

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Appellate Courts.

<b>Instructions</b> ▾	<input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). <u>NO - It does not.</u>	
Check the box to the right if your case involves custody, visitation, or removal of a child.	Appellate Case No.: <u>1-18-0091</u>	
Enter the Appellate Court case number.	<b>IN THE APPELLATE COURT OF ILLINOIS</b>  <u>FIRST</u> District	
Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	E-FILED Transaction ID: 1-18-0091 File Date: 1/19/2018 10:03 PM Thomas D. Palella Clerk of the Appellate Court APPELLATE COURT 1ST DISTRICT	
If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").	In re _____  <u>GMAC Mortgage, LLC</u> <input checked="" type="checkbox"/> Plaintiff/Petitioner (First, middle, last names) <input type="checkbox"/> Appellant <input checked="" type="checkbox"/> Appellee  <u>v. Richard B. Daniggelis,</u> <u>Gordon Wayne Watts, et. al.,</u> <input checked="" type="checkbox"/> Defendant/Respondent (First, middle, last names) <input type="checkbox"/> Appellant <input checked="" type="checkbox"/> Appellee, <u>Gordon W. Watts</u>	Appeal from the Circuit Court of <u>Cook</u> County  Trial Court Case No.: <u>2007-CH-29738</u>  Honorable <u>Diane M. Shelley</u> Judge, Presiding
	To the far right, enter the trial court county, trial court case number, and trial judge's name.	

**APPLICATION FOR WAIVER OF COURT FEES  
(APPELLATE COURT)**

In 1a, enter your full name. If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.

In 1b, only enter the year you were born. DO NOT enter your entire date of birth.

In 1c, enter your complete current address.

In 2, if you are currently incarcerated, attach a copy of your inmate trust fund ledger for the last 6 months or your Application will be rejected.

- I am providing the following information about myself:
  - Name: Gordon Wayne Watts  
First Middle Last
  - Year of Birth: 1966
  - Street Address: 821 Alicia Road  
 City, State, ZIP: LAKE LAND, FLORIDA 33801-2113
  - I cannot afford to pay the court fees in this case ←
  - Email address: Gww1210@aol.com Telephone number: (863) 688-9880 (H)  
Gww1210@gmail.com (863) 409-2109 (C)
- I am currently incarcerated.  Yes  No If yes, inmate I.D. # \_\_\_\_\_  
 If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.

**\*\*If you answered "Yes" in section 2, skip section 3, 4, and 5 and sign below.\*\***

In 3a, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.

In 3b, enter the number of people under age 18 living in your house who you support.

In 4, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in 4, skip 5 and sign below.

In 5a, check "Yes" if you have applied for at least 1 of the benefits listed in section 4.

In 5b, 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 5c, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

In 5d, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

3. I am providing the following information about people who live with me:
- a. I support 0 adults (not counting myself) who live with me.
  - b. I support 0 children under 18 who live with me.

4. I have received 1 or more of the benefits listed below in the past 4 weeks:

- Yes     No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - State Children & Family Assistance
  - Food Stamps (SNAP) ← Yes - see attached documentation
  - General Assistance (GA)
  - Transitional Assistance

**\*\*If you answered "Yes" in section 4, skip section 5 and sign below.\*\***

5. I checked "No" in section 4, so I am providing the following financial information:

- a. I have applied for 1 or more of the benefits listed in section 4:
- Yes     No
- b. I receive the following money each month. This includes money received by people I support who live with me. (check all that apply)
- |  |          |   |          |
|--|----------|---|----------|
| <input type="checkbox"/> My employment:                | \$ _____ | <input type="checkbox"/> Other people's employment: | \$ _____ |
| <input type="checkbox"/> Child support:                | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Pension:                      | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Other (list type and amount): | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                     |          |   |          |
- Total of all money received: \$ \_\_\_\_\_

