

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

vs.

No. _____

APPLICATION TO SUE OR DEFEND AS AN INDIGENT PERSON

I, _____,

on my own behalf, _____

as _____ on behalf of _____,
(Parent, Guardian, other) (Name)

a _____, called "applicant", on oath state:
(Minor or Incompetent Adult)

1. Applicant is receiving assistance under one or more of the following public benefits programs:

- Supplement Security Income (SSI) \$ _____
- Aid to the Aged, Blind and Disabled (AABD) \$ _____
- Temporary Assistance for Needy Families (TANF) \$ _____
- Food Stamps \$ _____
- General Assistance \$ _____
- State Transitional Assistance \$ _____
- State Children and Family Assistance \$ _____

2. Applicant's available income is/is not 125% or less of the current poverty level as established by the United States Department of Health and Human Services: \$ _____

3. The nature and value of the applicant's assets are: \$ _____

4. The applicant is/is not eligible to receive civil legal services as defined in section 5-105.5 of the Code of Civil Procedure (735 ILCS 5/5-105.5)

5. Applicant is/is not unable to proceed in an action without payment of fees, costs and charges and the applicants payment of those fees, costs and charges would result in substantial hardship to the applicant or the applicants family.

6. The employment status of the applicant is _____

The employment status of the applicant's spouse is _____

7. The current income of the applicant is \$ _____

The current income of the applicant's spouse is \$ _____

8. The applicant is/is not receiving or paying child support.

9. The applicants monthly living expenses (exclusive of payment of debts and child support) is \$ _____

10. The applicant, in good faith, believes that he or she has a meritorious _____
(claim or defense)

(Signature)

Signed and sworn to before me

_____, 20__.

(Notary Public/Circuit Clerk)

ORDER

Application granted

Application denied for the following reason: _____

20__

(Judge)

Name _____

Attorney for Applicant _____

Address _____

City _____

Telephone _____