

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

\_\_\_\_\_
v.
\_\_\_\_\_

Case No.: \_\_\_\_\_

FEE EXEMPT AND REDUCED FEE AGENCY COVER SHEET

In order to ensure the proper collection of fees, a Fee Exemption Cover Sheet shall be filed with the initial pleading by a party in all civil actions filed by a law enforcement agency or unit of local government wherein such agency seeks a fee exemption. The information contained herein is for administrative purposes only and cannot be introduced into evidence. Please mark the classification exempting the agency filing this action from the full amount of statutory fees, and sign the cover sheet as indicated on the reverse side.

Exemptions pursuant to 705 ILCS 105/27.2 and 705 ILCS 105/27.2a:

- Illinois Attorney General
Illinois State Appellate Defender
Illinois Office of the Appellate Prosecutor
Illinois County Public Defender's Office
Illinois County State's Attorney's Office
Illinois State Police
Illinois Department of Corrections
Municipal Police
Sheriff's Dept within the State of Illinois
CHA Police
CTA Police
Cook County Forest Preserve Police
University/College Police
Metra Police
Park District Police
Illinois Gaming Board Special Agents
Other \_\_\_\_\_
(Name of Agency)

Other agencies/case types exempt from fees:

- The Director of the Department of Insurance under 215 ILCS 5/203
The Illinois Department of Revenue under 35 ILCS 5/1106
The Illinois Department of Revenue under 35 ILCS 520/20
Illinois Office of the State Guardian under 755 ILCS 5/11a-13
Illinois Dept. of Insurance under 215 ILCS 5/1106
Any action instituted under 65 ILCS 5/11-31-1(b) by a private owner or tenant of real property
Department of Children and Family Services under 755 ILCS 5/11a-10 (c) (The Probate Act")
Appointment of a guardian under 755 ILCS 5/11-11 (proper expenditure of public assistance; collection, disbursement or administering of money or assets derived from money awarded by the Veteran's Administration; minor patient in a State mental health or developmental disabilities facility, estate value less than \$1,000

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois
cookcountyclerkofcourt.org

**Fee Exempt and Reduced Fee Agency Cover Sheet**

**(07/21/25) CCG 0020 B**

Appointment of a guardian under 755 ILCS 5/11a-13 (estate of mentally disabled person residing in a state mental health or developmental disabilities facility, estate value less than \$1,000; Office of the State Guardian)

Claimants in proceedings under the Unemployment Insurance Act, 820 ILCS 405/1200

An action under 35 ILCS 200/22-35 for reimbursement of a municipality before issuance of a tax deed other agencies/case types exempt from fee. (continued from page 1).

The investigative arm of the Attorney Registration and Disciplinary Commission

Cook County officials, departments and agencies pursuant to Cook County, Illinois, Code of Ordinances, Part I, Chapter 18, Article II, Sec. 31 (b)

Department of Children and Family Services if it is the petitioner where the minor has been committed by the court to DCFS under the Juvenile Court Act of 1987, 755 ILCS 5/11a-10 (c)

**The following units of local government receive reduced fees as outlined in 705 ILCS 105/27.2:**

City of Chicago	CTA
Corporation Counsel	Metra
Municipality/Township	Pace
Road District	Regional Transit Authority
Fire Protection District	Municipal License Appeal Commission
Park District	Chicago Board of Education
Mosquito Abatement District	School District
Public Health District	Library District
Airport Authority	Metropolitan Water Reclamation District
City Colleges of Chicago	Conservation District
Hospital District	Chicago Park District
Chicago Housing Authority	Other _____
Department of Public Works	(Name of Agency)

By: /s/ \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name)  
 \_\_\_\_\_ (Affiliation with Agency) \_\_\_\_\_ (Title if with Agency, Attorney, etc.)

On behalf of \_\_\_\_\_ (Agency)

and the Agency Head (Director, CIO, etc.), \_\_\_\_\_ (Printed Name)

Atty. No.: \_\_\_\_\_ Self Represented Litigant 99500  
 Atty Name: \_\_\_\_\_ Atty for: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street, Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_