- c. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (check all that apply)
- |  |          |                    |
|--|----------|--------------------|
| <input type="checkbox"/> Rent:                         | \$ _____ | per month          |
| <input type="checkbox"/> Home Mortgage:                | \$ _____ | per month          |
| <input type="checkbox"/> Other Mortgage:               | \$ _____ | per month          |
| <input type="checkbox"/> Utilities:                    | \$ _____ | per month          |
| <input type="checkbox"/> Food:                         | \$ _____ | per month          |
| <input type="checkbox"/> Medical:                      | \$ _____ | per month          |
| <input type="checkbox"/> Car Loan:                     | \$ _____ | per month          |
| <input type="checkbox"/> Other (list type and amount): | _____    | \$ _____ per month |
| <input type="checkbox"/> I have no expenses            |          |                    |
- Total of all expenses: \$ \_\_\_\_\_

- d. I have the belongings listed below. This includes the belongings of the people I support who live with me. (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Bank accounts and cash totaling:                             | \$ _____   |
| <input type="checkbox"/> Home real estate, worth:                                     | \$ _____   |
| The total I owe on my home mortgage is: \$ _____                                      |  |
| <input type="checkbox"/> Other real estate, not including the house I live in, worth: | \$ _____   |
| The total I owe on my other mortgage is: \$ _____                                     |  |
| <input type="checkbox"/> 1 <sup>st</sup> vehicle worth:                               | \$ _____   |
| The 1 <sup>st</sup> vehicle is paid off:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Enter the Case Number given by the Appellate Court Clerk: 1-18-0091

- 2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid  Yes  No
- Other (list items and value): \_\_\_\_\_ \$ \_\_\_\_\_
- None of the above

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. If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

I certify that everything in the Application for Waiver of Court Fees (Appellate Court) is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

Gordon Wayne Watts  
Your Signature

821 Alicia Road  
Street Address

Lakeland FL 33801-2113  
City, State, ZIP

- N/A -  
Relationship to Minor or Incompetent Adult (if applicable)

H: 863-688-9880  
Telephone

C: 863-409-2109

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

Primary: Gww1210@AOL.com  
Email

Alternate: Gww1210@Gmail.com

**PROOF OF SERVICE**

In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In 1b, check the box to show how you sent the document, and fill in any other information required on the blank lines.

**CAUTION:** If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

1. I sent this document:
  - a. To: ALL parties in attached service list  
Name: \_\_\_\_\_  
Address: by 1st class U.S. Postal Mail - except  
Email address: certain trial court personnel - as indicated - who aren't parties to appeal - See Service List.
  - b. By:  Personal hand delivery  
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at:  
6000 S. Fla. Ave, Lakeland, FL U.S. Post Office  
 Third-party commercial carrier, with delivery paid for at: \_\_\_\_\_

Name (for example, FedEx or UPS) and office address

Enter the Case Number given by the Appellate Court Clerk: 1-18-0091

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (not through an EFM or EFSP)
- Mail from a prison or jail at:

Name of prison or jail

In c, fill in the date and time that you sent the document.

c. On: Friday, 19 January 2018  
Date  
 At: 11:59  a.m.  p.m. E.S.T.  
Time

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

2. I sent this document:

a. To: ALL parties who are efile  
Name: First Middle Last  
 Address: registered in this case -  
Street, Apt # City State ZIP  
 Email address: See Attached Service List

- b. By:  Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP) - Odyssey eFileIL (TylerHosston)
- Email (not through an EFM or EFSP)
- Mail from a prison or jail at:

Name of prison or jail

c. On: Friday, 19 January 2018  
Date  
 At: 11:59  a.m.  p.m. E.S.T.  
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To: All parties whose e-mail address(es) I  
Name: First Middle Last  
 Address: have - See Attached Service List  
Street, Apt # City State ZIP  
 Email address: (See Service List)

Enter the Case Number given by the Appellate Court Clerk: 1-18-0091

- b. By:  Personal hand delivery  
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)  
 Email (not through an EFM or EFSP) ←  
 Mail from a prison or jail at:

Name of prison or jail

c. On: Friday, 19 January 2018  
Date

At: 11:59  a.m.  p.m. E.S.T.  
Time

If you are serving more than 3 parties or lawyers, fill out and insert 1 or more Additional Proof of Service forms after this page.

