

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT  
KANE COUNTY, ILLINOIS**

Case No. \_\_\_\_\_

Plaintiff/Petitioner	Defendant/Respondent	File Stamp
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner	Enter the name of the person being sued as Defendant/Respondent	Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one

**ORDER FOR WAIVER OF COURT FEES**

Enter your full name as "Applicant".

**Applicant Name:** \_\_\_\_\_  
First
Middle
Last

**The Court having reviewed the *Application for Waiver for Court Fees* hereby finds:**

**DO NOT** check any more boxes or fill in any more blanks on this form.  
The Judge will decide if your *Application for Waiver of Court Fees* is granted or denied and complete the rest of this form.

- The applicant **qualifies** for a fee waiver because (check one) :
  - The applicant receives assistance under one or more of the following programs: 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; **OR**
  - The applicant's household income is 125% or less than the current poverty level as established by the U.S. Department of Health and Human Services; **OR**
  - Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
- The applicant **does not qualify** for a fee waiver because (must state specific reason) :

**IT IS HEREBY ORDERED:**

- Application for Wavier of Court Fees* is **GRANTED**.  
 The applicant may participate in this case without payment of fees, costs, or charges including: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees as listed in 735 ILCS 5/5-105(a)(1).
- Application for Waiver of Court Fees* is **DENIED** and:
  - Applicant must pay all applicable fees, costs, or charges by: \_\_\_\_\_ **OR**  
Date
  - Applicant must pay all applicable fees, costs, or charges as follows: (describe payment plan)

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

**ENTERED:**  
 Date: \_\_\_\_\_ Judge: \_\_\_\_\_