In The Circuit Court
For The Seventh Judicial Circuit of Illinois
Sangamon County, Springfield, Illinois

_____
(Petitioner)

_____
(Address)

_____
(City/State/Zip)

VS.

_____
(Defendant)

_____
(Address)

_____
(City/State/Zip)

}

Case Number: _____

Pending Action: _____

APPLICATION TO SUE OR DEFEND AS A POOR PERSON

1. Affiant, _____ after being first duly sworn, on oath deposes and states: (Select one of the following paragraphs)

☐ That I have filed an Application in the above captioned matter, to sue or defend as an indigent person.

☐ That _____, who has filed a Petition to Sue or Defend as an indigent is a disabled adult, and I am familiar with the facts stated herein.

2. That the Applicant is a recipient of assistance from the following benefit programs (check all that apply):

☐ Supplemental Security Income (SSI)

☐ Aid to the Aged, Blind and Disabled (AABD)

☐ Temporary Assistance for Needy Families (TANF)

☐ State Children and Family Assistance

☐ Food Stamps

☐ General Assistance

☐ State Transitional Assistance

3. The applicant's family unit contains _____ people (including self) (Check one) ☐ Yes ☐ No, the applicant's available income is 125% or less of the current poverty level as established by the United States Department of Health and Human Services. (See chart below)

125% of HHS Poverty Guidelines Income Chart	
Size of Family Unit	**Annual Income**
1	$11,225
2	$15,150
3	$19,075
4	$22,080
5	$26,925
6	$29,616
7	$33,384
8	$38,700
For each additional person, add	$3,925

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