

# Getting Started Application for Waiver of Court Fees

## Getting Started

### Application for Waiver of Court Fees

**IMPORTANT:** This getting started guide and the instructions are not legal advice. They are only meant to help you learn how to use the *Application for Waiver of Court Fees* forms. Your use of the forms does not guarantee you will be successful in court.

To learn how to fill out the forms and file them with the court, read the *How to Ask the Judge to Participate in a Court Case for Free or at a Reduced Cost* instruction sheet and the instructions on the forms.

<b>Names of the forms:</b>	<ul style="list-style-type: none"><li>• <i>Application for Waiver of Court Fees</i></li><li>• <i>Order for Waiver of Court Fees</i></li></ul>
<b>Purpose of the forms:</b>	To ask the court to let you participate in a court case for free or at a reduced cost.
<b>Types of cases the forms CAN be used for:</b>	All civil cases. For example, divorce cases, family cases, eviction cases, small claims cases, foreclosure cases and lawsuits for injury or property damage. It can also be used in expungement and sealing of criminal cases.
<b>Types of cases the forms CANNOT be used for:</b>	All criminal, traffic, and juvenile justice cases. If you need to ask for a fee waiver in a criminal case, you can use the <i>Application for Waiver of Criminal Court Assessments</i> form found here: <a href="http://illinoiscourts.gov/Forms/approved/Circuit.asp">illinoiscourts.gov/Forms/approved/Circuit.asp</a>
<b>Special information or papers needed to complete the forms:</b>	<ul style="list-style-type: none"><li>• You will need to know your income and expenses information for the past 12 months. You also need to know the value of your belongings, including any real estate.</li><li>• If you are filling this form out on behalf of a minor or incompetent adult, you will need that person's information.</li><li>• If you get public benefits, you may want to bring current proof of eligibility and a benefits statement from the agency providing the benefit when you file your forms.</li><li>• If you don't get public benefits, you may want to bring documents showing your income, value of belongings (including real estate) and expense information when you file your forms.</li></ul>
<b>Statutes and rules covering the forms:</b>	<ul style="list-style-type: none"><li>• <a href="#">735 ILCS 5/5-105 and 5/5-105.5</a></li><li>• <a href="#">Illinois Supreme Court Rule 298</a></li></ul>
<b>Where to find the forms and instruction sheet:</b>	<a href="http://illinoiscourts.gov/Forms/approved/Circuit.asp">illinoiscourts.gov/Forms/approved/Circuit.asp</a>
<b>For more information:</b>	Read the <i>How to Ask the Court to Participate in a Court Case for Free or at a Reduced Cost</i> instruction sheet that comes with these forms. You may also find more information, resources, and the location of your local county self help center at: <a href="http://illinoislegalaid.org/FeeWaiver">illinoislegalaid.org/FeeWaiver</a> .

Find Illinois Supreme Court approved forms at: [illinoiscourts.gov/Forms/approved/](http://illinoiscourts.gov/Forms/approved/).

[Print Form](#)

[Save Form](#)

# Application for Waiver of Court Fees

If you are seeking a waiver of court fees, you will need to submit the below in .pdf format. If possible, combine the documents in one .pdf document (see attached information sheet regarding .pdf). Do not include documents other than what is listed below.

1. File your Application for Waiver of Court Fees with the Clerk's Office;
2. Submit a copy of the filed Application for Waiver of Court Fees, as well as a copy of the Order for Waiver of Court Fees, in .pdf format.
3. Proof of income (paystub, W-2,etc.) or evidence of the means-based public assistance you are receiving. e.g. SSI, GA, TANF, AABD, SNAP.

If you have not complied with the instructions, your Application and Order will not be forwarded to the Judge to whom your case is assigned.

