

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	APPLICATION FOR WAIVER OF CRIMINAL COURT ASSESSMENTS	<i>For Court Use Only</i>
Instructions ▼ 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.	The People of the State of Illinois or the charging Municipality or Local Governmental Unit, Plaintiff, v. _____ Defendant (<i>First, middle, last name</i>)	_____ 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.
In 1b , only enter the year you were born. DO NOT enter your entire date of birth.
In 1c , enter your complete current address.
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.

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.
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.

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

