

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

STATE OF ILLINOIS, CIRCUIT COURT <u>Cook</u> COUNTY		APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
<b>Instructions</b> ▼ Enter above the county name where the case was filed.	GMAC Mortgage, LLC aka "US Bank, N.A." etc.,		
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.	Plaintiff / Petitioner (First, middle, last name)		
Enter the name of the person being sued as Defendant/Respondent.	v. Atty. Joseph Young, Esq., Mr. Richard B.		2007-CH-29738
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	Donigellis, et al.,		Chancery Division
	Defendant / Respondent (First, middle, last name)		Case Number

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 2a, 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 2b, enter the number of people under age 18 living in your house who you support.

In 3, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in 3, skip 4 and sign the form.

Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:

1. I am providing the following information about myself:

- a. Name: Gordon Wayne Watts  
First Middle Last
- b. Year of Birth: 1966
- c. Street Address: 821 Alicia Road  
 City, State, ZIP: LAKELAND, Florida 33801-2113
- d. I believe I cannot afford to pay the court fees in this case.

2. 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.

3. 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. (MW)
  - General Assistance (GA)
  - Transitional Assistance

\*\*If you answered "Yes" in section 3, skip section 4 and sign the form.\*\*



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4. I checked "No" in section 3, so I am providing the following financial information:

In 4a, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

a. I have applied for 1 or more of the benefits listed in section 3:

Yes  No

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.

b. I receive the following money each month. This includes money received by people I

support who live with me. (check all that apply)

My employment: \$ \_\_\_\_\_  Other people's employment: \$ \_\_\_\_\_

Child support: \$ \_\_\_\_\_  Social Security (not SSI): \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_  Unemployment: \$ \_\_\_\_\_

Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_

No income

Total of all money received: \$ \_\_\_\_\_

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, enter the total amount received in the past 12 months before taxes.

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. (check all that apply)

My employment: \$ \_\_\_\_\_  Other people's employment: \$ \_\_\_\_\_

Child support: \$ \_\_\_\_\_  Social Security (not SSI): \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_  Unemployment: \$ \_\_\_\_\_

Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_

No income

Total of all money received: \$ \_\_\_\_\_

Include the money received by the people you support who live with you.

In 4d, 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.

d. 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)

Rent: \$ \_\_\_\_\_ per month

Home Mortgage: \$ \_\_\_\_\_ per month

Other Mortgage: \$ \_\_\_\_\_ per month

Utilities: \$ \_\_\_\_\_ per month

Food: \$ \_\_\_\_\_ per month

Medical: \$ \_\_\_\_\_ per month

Car Loan: \$ \_\_\_\_\_ per month

Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_ per month

I have no expenses

Total of all expenses: \$ \_\_\_\_\_



Enter the Case Number given by the Circuit Clerk:

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In 4e, 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.

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. (check all that apply)

Bank accounts and cash totaling: \$ \_\_\_\_\_

Home real estate, worth: \$ \_\_\_\_\_

The total I owe on my home mortgage is: \$ \_\_\_\_\_

Other real estate, not including the house I live in, worth: \$ \_\_\_\_\_

The total I owe on my other mortgage is: \$ \_\_\_\_\_

1<sup>st</sup> vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off:  Yes  No

2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid off:  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.

Enter the complete current address and telephone 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 correct to the best of my knowledge.

I understand that making a false statement in this form could be perjury.

Dorinda Wayne Watts  
Your Signature

821 Alicia Road  
Street Address

Gordon Wayne Watts  
Print Your Current Name

Lakeland, FL 33801-2113  
City, State, ZIP

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

(863) 688-9880 (Home)  
Telephone  
(863) 409-2109 (Cell)



IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

No. \_\_\_\_\_

Calendar \_\_\_\_\_

ORDER

This matter coming before the Court on an Application and Affidavit to Sue or Defend as an Indigent Person, the Court being fully advised in the premises, IT IS HEREBY ORDERED;

Pursuant 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.
- The application is denied for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Payment shall be:  made by \_\_\_\_\_ (date) OR  deferred until \_\_\_\_\_ (date) OR  other \_\_\_\_\_  
\_\_\_\_\_

ENTERED:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge

\_\_\_\_\_  
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.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS