

If you check "Yes" in 3, skip 4 and sign the

form. You do not have to complete 4.

/	Enter the Case Number given by the Circuit Clerk:	
In 4a, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.	 4. I checked "No" in section 3, so I am providing the following financial i a. I have a pending application for 1 or more of the benefits listed in section Tes X No 	nformation: on 3:
In 4b, 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 4b and 4c, include any money received from family or friends.	 b. I received the following money in the past month. (check all that apply) My employment: \$ Social Security (not SSI): Child support: \$ Unemployment: Pension: \$ Money from other household members: Other (list type and amount): Mo 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) 	\$ \$ \$ \$ neck all that apply)
In 4c, 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.	 My employment: \$ Social Security (not SSI): Child support: \$ Unemployment: Pension: \$ Money from other household members: Other (<i>list type and amount</i>): Mo income Total of all money received in the past 12 months: \$ 	\$\$ \$\$
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.	d. My current monthly debts and expenses are listed below. (check all that are per month Rent: \$ per month Home Mortgage: \$ per month Other Mortgage: \$ per month Utilities: \$ per month Food: \$ per month Medical: \$ per month Car Loan: \$ per month Childcare: \$ per month Other expenses not listed above (list type and amount):	
	Other debts not listed above (list type and amount):	\$
		\$
	Dial of all expenses.	
	Total of all expenses: _\$ per month	

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·	Enter the Case Number given by the Circuit Cler	k:
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, wor The total I owe on my other mortgage is: 	\$ \$ \$ th: \$ \$
	 1st vehicle worth: \$ The 1st vehicle 2nd vehicle worth: \$ The 2nd vehicle Other (<i>list items and value</i>): None of the above 	
Under Illinois Supreme Court Rule <u>137</u> , 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. If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name. Enter your complete current address and 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.	Isl I	-ON IL 60481

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.

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Email

This form is	approved by the l	linois Supreme Court and is required to be acce	oted in all Illinois Circuit Courts.
STATE OF	ILLINOIS,		For Court Use Only
CIRCUIT	COURT	ORDER FOR	
	COUNTY	WAIVER OF COURT FEES	
			Andrea Lynn Chasteen
Instructions -	JOHN E	NORTON	 Will County Circuit Clerk Twelfth Judicial Circuit Court
Directly above, enter the name of the county			Electronically Filed
where the case was			19L943 Filed Date1 <u>0/31/2019 11:18AM</u>
filed.	-		Envelope: 7167540
Enter the name of the person who started the	Plaintiff / Potiti	oner (First, middle, last name)	Clerk: AHD
lawsuit as) MCCUBBIN JR	
Plaintiff/Petitioner.	. CONNIE	FORSVINE	
Enter the name of the person being sued as	MICHEA	FORSYTHE L ESPOSITO	
Defendant/Respondent.	CYNTHIA	BRZANA	
Enter the Case	MARINTO	NEG ARLIN FRITZ	
Number given by the Circuit Clerk or leave	KIRK ALLE	Spordent (First, middle, last name)	19L943
this blank if you do	Defendant / Re	spordent (First, middle, last name)	Case Number
not have one.			
Enter your full name		}	
as "Applicant."	Applicant Nan	ne: JOHN E. First Middle	NORTON
		First Middle	Last
DO NOT check any	1 ne Court hav	ring reviewed the Application for Waiver of (Court Fees hereby finds:
boxes or fill in any	1. D The a	applicant qualifies for a full (100%) waiver of a k only one):	ll fees, costs, and charges because
more blanks on this form. The judge will	a. [
complete the rest of		The applicant receives means-based gover of the following programs:	nment assistance under one or more
the form.		 Supplemental Security Income (SS 	I) (Not Social Security)
		 Aid to the Aged, Blind and Disabled 	(AABD)
		 Temporary Assistance for Needy Fa SNAP(Food Stamps) 	amilies (TANF)
			nal Assistance, or State Children and
		Family Assistance	
	۰. F	OR	
	b. [The applicant's personal income is 125% or	less of the current poverty level as
		established by the U.S. Department of Healt	h and Human Services and the
		Applicant's non-exempt assets under 735 IL	<u>CS 5/12-901</u> and
		<u>735 ILCS 5/12-1001</u> are such that the applic or charges;	cant is unable to pay the fees, costs,
		OR	
	c. 🗌	Payments of fees, costs, and charges would	result in substantial bardship to the
		applicant or his or her family.	sector at capetantian hardenip to the
	2. 🗍 The ap	plicant quelifica for a satisf gard	
		plicant qualifies for a partial (75%, 50%, or 25%)	6) waiver of all fees, costs, and
		s because the applicant's household income is more than 125% but not greater than 150% ((Cneck one):
		more than 150% but not greater than 150% (50% waived); OK
		more than 175% but not greater than 200% (25% waived)
	of	the current poverty level as established by the	US Department of Health and
	an	d Human Services and the Applicant's non-exe	mpt assets under
	<u>73</u>	<u>5 ILCS 5/12-901</u> and <u>735 ILCS 5/12-1001</u> are s	such that the applicant is unable
WA-O 604.4			
		Page 1 of 2	(07/19)

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to pay the fees, costs, or charges.

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

IT IS HEREBY ORDERED:

i.

۹.		Application	for Waiver of	Court Fe	es is GRANTED.
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- 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:
 - 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
 - at _______ in courtroom: _______

The applicant must bring the following documents:

income tax returns from 2018, proof of any assets held in Plaintiff's name documentation regarding income for past 2 years, including pay stubs

C. Application for Waiver of Court Fees is DENIED.

The applicant must pay all fees, costs, and charges currently due by:

Date

Date

Date

DUNUI complete	
this section. The	
judge will sign and	
date here.	

	9-	F	10/31/2019
Judge		Date	

DONOT