## Once you have filled out your Application

Once you have filled out your Application and filed with the Clerk of the Circuit Court of Cook County, the Clerk of the Circuit Court will transmit the Application packet to the Court Coordinator or Court Clerk to send to the Judge to whom your case is assigned. For a list of court coordinators and judges, please visit [www.cookcountycourt.org](http://www.cookcountycourt.org) and follow these steps to take you to the Contact List for the Domestic Relations Division:

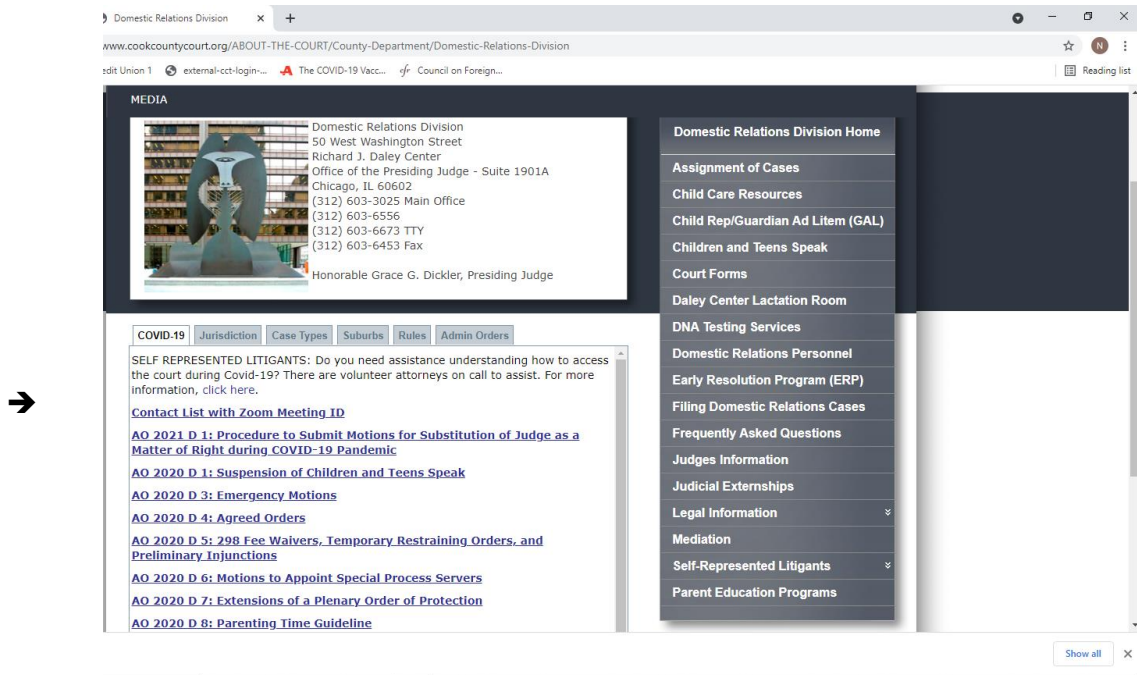
1. [www.cookcountycourt.org](http://www.cookcountycourt.org)



## 2. Select "For Attorneys/Litigants" then select "Domestic Relations Division"



## 3. Select "Contact List and Zoom Meeting IDs"



# Remote Court Documents



How to prepare and send forms, evidence and other documents to the court for your remote court hearing

## Any time you email documents to the court:

	<b>DO</b>		Make sure everything is in order and filled out completely.		Only send documents that are saved as PDF files.		Send one email with all documents saved and attached individually.		Put your court case number in the subject line of every email.
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	<b>DO NOT</b>		Do <b>NOT</b> send documents that are sideways or upside down.		Do <b>NOT</b> save documents in programs like Word, Pages, etc.		Do <b>NOT</b> attach individual pages of documents with multiple pages.		Do <b>NOT</b> take and send pictures of your documents.
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## Four ways to save documents as a PDF:

### 1 Save as PDF on a computer

On some computers, you can save documents as a PDF by going to **save as** and selecting "PDF (\*.pdf)" in the dropdown.

↑ Desktop  
Case 20D000789  
Word Document (\*.docx)  
Word Document (\*.docx)  
Word Macro-Enabled Document (\*.docm)  
Word 97-2003 Document (\*.doc)  
Word Template (\*.dotx)  
Word Macro-Enabled Template (\*.dotm)  
Word 97-2003 Template (\*.dot)  
**PDF (\*.pdf)**  
XPS Document (\*.xps)

### 2 Print to PDF on a computer

On most computers, you can save your documents as a PDF by going to **print** and selecting "Print" or "Save" to PDF in the dropdown.

Print  
Copies: 1  
Printer  
Microsoft Print to PDF  
Ready  
Printer Properties

### 3 Convert to PDF online

You can make documents saved on your computer into PDFs by going online to [freepdfconvert.com](https://freepdfconvert.com) and uploading the file(s) you would like to convert.

