

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

Plaintiff, _____)
)
 vs.)
)
 Defendant, _____)
)

Case No. _____

Attorney _____
 Pro Se _____

**APPLICATION FOR FEE WAIVER
PURSUANT TO SUPREME COURT RULE 298**

I, _____, in this case, on oath state that I am without adequate funds and assets to pay the fees, and that I make the following statement in support of my request to waive fees and costs.

Name _____ Address _____
 D.O.B. ___/___/___ Telephone _____ City _____ State _____
 Family: Marital Status _____ Number of Children _____ Number of other dependents _____
 Their Relationship _____
 Name and Address of Employer: _____

Sources of Income: \$ _____ per month from employment.
 \$ _____ per month pension, trusts, annuity, welfare, Workman's Compensation, retirement, or disability plan, or any similar State, Federal, local, or private benefit plan.
 \$ _____ per month for other sources listed here: _____

Value of Assets: Home or dwelling \$ _____
 Other real property \$ _____ Location _____
 Car \$ _____ Make _____ Year _____
 Other personal property \$ _____ Bank Accounts \$ _____
 Cash on Hand \$ _____ Surrender value of life/annuity policies \$ _____
 Securities, Trusts, Bonds \$ _____, Other Assets \$ _____
 Description _____

Liabilities: Mortgage on home \$ _____, Monthly Housing Payment \$ _____
 Amount owed on car \$ _____ Personal Debts \$ _____ To whom _____
 Other Liabilities and debts \$ _____ To whom owed _____

I am unable to pay the costs of the suit. I, under penalties or perjury, certify the foregoing is a true and complete statement of all my assets and income.

 Signature of Applicant

Subscribed and sworn to before me
 _____, 20____

 Judge/Clerk

ORDER

The application for fee waiver is:
 APPROVED
 DENIED
 DENIED, however payment of the costs are deferred to ___/___/____.
 OTHER _____

Enter: _____
 Judge

Date: _____, 20____