



In **3a**, 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.

In **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in **4**, skip **5** and sign below.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type. Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **5c**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

In **5d**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

- 3. I am providing the following information about people who live with me:**
- a. I support \_\_\_\_\_ adults (*not counting myself*) who live with me.
  - b. I support \_\_\_\_\_ children under 18 who live with me.

**4. I have received 1 or more of the benefits listed below in the past 4 weeks:**

- Yes     No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - State Children & Family Assistance
  - Food Stamps (SNAP)
  - General Assistance (GA)
  - Transitional Assistance

**\*\*If you answered "Yes" in section 4, skip section 5 and sign below.\*\***

**5. I checked "No" in section 4, so I am providing the following financial information:**

- a. I have applied for 1 or more of the benefits listed in section 4:  
 Yes     No
- b. I receive the following money each month. This includes money received by people I support who live with me. (*check all that apply*)
  - My employment: \$ \_\_\_\_\_  Other people's employment: \$ \_\_\_\_\_
  - Child support: \$ \_\_\_\_\_  Social Security (not SSI): \$ \_\_\_\_\_
  - Pension: \$ \_\_\_\_\_  Unemployment: \$ \_\_\_\_\_
  - Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_
  - No income

Total of all money received: \$ \_\_\_\_\_

- c. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (*check all that apply*)
  - Rent: \$ \_\_\_\_\_ per month
  - Home Mortgage: \$ \_\_\_\_\_ per month
  - Other Mortgage: \$ \_\_\_\_\_ per month
  - Utilities: \$ \_\_\_\_\_ per month
  - Food: \$ \_\_\_\_\_ per month
  - Medical: \$ \_\_\_\_\_ per month
  - Car Loan: \$ \_\_\_\_\_ per month
  - Other (*list type and amount*): \_\_\_\_\_ \$ \_\_\_\_\_ per month
  - I have no expenses

Total of all expenses: \$ \_\_\_\_\_

- d. I have the belongings listed below. This includes the belongings of the people I support who live with me. (*check all that apply*)
  - Bank accounts and cash totaling: \$ \_\_\_\_\_
  - Home real estate, worth: \$ \_\_\_\_\_  
 The total I owe on my home mortgage is: \$ \_\_\_\_\_
  - Other real estate, not including the house I live in, worth: \$ \_\_\_\_\_  
 The total I owe on my other mortgage is: \$ \_\_\_\_\_
  - 1<sup>st</sup> vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off:  Yes  No

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

- 2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid  Yes  No  
 Other (list items and value): \_\_\_\_\_ \$ \_\_\_\_\_  
 None of the above

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

The person who filled out this form must sign it. If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

**I certify that everything in the *Application for Waiver of Court Fees (Appellate Court)* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

*/s/* \_\_\_\_\_ *Street Address* \_\_\_\_\_  
*Your Signature* \_\_\_\_\_  
\_\_\_\_\_  
*Print Your Name* \_\_\_\_\_ *City, State, ZIP* \_\_\_\_\_  
\_\_\_\_\_  
*Relationship to Minor or Incompetent Adult (if applicable)* \_\_\_\_\_ *Telephone* \_\_\_\_\_

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

- I agree to receive court documents at this email address during my entire case.

\_\_\_\_\_  
*Email*

This form is approved by the Supreme Court of Illinois and is required to be accepted.

<p><b>Instructions ▼</b></p>	<input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b>	
<p>Check the box to the right if your appeal involves custody, visitation, or removal of a child.</p>	<p>Case No.: _____</p>	
<p>Enter the Supreme Court case number if one has been assigned.</p>	<p style="text-align: center;"><b>IN THE SUPREME COURT OF ILLINOIS</b></p>	
<p>If the case name in the trial and/or appellate court began with "In re" (e.g., "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the trial/appellate court, and check the correct boxes to show which party filed the appeal in the Supreme Court ("appellant") and which party is responding to the appeal ("appellee").</p>	<p>In re _____</p> <hr/> <p><b>Plaintiff/Petitioner</b> in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant    <input type="checkbox"/> Appellee</p> <p>v.</p>	<p>Appeal from the Appellate Court, _____ District No. _____</p> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p>
<p>To the far right, enter the number of the appellate district, appellate court case number, trial court county, trial court case number, and trial judge's name.</p>	<p><b>Defendant/Respondent</b> in trial court (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant    <input type="checkbox"/> Appellee</p>	<p>Honorable _____</p> <p>Judge, Presiding</p>

