



Illinois Court of Claims
 Office of the Secretary of State
 630 S. College St., Springfield, IL 62756

Application for Waiver of Filing Fee for an Indigent Person
IN THE COURT OF CLAIMS, STATE OF ILLINOIS

_____)
Claimant)
)
 vs.)
)
Respondent,)
STATE OF ILLINOIS)
)

I, _____
 on my own behalf
 as _____, on behalf of _____,
Parent, Guardian, Other Name
 called "applicant" on oath state:

1. Applicant's occupation or means of support:
 - a. Applicant is employed as _____ by _____.
Job Employer
 - b. If unemployed, please provide documentation of receiving unemployment insurance benefits.
2. Applicant's income for the preceding year: \$ _____.
3. Sources and amount of income expected by applicant hereafter: _____

4. Persons dependent on applicant for support: _____

5. Applicant owns (a) no real estate except: *(State Address or Location, Nature of Improvements and Value)* _____

 and (b) personal property, which in the aggregate does not exceed \$ _____ in value and consists of:
 _____,
 including a _____ motor vehicle, _____ valued at \$ _____.
Make Year
6. Provide a statement and any government-issued documentation of receiving assistance under one or more of the following programs: SSI, AABD, TANF, SNAP, etc.

7. No applications were filed by or on behalf of applicant for waiver of filing fee during the preceding year except:

8. Provide a statement as to why the applicant is unable to pay the costs of this case.

9. Applicant has a meritorious _____ Claim _____ Defense _____

Signature

Signed and sworn to before me

_____, 20 _____

Notary Public

Name

Attorney for Application

Street Address

City

Telephone

1. Complete the original application and make three additional copies of the application along with any supporting documentation and mail to the address below.

2. Be sure the application is filled out completely and notarized.

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