

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT  
COUNTY, ILLINOIS

\_\_\_\_\_, )  
Petitioner or Plaintiff, )  
vs. )  
\_\_\_\_\_, )  
Respondent or Defendant. )

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

**APPLICATION AND AFFIDAVIT TO SUE OR DEFEND AS AN INDIGENT PERSON**

(As prescribed by Supreme Court Rule 298. See also 735 ILCS 5/5-105.)

This is an Application and Affidavit to the Court requesting permission to sue or defend in this action without payment of the fees, costs, and charges. The person signing below represents that the provided information is true. (Print neatly.)

Name of Applicant: \_\_\_\_\_. If Applicant is a minor or an incompetent adult, state the name of the person who, with knowledge of the facts, is completing this Application and Affidavit for Applicant: \_\_\_\_\_.

1. If Applicant currently is receiving assistance under any following public benefits program, mark the box next to it:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Supplemental Security Income (SSI)            | <input type="checkbox"/> Food Stamps                          | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Aid to the Aged, Blind, and Disabled (AABD)   | <input type="checkbox"/> State Transitional Assistance        |   |
| <input type="checkbox"/> Temporary Assistance of Needy Families (TANF) | <input type="checkbox"/> State Children and Family Assistance |   |

2. Applicant's available income, from all sources is \$\_\_\_\_\_ per \_\_\_\_\_ (week, month, or year).  
The number of related people living in Applicant's household (including the Applicant) is \_\_\_\_\_. (These answers will be used to determine whether Applicant's income is 125% or less than of the USDHHS poverty level guidelines.)

3. List the nature and value of all of Applicant's assets [examples: home, vehicles, cash, bank accounts, stock, jewelry, etc.]:  
\_\_\_\_\_

4. Applicant receives or is eligible to receive civil legal services from Legal Service or Legal Aid Office.  Yes  No  Unknown

5. Applicant is unable to proceed in this action without the payment of fees, costs, and charges.  Yes  No.  
Payment of fees, costs, and charges would result in substantial hardship to Applicant or Applicant's family.  Yes  No.

6. Employment status of Applicant: \_\_\_\_\_  
Employment status of Applicant's spouse: \_\_\_\_\_  
(Indicate whether employed full-time or part-time, temporarily laid off, or unemployed. If working, identify employer.)

7. Applicant's current income: \$\_\_\_\_\_ per \_\_\_\_\_. Spouse's current income: \$\_\_\_\_\_ per \_\_\_\_\_.

8. Child support Applicant actually receives: \$\_\_\_\_\_ per \_\_\_\_\_. Child support Applicant actually pays: \$\_\_\_\_\_ per \_\_\_\_\_.

9. Total amount of Applicant's monthly living expenses (excluding payment of debts and child support): \$\_\_\_\_\_.

10. Applicant, in good faith, believes that he or she has a meritorious claim or defense in this action.  Yes  No.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Applicant (or another person for Applicant who is minor or incompetent adult)

Applicant's mailing address: \_\_\_\_\_  
Applicant's daytime telephone number [optional]: \_\_\_\_\_

Subscribed and sworn to before me Notary or Clerk: \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Notary's commission expires: \_\_\_\_\_

**ORDER**

- Application granted. Applicant may proceed without payment of fees, costs or charges.
- Application denied for following reasons: \_\_\_\_\_
- Payment terms, if any: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Judge of the Circuit Court