STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 17^{TH} JUDICIAL CIRCUIT

	FILE STAMP
Plaintiff Case No	
vs.	
Defendant Judge Assign	ed:
SUPPLEMEN (APPLICATION FOR	
Application Requested By:	
Name:	
Home Phone:	
Cell Phone:	
TO REQUEST A WAIVER OF COURT FEES DUE TO FOLLOWING DOCUMENTS IN SU	FINANCIAL HARDSHIP, YOU MUST SUBMIT THE
IF YOU ARE CLAIMING ELIGIBILITY BECAUSE: You Receive:	THEN PROVIDE:
 □ Supplemental Security Income (SSI); □ Aid to the Aged, Blind and Disabled (AABD); □ Temporary Assistance for Needy Families (TANF); □ Food Stamps (SNAP); □ General Assistance, Transitional Assistance, or State Children and Family Assistance. 	□ Copies of documents showing your <u>current</u> eligibility
Your household income is less than 125% of the current poverty level.	t (at least one, but as many as are available) □ Copy of a year-to-date paystub □ Copy of Last year's W2; and/or 1099s □ Copy of Last year's tax return.
NOTICE TO	APPLICANT
The Circuit Clerk's office will contact you by phone 1-4 bus	iness days from the date of filing with the judge's decision.
A voicemail message will constitute	proper notification by this office.
IF YOUR WAIVER IS GRANTED The following applies:	IF YOUR WAIVER IS DENIED The following applies:
☐ You will be required to return to the Circuit Clerk's Office within 5 business days of our phone notification to pick up your personal documentation, receive copies, and to complete any necessary paperwork for your court case.	within 5 business days of our phone notification to pick up
Clerk's Office is NOT responsible for retaining original docum shredded if not picked up within	
Litigants Signature	Deputy Circuit Clerk
Pursuant to Illinois Statute (705 ILCS 110 / 1) the Circuit Cler.	k's Office is unable to assist in the preparation of documents

APPENDIX PP

or give any legal advice.