**APPLICATION FOR WAIVER OF COURT FEES  
(SUPREME COURT)**

<p>In <b>1a</b>, enter your full name. <b>If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.</b></p>
<p>In <b>1b</b>, only enter the year you were born. <b>DO NOT</b> enter your entire date of birth.</p>
<p>In <b>1c</b>, enter your complete current address.</p>
<p>In <b>2</b>, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your <i>Application</i> will be rejected.</p>

- I am providing the following information about myself:**
  - Name: \_\_\_\_\_  
*First Middle Last*
  - Year of Birth: \_\_\_\_\_
  - Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_
  - I cannot afford to pay the court fees in this case.
  - Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_
- I am currently incarcerated.**  Yes  No If yes, inmate I.D. # \_\_\_\_\_  
**If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.**  
**\*\*If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.\*\***

In **3a**, 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.

In **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in **4**, skip **5** and sign below.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In **5b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type. Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **5c**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

In **5d**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

**3. I am providing the following information about people who live with me:**

- a. I support \_\_\_\_\_ adults (*not counting myself*) who live with me.
- b. I support \_\_\_\_\_ children under 18 who live with me.

**4. I have received 1 or more of the benefits listed below in the past 4 weeks:**

- Yes     No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - State Children & Family Assistance
  - Food Stamps (SNAP)
  - General Assistance (GA)
  - Transitional Assistance

**\*\*If you answered "Yes" in section 4, skip section 5 and sign below.\*\***

**5. I checked "No" in section 4, so I am providing the following financial information:**

- a. I have applied for 1 or more of the benefits listed in section 4:  
 Yes     No
  
- b. I receive the following money each month. This includes money received by people I support who live with me. (*check all that apply*)
 

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other ( <i>list type and amount</i> ):	_____		\$ _____
<input type="checkbox"/> No income			
Total of all money received:    \$ _____			
  
- c. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (*check all that apply*)
 

<input type="checkbox"/> Rent:	\$ _____	per month
<input type="checkbox"/> Home Mortgage:	\$ _____	per month
<input type="checkbox"/> Other Mortgage:	\$ _____	per month
<input type="checkbox"/> Utilities:	\$ _____	per month
<input type="checkbox"/> Food:	\$ _____	per month
<input type="checkbox"/> Medical:	\$ _____	per month
<input type="checkbox"/> Car Loan:	\$ _____	per month
<input type="checkbox"/> Other ( <i>list type and amount</i> ):	_____	\$ _____ per month
<input type="checkbox"/> I have no expenses		
Total of all expenses:    \$ _____		
  
- d. I have the belongings listed below. This includes the belongings of the people I support who live with me. (*check all that apply*)
 

<input type="checkbox"/> Bank accounts and cash totaling:	\$ _____
<input type="checkbox"/> Home real estate, worth:	\$ _____
The total I owe on my home mortgage is:	\$ _____
<input type="checkbox"/> Other real estate, not including the house I live in, worth:	\$ _____
The total I owe on my other mortgage is:	\$ _____



**New Article III Forms Appendix**

**PART A. APPEALS FROM THE CIRCUIT COURT**

**Rule 312. Docketing Statement**

Docket Number in the Reviewing Court

Case Title (Complete) ) Appeal from \_\_\_\_\_ County  
) Circuit Number \_\_\_\_\_  
) Trial Judge \_\_\_\_\_  
) Date of Notice of Appeal \_\_\_\_\_  
) Date of Judgment \_\_\_\_\_  
) Date of Postjudgment Motion Order \_\_\_\_\_  
) \_\_\_\_\_  
) Supreme court rule which confers jurisdiction  
) upon the reviewing court \_\_\_\_\_