Online PDF Converter  
Easily convert to and from PDF in seconds.  
Choose file

### 4 Scan to PDF on a smartphone

If your documents are printed, you can get a free scanner app for your smartphone to **scan** and save them as a PDF.

# Application for Waiver of Court Fees

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

<b>STATE OF ILLINOIS,</b> <b>CIRCUIT COURT</b> _____ <b>COUNTY</b>		<b>APPLICATION FOR WAIVER OF</b> <b>COURT FEES</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being charged as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.		Plaintiff / Petitioner (First, middle, last name) _____  v. _____  Defendant / Respondent (First, middle, last name) _____	Case Number _____

**NOTE:** If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.

Pursuant to [Illinois Supreme Court Rule 298](#) and [735 ILCS 5/5-105](#), I state:

In <b>1a</b> , enter your full name: In <b>1b</b> , only enter the year you were born. DO NOT enter your entire date of birth. In <b>1c</b> , enter your complete current address. In <b>2a</b> , 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 <b>2b</b> , enter the number of people under age 18 living in your house who you support. In <b>3</b> , check "Yes" if you are currently receiving 1 or more of the benefits listed below. If you check "Yes" in <b>3</b> , skip <b>4</b> and sign the form. You do not have to complete <b>4</b> .	<p><b>1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:</b></p> <p>a. Name: _____                              <i>First</i>                                    <i>Middle</i>                                    <i>Last</i></p> <p>b. Year of Birth: _____</p> <p>c. Street Address: _____                              City, State, ZIP: _____</p> <p><b>2. I am providing the following information about people who live with me:</b></p> <p>a. I support _____ adults (<i>not counting myself</i>) who live with me.</p> <p>b. I support _____ children under 18 who live with me.</p> <p><b>3. I am receiving 1 or more of the benefits listed below:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Supplemental Security Income (SSI) (Not Social Security)</li> <li>• Aid to the Aged, Blind and Disabled (AABD)</li> <li>• Temporary Assistance to Needy Families (TANF)</li> <li>• SNAP (Food Stamps)</li> <li>• General Assistance (GA), Transitional Assistance, or State Children and Family Assistance</li> </ul> <p style="text-align: center;"><b>**If you answered "Yes" in section 3, you qualify for a fee waiver under <a href="#">735 ILCS 5/5-105(a)(2)(i) and (b)(1)</a>. You can skip section 4 and sign the form.**</b></p>
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This is a 3 page document and is available for download on line at <https://www.illinoiscourts.gov/documents-and-forms/approved-forms/>

Once at the website, select "Fee Waiver for Civil Cases" or you may obtain a hard copy at the office of the Clerk of Circuit Court of Cook County. Example of a filled out fee waiver is on the following pages.



<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  [insert county where your case is filed] <b>COUNTY</b>	<b>APPLICATION FOR WAIVER OF COURT FEES</b>	<i>For Court Use Only</i>  In order to have your fee waiver entered by the Court, your fully completed Application for Waiver of Court Fees shall be filed with the Clerk of the Circuit Court of Cook County. If it is not filed with the Clerk of the Circuit Court and the file stamp is not on the waiver, the Court will not be able to enter the waiver of fees.   [Insert case number assigned By the Clerk of the Circuit Court of Cook County]  2021 D xxxxxx Case Number
<b>Instructions ▼</b> Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being charged as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ <b>First and Last Name of Petitioner</b> <b>Plaintiff / Petitioner</b> (First, middle, last name)  v.  _____ <b>First and Last Name of Respondent</b> <b>Defendant /Respondent</b> (First, middle, last name)	

**NOTE:** If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.

Pursuant to [Illinois Supreme Court Rule 298](#) and [735 ILCS 5/5-105](#), I state:

In **1a**, enter your full name

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

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In **1c**, enter your complete current address.

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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.

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

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In **3**, check "Yes" if you are currently receiving 1 or more of the benefits listed below.

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If you check "Yes" in **3**, skip **4** and sign the form. You do not have to complete **4**.

**1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:**

- a. Name: Name of Person Seeking Waiver of Fees  
*First* *Middle* *Last*
- b. Year of Birth: Year of birth of person seeking waiver of fees
- c. Street Address: Address of person seeking waiver of fees  
 City, State, ZIP: City, State and Zip Code of person seeking waiver of fees

**2. I am providing the following information about people who live with me:**

- a. I support \_\_\_\_\_ adults (not counting myself) who live with me. ← Select option that applies.
- b. I support \_\_\_\_\_ children under 18 who live with me.