4. And - ~~Elm posting~~ I am POSTING online at www.GordonWatts.com and www.GordonWayneWatts.com said docs - see "Mortgage Fraud" story dated Fri. 14 April 2017.

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.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

Gordon Wayne Watts  
Your Signature

Friday, 19 January 2018

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

Print Your Name  
Gordon Wayne Watts

ACCESS CENTRAL MAIL CENTER  
P.O. BOX 1770  
OCALA FL 34478

**Notice of Case Action**  
State of Florida Department  
of Children and Families



December 7, 2017

Case: 1165166518

Phone: (407) 552-0396

GORDON W WATTS  
821 ALICIA RD  
LAKELAND FL 33801

Dear Gordon W Watts

The following is information about your eligibility.

**Food Assistance**

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 1.

Name	Jan, 2018 Thru July 31, 2018
Gordon Watts	Eligible
Benefit Amount	\$188.00

Did you know you now have an on-line account with us? Go to [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida). You will need your case number, 1165166518, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of \$1,307.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida). You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

The requirement to report changes for Cash and Medicaid benefits is different. If you are receiving either of those benefits, you must still report all changes in your household's circumstances within 10 days.



Menu Food Assistance Details x +

dcf-access.dcf.state.fl.us/access/benefitDetails.do

www.youtube.com/us gww1210f gww1210g support.microsoft.com www.microsoft.com/fe gw00dani gww0dani

If you are currently receiving regular food assistance benefits you are not eligible for D-SNAP (Food for Florida). Do not apply online or go to the site locations. If you try to apply for D-SNAP, you will be denied because you already receive food assistance benefits from SNAP.

- Regular food assistance recipients who live in the 48 counties approved for D-SNAP will have their household allotment increased to the maximum for September and October. The increase will bring them up to the total amount they would have received from D-SNAP, and will be credited to their EBT cards.
- The supplement is automatic. You do not have to do anything.
- The supplement will not be labeled in your MyACCESS Account.

### Food Assistance Details

#### Case Information

<b>Case Number</b>	1165166518	<b>Head of the Household</b>	GORDON W. WATTS
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#### Food Assistance Details

Group No	Payee	Begin Date	End Date	Status	Monthly Amount	Benefit Month	Date Benefit Available	History Information
01	GORDON W. WATTS	01/01/2018	01/31/2018	OPEN	178			<a href="#">click here</a>
01	GORDON W. WATTS	12/01/2017	12/31/2017	OPEN	178	December, 2017	12/05/2017	<a href="#">click here</a>
01	GORDON W. WATTS	11/01/2017	11/30/2017	OPEN	179	November, 2017	11/05/2017	<a href="#">click here</a>

**SERVICE LIST**

- \* 1st District Appellate Court, Clerk's Office, 160 North LaSalle St., Chicago, IL 60601 (312) 793-5484 , Office Hours: 8:30a.m.-4:30p.m., Mon-Fri, Excl. Holidays [served by eFiling only, since this The Court no longer accepts paper filings]**
  
- \* CIVIL APPEALS DIVISION: Richard J. Daley Center, 50 West Washington St., Room 801 Chicago, IL 60602 – (312) 603-5406, Hours: 8:30a.m.-4:30p.m., Mon-Fri, Excl. Holidays Attention: Deputy Chief, Patricia O'Brian, [PAOBrien@CookCountyCourt.com](mailto:PAOBrien@CookCountyCourt.com) [served by email / electronic service only, as a courtesy, since this is an appeal]**
  
- \*Hon. Timothy C. Evans, Chief Judge (Ph 312-603-6000, 4299, 4259 TTY: 6673) Circuit Court of Cook County, 50 W. Washington St., Room 2600, Richard J. Daley Center Chicago, IL 60602 Courtesy copy via: [Timothy.Evans@CookCountyIL.gov](mailto:Timothy.Evans@CookCountyIL.gov) [served by email / electronic service only, as a courtesy, since this is an appeal]**
  