**DOCKETING STATEMENT**

(Civil)

1. Is this a cross-appeal, separate appeal, joining in a prior appeal, or related to another appeal which is currently pending or which has been disposed of by this court? \_\_\_\_\_

If so, state the docket number(s) of the other appeal(s):

\_\_\_\_\_

2. If any party is a corporation or association, identify any affiliate, subsidiary, or parent group:

\_\_\_\_\_

3. Full name and complete address of appellant(s) filing this statement:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*Use additional page if multiple appellants.

Counsel on Appeal for appellant(s) filing this statement:

Name: \_\_\_\_\_ ARDC # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*Use additional page if multiple appellants.

4. Full name and complete address of appellee(s):

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*Use additional page if multiple appellees.

Counsel on Appeal for appellee(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*Use additional page if multiple appellees.

5. Court reporting personnel:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*Use additional page if multiple court reporting personnel.

6. Is this appeal from a final order in a matter involving child custody or allocation of parental responsibility or relocation of unemancipated minors pursuant to Illinois Supreme Court Rule 311(a), which requires **Mandatory Accelerated Disposition of Child Custody, Allocation of Parental Responsibilities, and Relocation of Unemancipated Minors Appeals?**

Yes: \_\_\_\_\_

No: \_\_\_\_\_

\*If yes, this docketing statement, briefs and all other notices, motions and pleadings filed by any party shall include the following statement in bold type on the top of the front page:



**THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).**

7. State the general issues proposed to be raised (failure to include an issue in this statement will not result in the waiver of the issue on appeal):

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As \_\_\_ attorney for the appellant \_\_\_ self-represented appellant (check one), I hereby certify that on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, I requested the clerk of the circuit court to prepare the record on appeal, and on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, I requested the court reporting personnel to prepare the transcript(s).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appellant's Attorney

OR

\_\_\_\_\_  
Appellant



**Rule 335. Direct Review of Administrative Orders by the Appellate Court**  
**[(a)The Petition for Review.]**

IN THE APPELLATE COURT OF ILLINOIS  
FOR THE \_\_\_\_\_ DISTRICT

[Name of Petitioner],

Petitioner,

v.

[Names of Agency and Other  
Parties of Record],

Respondent.

Petition for Review  
of Order of the  
[Name of Agency]  
Docket Number

[Name of Petitioner] hereby petitions the court for review of the order [or part of the order] of the [name of agency] which [describe the order or part as to which review is sought] entered on \_\_\_\_\_, 20 \_\_\_\_

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Attorney for Petitioner  
Address:

**PART F. OTHER PROVISIONS**

**Rule 364. Privacy Protection for Documents Filed in Courts of Review.**

**Appendix**

Case Number in the Reviewing Court

Name of Reviewing Court (Include Appellate District, if applicable)

Case Title (Complete) ) Appeal from Circuit Court of \_\_\_\_\_ County  
 ) Lower Court Case No. \_\_\_\_\_  
 ) Trial Judge \_\_\_\_\_

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING.** Pursuant to Illinois Supreme Court Rule 364(d), the filer of a document containing personal identifiers required by law, ordered by the court, or otherwise necessary to effect disposition of a matter shall, at the time of such filing, include this confidential information form which identifies the personal identifier redacted from such filing pursuant to Rule 364(d), and which will be redacted from future filings to protect the subject personal identifier. **This personal identifier information will not be available to the public, and this document will be sealed by the clerk of the reviewing court.**

**Party/Individual Information:**

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 SSN: \_\_\_\_\_

Other personal identifiers as defined in Rule 364(b), to the extent applicable:

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Other personal identifier information as defined in Rule 364(b), to the extent applicable:

(Attach additional pages, if necessary.)