Produced with a Trial Version of PDF Annotator - www.PDFAnnotator.com ELECTRONICALLY FILED <u>** Exhibit 'L' -- Gordon Wayne Watts filing</u> 1/22/2018 6:33 PM This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Supreme Court and is required to be accepted in all Illinois PAGE 1 of 9
CIRCUIT COURT OF STATE OF ILLINOIS. CIRCUIT COURT APPLICATION FOR WAIVER OF COOK COUNTY, ILLINGIS AW DIVISION **COURT FEES** COUNTY CLERK DOROTHY BROWN Instructions -Enter above the county name where the ease was filed. Enter the name of the person who started the Plaintiff / Petitioner (First, middle, last name lawsuit as PlaintimPetitioner. Enter the name of the 2007-CH-29738 person being sued as Richards Dangeli, Gordon Wayne Wats, Joseph Yerm, Pan Listothen, et al., Defendant/Respondent. Enter the Case (Transfer from Change Number given by the Circuit Clerk or leave Defendant / Respondent (First, middle, last name) this blank if you do Case Number not have one. In In, enter your full Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state: name. If you are completing this form 1. I am providing the following information about myself: on behalf of a minor Marne a. Name: Corden or an incompetent adult, provide that person's information. Year of Birth: c. Street Address: In 1b, only enter the year you were born. City, State, ZIP: DO NOT enter your d. I believe I cannot afford to pay the court fees in this case. entire date of birth. In Ic, enter your 2. I am providing the following information about people who live with me: complete current address. a. I support adults (not counting myself) who live with me. In 2a, enter the number children under 18 who live with me. of people age 18 and older living in your house who you support. I have received 1 or more of the benefits listed below in the past 4 weeks: Support means that the people rely on you Yes financially. Supplemental Security Income (SSI) (Not Social Security) In 2b, enter the number Aid to the Aged, Blind and Disabled (AABD) of people under age 18 Temporary Assistance to Needy Families (TANF) living in your house. State Children & Family Assistance who you support In 3, check "Yes" if General Assistance (GA) you have received at least I of the benefits Transitional Assistance listed in the past 4 weeks. If you check "Yes" in "If you answered "Yes" in section 3, skip section 4 and sign the form." 3, skip 4 and sign the form.

		4. lc	Enter 200 hecked "No" in section	the Case Number give O) ~ C \	en by the Circuit Clerk: 2 134 LAW Circuit Clerk: 2 riding the following:	CO 7- C livishancial inf	H-29738 CTOMPLO ormation:
	In 4a, check "Yes" if you have applied for at least I of the benefits listed in section 3.	а,	I have applied for 1 or	r more of the bene	fits listed in section 3:	. 7	Breeny)
ELECTRONICALLY FILED 1/22/2018 6:33 PM 2007-CH-29738 PAGE 2 of 9	In 4b, 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 4c, check the box for each type of money you have received in the past 12 months. For each type, once the	. c.	I receive the following support who live with My employment: Child support: Pension: Other (list type and No income Total of all money received the following received by people I some My employment: Child support:	me. (check all that: \$ \$ amount): eived: \$ g total amount of reupport who live with the support who live with the suppo	Dother people's en Social Security (runemployment: The me. (check all that a) Other people's en Social Security (runemployment: Unemployment:	ey received mployment: not SSI): months. This oply) mployment: not SSI):	s s s includes money s s s
Maria de la companya	include the expenses of the people you support who live with you.		Home Mortgage: Other Mortgage: Utilities: Food:		- '		
(\$4 de-10 accessor manus communication home by			Other (list type and line) I have no expense Total of all expenses:	s		<u>\$.</u>	per month

ľ		Enter the Case Number giv	ren by the Circuit Clerk; 🖄	00 VCH. C.) 138
	in 4e, check all of the items owned by you	Enter the Case Number give 2007-01-29 e. I have the belongings listed below. This	1738 LAW D: s includes the belongin	gs of the people I support
	and list the value of	who live with me. (check all that apply)		for Chargery
i	each item. Include the items owned by the	Bank accounts and cash totaling:		\$
	people you support	Home real estate, worth:		\$
	Will have with year	The total I owe on my home	mortgage is:	\$
	If you own real estate, include the total you	Other real estate, not including the	house I live in, worth:	\$
	owe on any mortgage.	The total I owe on my other r	•	\$
		1 st vehicle worth: \$		paid off: Yes No
		2 nd vehicle worth: \$		
		Other (list items and value):		\$
		None of the above		· · · · · · · · · · · · · · · · · · ·
ZSY	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. Enter the complete corrent address and religiphone number of the person who filled out this form. If you are filling out this form for a minor or an incompetent adult, state your relationship.	I certify that everything above is true and coll understand that making a false statement in the statement of the statement o	Street Address: (AKCLANN) City, Stele, ZIP	perjury. .08d FL 33801-21B P880 (Homi)

	IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS							
GM.	IAC Mortgage, LLC							
	Plaintiff/Petitioner No. 07 CH 29738 (transferred to law)							
Goi	rdon Wayne Watts- Petitioner Defendant/Respondent Calendar							
	<u>ORDER</u>							
Cou	This matter coming before the Court on an Application and Affidavit to Sue or Defend as an Indigent Person, the art being fully advised in the premises, IT IS HEREBY ORDERED;							
Pur	suant to Supreme Court Rule 298 and 735 ILCS 5/5-105:							
	The applicant is permitted to sue or defend without payment of fees, costs or charges. Fees for the reproduction of any documents contained in the court file or the electronic docket are not waived without specific order of court. The applicant may be ordered to pay any portion of the waived fees or costs out of a settlement or judgment resulting from this action.							
V	The application is denied for the following reason(s): PETITIONER NEVER RECEIVED LEAVE OF COURT							
	TO PARTICIPATE IN THIS CASE. THEREFORE, PETITIONER IS NOT A PARTY TO THIS MATTER.							
	FURTHER, THIS CASE IS DISPOSED OF PURSUANT TO THE ORDER OF 7-10-17 (Attached).							
	Payment shall be: OR OR OR OR OR Or							
	JUDGE JAMES P. FLANNERY							
	MAR 01 2018							
	ENTERED: Circuit Court-1505							
	Dated: Judge's No							

Payment should be made by cash, money order or cashier's check, directly to the Clerk of the Circuit Court of Cook County at the courthouse where you filed your application.