- \* Hon. James P. Flannery, Jr., Cir. Judge–Presiding Judge, Law Division [re: “Application for Waiver of Court Fees”] 50 W. Washington St., Room 2005, Chicago, IL 60602, Ph:312-603-6343 Courtesy copy via: [James.Flannery@CookCountyIL.gov](mailto:James.Flannery@CookCountyIL.gov) [served by email / electronic service only, as a courtesy, since this is an appeal]**
  
- \* Law Division and Hon. Diane M. Shelley, Circuit Judge, [served by email / electronic service only, as a courtesy, since this is an appeal] [Law@CookCountyCourt.com](mailto:Law@CookCountyCourt.com) ; [ccc.LawCalendarW@CookcountyIL.gov](mailto:ccc.LawCalendarW@CookcountyIL.gov) ; [Diane.Shelley@CookCountyIL.gov](mailto:Diane.Shelley@CookCountyIL.gov)**
  
- \* Richard B. Daniggelis [true owner of 1720] 312-774-4742, c/o John Daniggelis 773-327-7198 2150 North Lincoln Park West, Apartment #603, Chicago, IL 60614-4652**
  
- \* Unknown Owners/NonRecord Claimants 1720 North Sedgwick St., Chicago, IL 60614-5722**
  
- \* Andjelko Galic (Atty#:33013) Cell:312-217-5433, Fax:312-986-1810, Phone:312-986-1510 845 Sherwood Road, LaGrange Park, IL 60526-1547 (Please take note of Mr. Galic's new address) Email: [AndjelkoGalic@Hotmail.com](mailto:AndjelkoGalic@Hotmail.com) ; [AGForeclosureDefense@Gmail.com](mailto:AGForeclosureDefense@Gmail.com)**
  
- \* Robert J. More ( [Anselm45@Gmail.com](mailto:Anselm45@Gmail.com) ) [Note: More's name is misspelled on docket as: “MOORE ROBERT”] P.O. Box 6926, Chicago, IL, 60680-6926, PH: (708) 317-8812**
  
- \* COHON RAIZES®AL LLP (90192) (Atty for STEWART TITLE ILLINOIS) Attn: Carrie A. Dolan, 208 S LASALLE#1860, CHICAGO IL, 60604 [ph:(312) 726-2252]**



**SERVICE LIST (continued from above)**

\* **MERS** (Mortgage Electronic Registration Systems, Inc.) <https://www.mersinc.org/about-us/about-us> a nominee for HLB Mortgage; Janis Smith, 703-738-0230, VP, Corp. Comm. is no longer with MersCorp, and Amy Moses ([AmyM@MersCorp.com](mailto:AmyM@MersCorp.com)) has replaced her as an email contact; Sandra Troutman 703-761-1274, E: [SandraT@mersinc.org](mailto:SandraT@mersinc.org) Dir, Corporate Communications, 1595 Springhill road, Suite 310, Vienna, VA 22182  
**(703) 761-0694 / (800)-646-6377**

\* **Stewart Title, Attn: Leigh Curry**  
<http://www.Stewart.com/en/stc/chicago/contact-us/contact-us.html>  
2055 W. Army Trail Rd., STE 110, Addison, IL 60101 [ph:(630) 889-4050]

\* **Associated Bank, N.A.**, 200 North Adam Street, Green Bay, WI 54301-5142

\* **Richard Indyke, Esq.** Atty. No. 20584, (312-332-2828 Atty for LaSalle Bank Natl. Assn.),  
Email: [RIndyke@SBCGlobal.net](mailto:RIndyke@SBCGlobal.net) ; 221 N. LaSalle St. STE 1200, Chicago, IL 60601-1305

\* **Peter King (Atty. for Joseph Younes)** (Atty. No.: 48761)  
(312) 780-7302 / (312) 724-8218 / Direct: (312) 724-8221  
<http://www.KingHolloway.com/contact.htm> ; Attn: Peter M. King, Esq. [PKing@khl-law.com](mailto:PKing@khl-law.com)  
or: [PKing@KingHolloway.com](mailto:PKing@KingHolloway.com) ; One North LaSalle Street, Suite 3040, Chicago, IL 60602