**3. I am receiving 1 or more of the benefits listed below:**

- Yes  No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - SNAP (Food Stamps)
  - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
- ← Select option that applies.

**\*\*If you answered "Yes" in section 3, you qualify for a fee waiver under [735 ILCS 5/5-105\(a\)\(2\)\(i\) and \(b\)\(1\)](#). You can skip section 4 and sign the form.\*\***

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

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.

Under **Other** in **4b** and **4c**, include any money received from family or friends.

In **4c**, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.

In **4d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

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

- a. I have a pending application for 1 or more of the benefits listed in section 3:  
 Yes     No
- b. I received the following money in the past month. *(check all that apply)*
- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment:                       | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Child support:                       | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Pension:                             | \$ _____ |   |          |
| <input type="checkbox"/> Money from other household members:  |          |   | \$ _____ |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                            |          |   |          |
| Total of all money received in the past month: \$ _____       |          |   |          |
- c. I received the following total amount of money in the past 12 months. *(check all that apply)*
- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment:                       | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Child support:                       | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Pension:                             | \$ _____ |   |          |
| <input type="checkbox"/> Money from other household members:  |          |   | \$ _____ |
| <input type="checkbox"/> Other <i>(list type and amount):</i> | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                            |          |   |          |
| Total of all money received in the past 12 months: \$ _____   |          |   |          |
- d. My current monthly debts and expenses are listed below. *(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"/> Childcare:   | \$ _____ per month |
| <input type="checkbox"/> Child Support:   | \$ _____ per month |
| <input type="checkbox"/> Other expenses not listed above <i>(list type and amount):</i> | _____              |
|   | \$ _____           |
| <input type="checkbox"/> Other debts not listed above <i>(list type and amount):</i>    | _____              |
|   | \$ _____           |
| <input type="checkbox"/> I have no expenses.  |                    |
| Total of all expenses: \$ _____ per month   |                    |

If answered "No" to section 3, fill out section 4.

Furthermore, some judges will require proof of income. Be prepared to submit Proof of income (paystub, W-2, etc.) or evidence of the means-based public assistance you are receiving. e.g. SSI, GA, TANF, AABD, SNAP.

In 4e, check all of the items owned by you and list the value of each item. If you own real estate, include the total you owe on any mortgage.

- e. I have the belongings listed below. (check all that apply)
- Bank accounts and cash totaling: \$ \_\_\_\_\_
  - Home 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: \$ \_\_\_\_\_
  - 1st 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 Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

/s/ \_\_\_\_\_ Street Address  
*Your Signature*

\_\_\_\_\_ City, State, ZIP  
*Print Your Name*

\_\_\_\_\_ Telephone  
*Relationship to Minor or Incompetent Adult (if applicable)*

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

If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person. Enter your complete current address and telephone number.

↑

Insert signature, address, and telephone number

**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.

**If you have an e-mail address, please include that in this space**  
 Email



# Order for Waiver of Court Fees

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

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>		<b>ORDER FOR WAIVER OF COURT FEES</b>		<i>For Court Use Only</i>
_____ COUNTY				
<b>Instructions ▼</b>				
Directly above, enter the name of the county where the case was filed.				
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.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.		Defendant / Respondent (First, middle, last name)		Case Number

Enter your full name as "Applicant."

**Applicant Name:** \_\_\_\_\_  
*First Middle Last*

**DO NOT** check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

**The Court having reviewed the Application for Waiver of Court Fees hereby finds:**

- The applicant **qualifies** for a **full (100%)** waiver of all fees, costs, and charges because (check only one):
  - The applicant receives means-based government assistance under one or more of the following programs:
    - Supplemental Security Income (SSI) (Not Social Security)
    - Aid to the Aged, Blind and Disabled (AABD)
    - Temporary Assistance for Needy Families (TANF)
    - SNAP(Food Stamps)
    - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
  - OR**
  - The applicant's personal income is **125%** or less of the current poverty level as established by the U.S. Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the fees, costs, or charges;
  - OR**
  - Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
- The applicant **qualifies** for a **partial (75%, 50%, or 25%)** waiver of all fees, costs, and charges because the applicant's household income is (check one):
  - more than **125%** but not greater than **150%** (75% waived); OR
  - more than **150%** but not greater than **175%** (50% waived); OR
  - more than **175%** but not greater than **200%** (25% waived)
 of the current poverty level as established by the US Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable

This is a 2 page document and is available for download on line at

<https://www.illinoiscourts.gov/documents-and-forms/approved-forms/>

Once at the website, select "Fee Waiver for Civil Cases" or you may obtain a hard copy at the office of the Clerk of Circuit Court of Cook County. Example of a filled out Order for Waiver of Fees is on the following pages.

