



**Non-Standard Settlement Request**

**Violator's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State Zip:** \_\_\_\_\_

**License Plate(s):** \_\_\_\_\_ **I-Pass: Yes or No (Circle) If yes, I-PASS Account #:** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_ **Total number of persons in household:** \_\_\_\_\_

**Amount owed: TOTAL: \$** \_\_\_\_\_ **Amount Previously Paid \$** \_\_\_\_\_  
Tolls \$ \_\_\_\_\_ Pre-escalation fines: \$ \_\_\_\_\_ Escalated Fines: \$ \_\_\_\_\_

**Reason for Violations/Hardship:** \_\_\_\_\_

**Bankruptcy:** Yes or No (Circle) If YES, Case #: \_\_\_\_\_ **Subject to Stay:** Yes or No (Circle)

**Violator's Monthly Income:** \$ \_\_\_\_\_ (Attach copy of pay record or Federal tax return)

**Spouse/Family Member/Household Member Monthly Income \$** \_\_\_\_\_ (Attach copy of pay record)

**Assets: Total: \$** \_\_\_\_\_

- Checking/Saving Accounts: Total \$ \_\_\_\_\_ (Attach copy)
- House: OWN or RENT (Circle) Value \$ \_\_\_\_\_ Owe: \$ \_\_\_\_\_
- Car Value \$ \_\_\_\_\_ Owe \$ \_\_\_\_\_

**Liabilities: Total: \$** \_\_\_\_\_

- Monthly Expenses:
- Housing: \$ \_\_\_\_\_ Car: \$ \_\_\_\_\_ Electricity: \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_

**Other Expenses:**

- Medical: \$ \_\_\_\_\_. (Attach documentation of invoices if to be considered)

**Violator's Proposed Settlement: \$** \_\_\_\_\_

**Source of Funds:** (Savings, Credit Card or Borrowed from Third Party) \_\_\_\_\_

*Under penalties of law, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Mail completed form with supporting documents to: Illinois Tollway, Customer Service Center, 2700 Ogden Ave., Downers Grove, IL 60515*

**To be completed by Tollway**

Tollway's Settlement Offer: \$ \_\_\_\_\_ Recommending Supervisor: \_\_\_\_\_

Assistant Attorney General: \_\_\_\_\_ Approved: YES or NO (Circle) Amount: \$ \_\_\_\_\_