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United States District Court

for the

Vardenlelas	no Watts ot. al.
40. 0420	Plaintiff/Petitioner
C 1 C 1	V
Circuit Court	of Cock County, ILLINOIS
	Defendant/Respondent

8:19 cv 829 T 36 CPT

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: Morday OB April Zona

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amou next m	_
0	You	Spouse	You	Spouse
Employment 200 60/mkxxxxx 240	\$30.58	\$	\$ (),00	\$
Self-employment 42.29 = Control	\$ 3,53	\$	\$ 3.53	\$
Income from real property (such as rental income)	\$	\$	\$	\$ \
Interest and dividends	\$ ~	\$ ~	\$ ~.	\$
Gifts 260/yr = mathy	\$ 21.67	\$ ~	\$ 21.67	\$
Alimony N/A	\$	\$ ~	\$	\$
Child support	\$ —	\$	\$	\$ 7

Retirement (such as social security, pensions, annuities, insurance)	\$.		\$ _		\$ _		\$	
Disability (such as social security, insurance payments)	\$			\$		\$ _		\$	
Unemployment payments	\$			\$ 		\$ _		\$	
Public-assistance (such as welfare)	\$	-		\$		\$	-	\$	
Other (specify): I sot 192/mo in FOOD Start but this is only for	\$	2,	jū.	\$ /		\$?		\$	•
FOOD-NOT CIT COL To sky got Total monthly income:	\$5	5,87	0.00	\$ _	0.00	\$ _	0.00	\$ _	0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Boby WAD	821 AlajaRd, Lakolinga	8-12-2001 to 5/3/2018	\$ 260,00
Of Casewood	4711 Southward In Lakeland	Jan 2018 - April 2015	\$366.75

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
	NA		\$
			\$
			\$

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Hoer Borken	Checkey	s 237, 35	s ~/A
,		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 239 (Rev. 01/15) Ap	pplication to Proceed in District	Court Without Prepaying	Fees or Costs (Long Form)
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5.	ist the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary	0.000
	ousehold furnishings.	

Assets owned by you or your spouse	
Home (Value)	\$ \
Other real estate (Value)	\$
Motor vehicle #1 (Value) For KELLY BLUE Book 1525.4	\$ 1,525.1-
Make and year: 1993 Dodge Grond Coan	
Model:	
Registration #: VIN 284FH253 SPRZ47 822	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	s	s
	s	\$
	s	s

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	\$ 4	s
Utilities (electricity, heating fuel, water, sewer, and telephone) (Mom pays)	\$ 0	s /
Home maintenance (repairs and upkeep) (23 to 25	\$ 20.0	s
Food	\$ 20.c	s
Clothing (Love Planty)	\$ 0	s
Laundry and dry-cleaning	\$ 15.00	s / \
Medical and dental expenses NONE - I cont offered to	\$ 0	\$ / \
Transportation (not including motor vehicle payments)	\$ 20.0	s/ \
Recreation, entertainment, newspapers, magazines, etc. None In Par	\$ 0.0	ś
Insurance (not deducted from wages or included in mortgage payments)		,
Homeowner's or renter's:	\$ Q	s /
Life:	\$ 0	s \
Health:	\$ 0	s
Motor vehicle: 251/6 nots = MONTHILL	\$ 41.83	s
Other:	\$ Q	s /
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	s
Installment payments		
Motor vehicle:	\$	s \
Credit card (name):	\$	s
Department store (name):	\$ X	s
Other:	\$	s \
Alimony, maintenance, and support paid to others	\$	s

Regular expenses for operation of business, profession, or farm (attach detailed statement)	s	s
Other (specify): Est & 20, 11 / month CompUTER	s	\$
Printer paper + ink Costrings Total monthly expenses:	s 136.83 0.00	
9. Do you expect any major changes to your monthly income or expenses of next 12 months? Oxyoct to get Poorov Types No If yes, describe on an attached sheet.	or in your assets or lia	documents to
If yes, how much? \$	of a vis	- Morchal -
11. Provide any other information that will help explain why you cannot pay	the costs of these pr	oceedings.
12. Identify the city and state of your legal residence. Plant City Floor (863) 687-6141 Your daytime phone number: Your age: Your years of schooling: 6/2 and how you count tooks Stroks	any extra	work.