

## Non-Standard Settlement Request

Please complete the application clearly and thoroughly. Incomplete applications are subject to denial.

Owner's Name(s): \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Owner's Current Address: \_\_\_\_\_ Apt \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have an I-PASS account? \_\_\_\_\_ If yes, what is the account number? \_\_\_\_\_

Have you filed for bankruptcy? Yes No If yes, Case # \_\_\_\_\_ Subject to Stay: Yes No

### Violation Information

License Plate(s): \_\_\_\_\_ Amount owed: TOTAL \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Why did the violations occur? \_\_\_\_\_

What is the reason a hardship/payment plan is needed? \_\_\_\_\_

How much can you pay each month? \_\_\_\_\_ OR How much can you pay within 60 days? \_\_\_\_\_  
Payment Plan One Lump Sum

**Please do not enter \$0. If no payment amount is listed the application will be subject to denial.  
If the amount listed is not satisfactory, an amount will be determined for you.**

How will this amount be paid?

### Financial Information – Income and Expenses

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

Additional Monthly Income: \$ \_\_\_\_\_

Checking/Saving Accounts: \$ \_\_\_\_\_ (Attach copy – NOT originals)

If you own your home, what is the value? \_\_\_\_\_ Amount owed? \_\_\_\_\_ Total persons in home \_\_\_\_\_

Car Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

Monthly Expenses: (Attach copy – NOT originals)

Housing \$ \_\_\_\_\_ Car \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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. This application may be denied if a previous pay plan was defaulted or if there is currently one in place.

Owner's Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Signature required for approval**

**Illinois Tollway: Attention Customer Service  
2700 Ogden Avenue  
Downers Grove, IL 60515**

Mail **COMPLETED** application with supporting documentation to:

#### **Official Tollway Use:**

Denial Reason \_\_\_\_\_ OR Tollway Approved Offer \_\_\_\_\_

Recommending Supervisor (s) \_\_\_\_\_ Assistant Attorney General: \_\_\_\_\_