

COOK COUNTY COMMISSION ON HUMAN RIGHTS
69 W. Washington St., Suite 3040
Chicago, Illinois 60602
312.603.1100 phone
312.603.9988 fax

IN THE MATTER OF

COMPLAINANT,

AND

RESPONDENT.

No. _____

AFFIDAVIT IN SUPPORT OF WAIVER OF CHARGES

I, _____, being first duly sworn (or having made solemn affirmation), depose and state that, in connection with the above-captioned case, because of my poverty I am unable to pay the costs of \$ _____, and believe I am entitled to have these charges waived by the Commission.

I further swear (or solemnly affirm) that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of \$ _____ are true.

1. Are you presently employed?
 - a. If the answer is yes, state the amount of your salary or wages per month and give the name and address of your employer: _____

 - b. If the answer is no, state the date of your last employment and the amount of the salary and wages per month which you received: _____

2. Within the past 12 months, have you received any income from a business, profession or other form of self-employment, or in the form of rent payments, interests, dividends, or other source?
 - a. If the answer is yes, describe each source of income, and state the amount received from each during the past 12 months: _____

3. Do you have any cash or a checking or savings account?
 - a. If the answer is yes, state the total value of the items owned. Specify if any account is owned with another person(s): _____

4. Do you own any real estate, stocks, bonds, notes, automobiles, or any other valuable property (excluding ordinary household furnishings and clothing)?
 - a. If the answer is yes, describe the property and state its approximate value. Specify if any of this property is owned with another person (s): _____

5. List the persons who are dependent upon you for support and state your relationship to those persons: _____

I swear (or solemnly affirm) under penalty of perjury that the foregoing statement and/or answer to any question in this affidavit are true and correct.

Name

SUBSCRIBED AND SWORN TO (or affirmed)
Before me this _____ day of _____, 20 _____

Let the affiant proceed without payment of charges for _____

Notary Public

COOK COUNTY COMMISSION ON HUMAN RIGHTS
By: _____