This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

For Court Use Only STATE OF ILLINOIS, **CIRCUIT COURT** APPLICATION FOR WAIVER OF CRIMINAL COURT ASSESSMENTS **COUNTY Instructions ▼** Directly above, enter The People of the State of Illinois or the charging the name of the county Municipality or Local Governmental Unit, Plaintiff, where the case was filed. Enter the name of the person being charged as Defendant. Defendant (First, middle, last name) **Case Number** Enter the Case Number.

Pursuant to Illinois Supreme Court Rule 404 and 725 ILCS 5/124A-20. I state:

If you are completing this form on behalf of a minor, provide that person's information on this form

instead of your own information.

			<u> </u>	, : etate:			
In 1a , enter your full name.	 I am providii Name: 	ng the following i	nformation about my	rself:			
In 1b, only enter the year you were born. DO NOT enter your entire date of birth.	b. Year of B c. Street Ad City, Stat	ldress:	Middle 	Last			
In 1c , enter your complete current address.	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:						
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.	☐ Yes ☐	ng 1 or more of th	adults (not counting myschildren under 18 who be benefits listed belowncome (SSI) (Not Social	live with me.			
1.20		•	and Disabled (AABD)	NIT'			
In 2b , enter the number	 Temporary Assistance to Needy Families (TANF) 						

• SNAP (Food Stamps)

Assistance

living in your house who you support.

In 3, check "Yes" if

of people under age 18

NOTE:

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 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.

General Assistance (GA), Transitional Assistance, or State Children and Family, or

If you check "Yes" in 3, skip 4 and sign the form. You do not have to complete 4.

Enter the Case Number given by the Circuit Clerk: _____ In 4a, check "Yes" if 4. I checked "No" in section 3, so I am providing the following financial information: you applied for at least a. I have a pending application for 1 or more of the benefits listed in section 3: 1 of the benefits listed ☐ Yes in 3. In 4b, check the box b. I received the following money in the past month. (check all that apply) for each type of money ☐ My employment: \$ ☐ Social Security (not SSI): \$ you or the person on Child support: ☐ Unemployment: \$ whose behalf this Application is being \$ Pension: filed have received in ☐ Money from other household members: \$ the past month. Enter \$ Other (list type and amount): the gross (before taxes) amount for each type. ☐ No income Under Other in 4b and Total of all money received in the past month: \$ **4c**, include any money received from family or c. I received the following total amount of money in the past 12 months. (check all that apply) friends. Child support: Unemployment: In **4c**, check the box for each type of money \$ Pension: you or the person on ☐ Money from other household members: whose behalf this Other (list type and amount): Application is being filed have received in ☐ No income the past 12 months. Total of all money received in the past 12 months: \$ Enter the total gross (before taxes) amount for each type. d. My current monthly expenses are listed below. (check all that apply) In 4d, check all of your ☐ Rent: per month debts and expenses for ☐ Home Mortgage: per month the past month and list Other Mortgage: per month the amount of money you pay each month for Utilities: per month that expense. ____ per month Food: ☐ Medical: _____ per month \$ ____ per month Car Loan: \$ Childcare: per month Child Support: \$ ____ per month

Other (list type and amount):

Total of all expenses: \$ per month

☐ I have no expenses.

	Enter the Case Numb	per 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.		s s s s s s s s s s s s s s s s s s s	
Sign and print your name. Enter your complete current address and telephone number.	I certify that everything in the <i>Application</i> true and correct.	on for Waiver of Criminal Court Assessments is	
If you are filling out this form for a minor, sign and print your name and state your relationship to that minor. Enter your complete current	Your Signature Print Your Name	Street Address City, State, ZIP	_
address and telephone number.	Relationship to Minor (if applicable)		