STATE OF ILLINOIS,  
CIRCUIT COURT

Cook [insert county] COUNTY

ORDER FOR  
WAIVER OF COURT FEES

For Court Use Only

The Order for Waiver of Court Fees will need to be submitted with the Application for Fee Waiver.

<b>Instructions ▼</b>		
	<u>[Insert First and Last Name of Petitioner]</u> <b>Plaintiff / Petitioner</b> (First, middle, last name)	
Enter the name of the person being sued as Defendant/Respondent.	v.	
	<u>[Insert First and Last Name of Respondent]</u> <b>Defendant / Respondent</b> (First, middle, last name)	<u>[Insert Case Number]</u> <b>Case Number</b>

Enter your full name as "Applicant."

**Applicant Name:** [Insert name of Applicant] DO NOT FILL OUT BELOW THIS LINE  
First
Middle
Last

**DO NOT** check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

**The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:**

1.  The applicant **qualifies** for a **full (100%)** waiver of all fees, costs, and charges because (check only one):
  - a.  The applicant receives means-based government assistance under one or more of the following programs:
    - Supplemental Security Income (SSI) (Not Social Security)
    - Aid to the Aged, Blind and Disabled (AABD)
    - Temporary Assistance for Needy Families (TANF)
    - SNAP(Food Stamps)
    - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
  - OR**
  - b.  The applicant's personal income is **125%** or less of the current poverty level as established by the U.S. Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable to pay the fees, costs, or charges;
  - OR**
  - c.  Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
  
2.  The applicant **qualifies** for a **partial (75%, 50%, or 25%)** waiver of all fees, costs, and charges because the applicant's household income is (check one):
  - more than **125%** but not greater than **150%** (75% waived); OR
  - more than **150%** but not greater than **175%** (50% waived); OR
  - more than **175%** but not greater than **200%** (25% waived)
 of the current poverty level as established by the US Department of Health and Human Services and the Applicant's non-exempt assets under [735 ILCS 5/12-901](#) and [735 ILCS 5/12-1001](#) are such that the applicant is unable

to pay the fees, costs, or charges.

- 3.  The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- 4.  The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:  


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**IT IS HEREBY ORDERED:**

- A.  *Application for Waiver of Court Fees* is **GRANTED**.
  - i.  The applicant qualifies for a **full waiver**, and may participate in this case without payment of fees, costs, or charges.  
OR
  - ii.  The applicant qualifies for a **partial fee waiver** as follows *(check one)*:
    - 75%** of all fees, costs, and charges **are waived** *(and the applicant must pay 25% of all fees, costs, and charges)*.
    - 50%** of all fees, costs, and charges **are waived** *(and the applicant must pay 50% of all fees, costs, and charges)*.
    - 25%** of all fees, costs, and charges **are waived** *(and the applicant must pay 75% of all fees, costs, and charges)*.

Charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees listed in [735 ILCS 5/5-105\(a\)\(2\)\(1\)](#).

- The applicant must pay fees, costs, and charges currently due by: \_\_\_\_\_  
Date
- OR
- Upon good cause shown, the applicant may make payments as follows *(describe deferral, installment plan, or other reasonable terms)*:  


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**This order expires one year from the date of this order.** The applicant may reapply before or after the expiration date.

- B.  *Application for Waiver of Court Fees* is **SET FOR HEARING** on \_\_\_\_\_  
Date  
 at \_\_\_\_\_ in courtroom: \_\_\_\_\_  
Time  
 The applicant must bring the following documents: \_\_\_\_\_  


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- C. *Application for Waiver of Court Fees* is **DENIED**.  
 The applicant must pay all fees, costs, and charges currently due by: \_\_\_\_\_  
Date

**ENTERED:**

Judge \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT** complete this section. The judge will sign and date here.