\* **Joe Younes:** 2625 West Farewell Avenue, Chicago, IL 60645-4522 [JoeYounes@SbcGlobal.net](mailto:JoeYounes@SbcGlobal.net)

\* **Joseph Younes** (Atty#:55351) Law Offices / <http://ChicagoAccidentAttorney.net>  
312-635-5716, per website 166 West WASHINGTON ST, Ste. 600, Chicago, IL 60602-3596  
Phone: 312-372-1122 ; 312-802-1122 ; Fax: 312-372-1408. Email: [RoJoe69@yahoo.com](mailto:RoJoe69@yahoo.com)

\* **John P. LaRocque**, 2 Orchard Place, Hinsdale, IL 60521 ***[Last known address]***

\* **Paul L. Shelton**, (630) 993-9999, (630) 333-4009, (630) 286-5100, / Direct: (630) 842-0126  
(Atty. #15323, disbarred per IARDC) E: [PMSA136@Gmail.com](mailto:PMSA136@Gmail.com) ; [PLShelton@SBCGlobal.net](mailto:PLShelton@SBCGlobal.net)  
<http://www.il-reab.com/agents/26812-paul-l-shelton-shelton-associates-hinsdale-il-60523>  
c/o: Shelton Law Group, LLC, <https://www.youtube.com/user/PaulSheltonLawGroup>  
1010 Jorie Blvd. #144, Oak Brook, IL 60523

\* **Paul L. Shelton, Pro Se**, 3 Grant Square, SUITE #363, Hinsdale, IL 60521-3351

\* **Paul L. Shelton** [PH: 630-986-5555], 10 North Adams Street, Hinsdale, IL 60521

\* **Erika R. Rhone** 9948 South Normal, Chicago, IL 60628-1229

\* **Erika R. Rhone** [ph:(773) 788-3711], 22711 Southbrook Dr., Sauk Village, IL 60411-4291

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Appellate Courts.

<b>Instructions</b> ▼ Check the box to the right if your case involves custody, visitation, or removal of a child. Enter the Appellate Court case number. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed. If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee"). To the far right, enter the trial court county, trial court case number, and trial judge's name.	<input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b>  Appellate Case No.: 1-18-0091  <b>IN THE APPELLATE COURT OF ILLINOIS</b> First District  In re _____  GMAC Mortgage, LLC Plaintiff/Petitioner (First, middle, last names) <input type="checkbox"/> Appellant <input checked="" type="checkbox"/> Appellee  v.  Gordon Wayne Watts, et. al., Defendant/Respondent (First, middle, last names) <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee  Appeal from the Circuit Court of Cook County  Trial Court Case No.: 2007-CH-29738  Honorable Diane M. Shelley Judge, Presiding
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### ORDER FOR WAIVER OF COURT FEES (APPELLATE COURT)

Enter your full name as "Applicant."	Applicant Name: Gordon Wayne Watts First Middle Last
DO NOT check any more boxes or fill in any more blanks on this form. The Appellate Court will decide if your Application for Waiver of Court Fees is granted or denied and complete the rest of this form.	The Court having reviewed the Application for Waiver of Court Fees hereby finds: <input type="checkbox"/> The applicant qualifies for a fee waiver. <input type="checkbox"/> The applicant does not qualify for a fee waiver because (must state specific reason): _____  IT IS HEREBY ORDERED: <input type="checkbox"/> Application for Waiver of Court Fees is GRANTED. The applicant may participate in this appeal without payment of fees, costs, or charges. <input type="checkbox"/> Application for Waiver of Court Fees is DENIED and: <input type="checkbox"/> Applicant must pay all applicable fees, costs, or charges by: _____ OR Date <input type="checkbox"/> Applicant must pay all applicable fees, costs or charges as follows (describe payment plan): _____
DO NOT complete this section. The justice will sign and date here.	ENTERED: _____ Justice Date

Print

Save

Reset Form