

In The Circuit Court For The Seventh Judicial Circuit of Illinois Sangamon County, Springfield, Illinois

	(Petitioner)		
	(Address)	Case No.	
	(City/State/Zip)		
	vs.	Pending Action:	
	(Defendant)		
	(Address)		
	(City/State/Zip)		
		E OR DEFEND AS A POOR PERSON FFIC AND CRIMINAL)	
	order to complete this application you (and you umentation	our spouse (if applicable)) must provide all supporting	
1.	Affiant,(Select one of the following paragraphs)	after being first duly sworn, on oath deposes and states	:
	☐ That I have filed an Application in the	above captioned matter, to sue or defend as an indigent perso	n.
	☐ That person is a disabled adult, and I am fam	, who has filed a Petition to Sue or Defend as an indigeniliar with the facts stated herein.	ent
2.	That the Applicant is a recipient of assistan and provide documentation from each prog	ce from the following benefit programs (check all that apply) ram in which you receive benefits.)
	☐ Supplemental Security Income (SSI)	☐ Link card	
	☐ Aid to the Aged, Blind and Disabled (A	ABD) General Assistance	
	☐ Temporary Assistance for Needy Famil		
	☐ State Children and Family Assistance		
3.	The applicant's family unit contains applicant's available income is 125% or less States Department of Health and Human S	people (including self) (Check one) \(\subseteq \text{Yes} \) \(\subseteq \text{No, the} \) so of the current poverty level as established by the United ervices. (See chart below)	
	You (and your spouse (if applicable) need	to provide a copy of your tax return.	

125% of HHS Guidelines Inc	S Poverty ome Chart
Size of Family Unit	Annual Income
1	\$11,225
2	\$15,150
3	\$19,075
4	\$22,080
5	\$26,925
6	\$29,616
7	\$33,384
8	\$38,700
For each additional person add	\$3,925
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4.	(Check one) ☐ Yes ☐ No, the applicant is eligible to rece 5-105.5 of the Code of Civil Procedure (735 ILCS 5/5-105.5	
5.	(Check one) ☐ Yes ☐ No, the applicant is unable to proceed costs, and charges and the applicant's payment of those fee's, substantial hardship to the applicant or the applicant's family	eed in an action without payment of fees, costs, and charges would result in
6.	The employment of the applicant is as follows:	
7.	The applicant is (check one) □ married or □ unmarried. The spouse is as follows:	he employment status of the applicant's
8.	The current income of the applicant is \$per	and the current income of the
9.	The applicant is (check one) □ receiving □ paying child so per	upport in the following amount: \$
10.	The applicant's monthly living expenses are as follows: (List not include payments for debts or child support payments.)	
	Total \$	
11.	The applicant, in good faith, believes that he or she has a mer	itaniana alaina an 1 C
Und	der penalties as provided by law pursuant to 5/1-109 of the Code ifies that the statements set forth in this document are true and compare the statements are true and compare	e of Civil Procedure, each of the undersigned correct.
Und	ifies that the statements set forth in this document are true and o	correct.
Und	ifies that the statements set forth in this document are true and o	e of Civil Procedure, each of the undersigned correct. Affiant
Und	ifies that the statements set forth in this document are true and continuous or the code of the code of the code of the statements set forth in this document are true and code of the cod	correct.
Und	mes that the statements set forth in this document are true and c	correct.
Und	ORDER	Affiant
Und	ORDER Application approved. Application approved in part. Applicant ordered to pay \$	Affiant
Und	ORDER Application approved. Application approved in part. Applicant ordered to pay \$_filing fees.	Affiant
Und	ORDER □ Application approved. □ Application approved in part. Applicant ordered to pay \$_filing fees. □ Application denied for the following reasons: □ Income exceeds 125% of poverty guidelines.	Affiant in conjunction with and for
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