IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT KANE COUNTY, ILLINOIS

	Case No.				
Plaintiff/Petitioner	Defendant/Respondent		File Stamp		
	105 APPLICATION AND AF	FIDAVIT TO SUE OR	*		
	AS AN INDIGENT PER	SON (AASIP)			
NOW COMES the undersigned movant		, as applicant on his/h	, as applicant on his/her own behalf or on behalf of		
applicantand states as fol-	a minor child age	incompetent adult, f	or leave to sue or defend as		
1. Applicant is employed as a	n):	Gross pay \$			
(Street Address) (City, State, Zip) 2. Applicant is unemployed an per month 3. Applicant's other sources of inc	d began receiving unemployment com n. come are: SSI Food Stamps Disabled State Children and Family	(Date) Temporary Assistance for Need	dy Families		
	ar.				
lotalingper	e is 125% or less of the current poverty .	scholarships, worker's compensation, so level established by the Uniter			
1 1 .	rty, specify address, present value and	mortgage and liens outstanding	g)		
Furniture, appliances, house	hold goodsYear Year	r			

735 ILCS 5/5-105 APPLICATION AND AFFIDAVIT TO SUE OR DEFEND AS AN INDIGENT PERSON (AASIP)

	Case N	Case No		
6. The names and ages of persons dependent or	n the applicant fo	r support are:		
(Name)	(Age)	(Name)		(Age)
(Name)	(Age)	(Name)		(Age)
(Name)	(Age)	(Name)		(Age)
7. Applicant pays receives child sup	pport in the amou	unt of	per	
8. Applicant pays receives spousal	support in the an	nount of	per	
 9. Applicant's monthly living expenses (not inc 10. Applicant is eligible to receive civil lega 11. Applicant is unable to pay the costs of the Applicant's family. 	l services as defi	ned in 735 ILCS 5/5-105	5.5.	
12. Applicant, or Movant on Applicant's behalf,	believes in good	faith that Applicant has	a meritorious claim or de	efense.
WHEREFORE, the undersigned Move	ant prays that this	s Court grant Applicant l	eave to sue or defend as a	an indigent person.
Under penalties as provided by law pur the statements set forth in this instrument are tru	suant to Section e and correct, ex	cept as to matters therein	ril Procedure, the undersign stated to be on informati	gned certifies that on and belief and as
to such matters the undersigned certifies as afore	esaid he/she veril	y believes the same to be	e true.	
(Date)		(Movant)		
Attorney/Pro Se:				
Attorney Registration No:				
Address:				
City, State, Zip:				