

**City of Chicago**  
**COMMISSION ON HUMAN RELATIONS**

**IN THE MATTER OF:**

\_\_\_\_\_  
**Complainant**

v.

\_\_\_\_\_  
**Respondent(s)**

Case Number \_\_\_\_\_

**MOTION FOR WAIVER OF DOCUMENT COPYING FEES**

Name of party making this motion \_\_\_\_\_

**I move for a waiver of fees for copies of Commission documents in connection with the above-captioned case because of inability to pay. I certify under oath that the information provided in support of this motion is true and correct to the best of my knowledge and belief:**

*Check option 1 or 2 and complete the required information.*

**1\_\_\_ Legal Assistance Attorney Certification**

I, \_\_\_\_\_, am the attorney of record for the moving party. My appearance with proof of service (See Reg. 270.310) are on file with the Commission. I certify that the moving party obtained my representation through the not-for-profit legal assistance provider whose name and address appears below, and that the provider has determined the moving party to be indigent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

or

**2\_\_\_ Objective Evidence of Inability to Pay**

I submit the following information and objective evidence of my inability to pay:

Size of my household (*people who live with you and share expenses*): \_\_\_ adults and \_\_\_ children under 18.

Current sources of household income (*check all sources*)

\_\_\_ Public assistance: e.g. SSI, AABD, TANF, Food Stamps, General Assistance, State Transitional Assistance, State Children and Family Assistance, Section 8 housing voucher.

\_\_\_ Unemployment compensation of \$ \_\_\_\_\_ per month

\_\_\_ Employment, business, or other income of \$ \_\_\_\_\_ (gross) per month

\_\_\_ Other. *List each source and amount* : \_\_\_\_\_

Total household income per month (*except Food Stamps or Section 8 Voucher*): \$ \_\_\_\_\_

Current assets in cash, checking or savings accounts \$ \_\_\_\_\_

As objective evidence of inability to pay, I **attach a photocopy** of the following document/s:

(*At least one type of documentation must be provided*)

\_\_\_ Card or other document showing that I receive public assistance as listed above.

\_\_\_ Documentation of the amount of unemployment compensation I currently receive.

\_\_\_ My last filed federal tax return.

\_\_\_ My last statement/s for all individual and joint checking and savings accounts in my name.

\_\_\_ Other. *List here:* \_\_\_\_\_  
\_\_\_\_\_

My current occupation is \_\_\_\_\_

My employer or business name and address is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify under oath that the information provided in this motion is true and correct to the best of my knowledge and belief. I agree that the Commission on Human Relations may seek additional information from me or other sources to confirm my inability to pay, and that I will cooperate in obtaining any additional information.** I submit this motion under the terms of Commission Regulation 270.600 and understand that a written determination will be issued by mail.

**Signature under oath:**

\_\_\_\_\_

Print name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone, fax \_\_\_\_\_

Submit to

**Docket Clerk**

**Chicago Commission on Human Relations**

**740 N. Sedgwick, 4th Floor, Chicago, IL 60654**

Fax 312-744-1081, Phone 312-744-4111, TTY 312-744-1088

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