

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
BOONE COUNTY**

FILE STAMP

Plaintiff
vs.

Defendant

Case No. _____

Judge Assigned: _____

**SUPPLEMENTAL FORM
(APPLICATION FOR WAIVER OF FEES)**

Application Requested By:

Name: _____

Home Phone: _____

Cell Phone: _____

TO REQUEST A WAIVER OF COURT FEES DUE TO FINANCIAL HARDSHIP, YOU MUST SUBMIT THE FOLLOWING DOCUMENTS IN SUPPORT OF YOUR APPLICATION.

IF YOU ARE CLAIMING ELIGIBILITY BECAUSE: You Receive:	THEN PROVIDE:
<input type="checkbox"/> Supplemental Security Income (SSI); <input type="checkbox"/> Aid to the Aged, Blind and Disabled (AABD); <input type="checkbox"/> Temporary Assistance for Needy Families (TANF); <input type="checkbox"/> Food Stamps (SNAP); <input type="checkbox"/> General Assistance, Transitional Assistance, or State Children and Family Assistance.	<input type="checkbox"/> Copies of documents showing your <u>current</u> eligibility
<input type="checkbox"/> Your household income is less than 125% of the current poverty level.	<p style="text-align: center;">(at least one, but as many as are available)</p> <input type="checkbox"/> Copy of a year-to-date paystub <input type="checkbox"/> Copy of Last year's W2; and/or 1099s <input type="checkbox"/> Copy of Last year's tax return.

NOTICE TO APPLICANT

**The Circuit Clerk's office will contact you by phone 1-4 business 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:
<input type="checkbox"/> 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.	<input type="checkbox"/> 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, and receive copies; <input type="checkbox"/> Instructions on the payment of filing fees will be given by the Circuit Clerk's office; <input type="checkbox"/> Failure to pay the appropriate filing fees as instructed by the court may result in a judgment against you or the dismissal of your case.

Clerk's Office is NOT responsible for retaining original documents. All supplemental income verification documents will be shredded if not picked up within the allotted 5 day time period.

Litigants Signature _____

Deputy Circuit Clerk _____

Pursuant to Illinois Statute (705 ILCS 110 / 1) the Circuit Clerk's Office is unable to assist in the preparation of documents or give any legal advice.

125% of the Federal Poverty Guidelines for 2018

Household Size	Annually	Monthly	Weekly	Hourly
1	\$15,175.00	\$1,265	\$291	\$7.30
2	\$20,800.00	\$1,733	\$399	\$10.00
3	\$25,975.00	\$2,165	\$498	\$12.49
4	\$31,375.00	\$2,615	\$602	\$15.08
5	\$36,775.00	\$3,065	\$706	\$17.68
6	\$42,175.00	\$3,515	\$809	\$20.28
7	\$47,575.00	\$3,965	\$913	\$22.87
8	\$52,975.00	\$4,415	\$1,016	\$25.47
9	\$58,375.00	\$4,865	\$1,120	\$28.06
10	\$63,775.00	\$5,315	\$1,224	\$30.66
11	\$69,175.00	\$5,765	\$1,327	\$33.26
12	\$74,575.00	\$6,215	\$1,431	\$35.85

Source: Federal Register, Vol. 83, No. 12, January 18, 2018, pages 2642-2644.