

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF CRIMINAL COURT ASSESSMENTS	For Court Use Only
Instructions ▼	<p style="margin: 0;">The People of the State of Illinois or the charging Municipality or Local Government Unit, Plaintiff</p> <p style="margin: 10px 0 0 40px;">v.</p> <p style="margin: 0;"><u>Defendant / Respondent (First, middle, last name)</u></p>	_____ Case Number
Directly above, enter the name of the county where the case was filed.		
Enter the name of the person being charged as Defendant/ Respondent.		
Enter the Case Number.		

Enter your full name as "Applicant." If the application was filled out on behalf of a minor, enter the minor's full name.

Applicant Name: _____

First
Middle
Last

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

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

1. The applicant **qualifies** for a **full** waiver of all assessments 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 income is **200%** or less of the 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, without undue hardship, to pay the assessments;
 - OR**
 - c. Payment of assessments would result in undue hardship to the applicant or his or her family.

2. The applicant **qualifies** for a **partial** (*75%, 50%, or 25%*) waiver of Criminal Court Assessments because the applicant's household income is (*check only one*):
 - more than **200%** but not greater than **250%** (*75% waived*) ; OR
 - more than **250%** but not greater than **300%** (*50% waived*) ; OR
 - more than **300%** but not greater than **400%** (*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 assessments in full.

3. The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a waiver of assessments.

4. The applicant **does not qualify** for a waiver of assessments because *(must state specific reason)*: _____

IT IS HEREBY ORDERED, pursuant to [725 ILCS 5/124A-20](#):

A. *Application for Waiver of Criminal Court Assessments* is **GRANTED**.

i. The applicant qualifies for a **full waiver** and will not be required to pay any assessments.

OR

ii. The applicant qualifies for a **partial waiver** of assessments as follows *(check one)*:

75% of all assessments are **waived** *(and the applicant must pay 25% of all assessments)*.

50% of all assessments are **waived** *(and the applicant must pay 50% of all assessments)*.

25% of all assessments are **waived** *(and the applicant must pay 75% of all assessments)*.

The applicant must pay assessments by: _____
Date

OR

Upon good cause shown, the applicant may make payments as follows *(describe deferral, installment plan, or other reasonable terms)*: _____

B. *Application for Waiver of Criminal Court Assessments* is **SET FOR HEARING** on

_____ at _____ in courtroom: _____
Date *Time*

The applicant must bring the following documents: _____

C. *Application for Waiver of Criminal Court Assessments* is **DENIED**.

The applicant must pay assessments by: _____
Date

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

ENTERED:

Judge

Date