

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

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.

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)

☐ My employment: \$ 0 ☐ Social Security (not SSI): \$ _____
☐ Child support: \$ _____ ☐ Unemployment: \$ _____
☐ Pension: \$ _____
☐ Money from other household members: \$ _____
☐ Other (list type and amount): _____ \$ _____

☒ 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)

☐ My employment: \$ _____ ☐ Social Security (not SSI): \$ _____
☐ Child support: \$ _____ ☐ Unemployment: \$ _____
☐ Pension: \$ _____
☐ Money from other household members: \$ _____
☐ Other (list type and amount): _____ \$ _____

☒ 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)

☐ 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
☐ Child Support: \$ _____ per month
☐ 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

Enter the Case Number given by the Circuit Clerk: _____

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 1st vehicle is paid off: ☐ Yes ☐ No

☐ 2nd vehicle worth: \$ _____ The 2nd 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

JOHN NORTON
Print Your Name


WILMINGTON IL 60481
City, State, ZIP

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Telephone

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.

Relationship to Minor or Incompetent Adult (if applicable)

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.

@.com
Email

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY		ORDER FOR WAIVER OF COURT FEES	For Court Use Only
Instructions ▼ Directly above, enter the name of the county where the case was filed.	JOHN E NORTON		Andrea Lynn Chasteen Will County Circuit Clerk Twelfth Judicial Circuit Court Electronically Filed 19L943 Filed Date 10/31/2019 11:18AM Envelope: 7167540 Clerk: AHD
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.	<u>Plaintiff / Petitioner (First, middle, last name)</u> LEONARD MCCUBBIN JR. v. CONNIE FORSYTHE MICHAEL ESPOSITO CYNTHIA BRZANA MARY JONES ARLIN FRITZ		
Enter the name of the person being sued as Defendant/Respondent.	<u>KIRK ALLEN, BECKY BECKER</u> Defendant / Respondent (First, middle, last name)		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.			19L943 <u>Case Number</u>

Enter your full name
as "Applicant."

Applicant Name: JOHN E NORTON
First Middle Last

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 11/20/2019
Date
- at 9:00 am in courtroom: A117
Time
- 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

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

ENTERED: _____

Judge

10/31/2019

Date