| STATE OF MINNESOTA | | اً Supreme Court أ Court of Appeals | | |
|--|---------------------------------|--|--|--|
| Case Title: | Appellate Court Case Number: | Notice, Statement and Claim of Costs and Disbursements Incurred by Prevailing Party | | |
| | | Prevailing Party: Î Appellant Î Respondent | | |
| COSTS AND DISBURSEMENTS | | | | |
| Statutory Costs\$300.00 Print Appellant's Brief and Appendix\$ | | | | |
| Clerk of the Appellate Courts Filing Fee\$ Postage | | | | |
| Transcript of Case used for appeal To Appellate Courts only\$ Premium on appeal bond\$ | | | | |
| Printing of Respondent's Brief\$ Other\$ | | | | |
| This above bill of Costs and Disbursements taxed and allowed Dated | | | | |
| A | nnMarie S. O'Neill | | | |
| Clerk of the Appellate Courts Assistant Clerk | | | | |
| STATE OF MINNESOTA | | | | |
| COUNTY OF | | | | |
| Being duly sworn, I the attorney for the prevailing party in the above-entitled action, state that the above is a true and correct statement of costs incurred and disbursements made by the prevailing part in that action. | | | | |
| Notary Stamp, Signature and Date: Respectfully, | | | | |
| | | Attorney's Name | | |
| Dated | | - Address | | |
| Signature | | — Signature | | |

| NOTICE TO ATTORNEY FOR ADVERSE PARTY(S): ADVERSE PARTY(S) BEING TAXED: | Costs and disbursement will be taxed pursuant to Rule 139.03 (Rules of Civil Appellate Procedure), objections hereto may be filed pursuant to Rule 139.04. |
|--|---|
| Attorney | Attorney |
| For(Name of Party) | For(Name of Party) |
| Attorney | Attorney |
| For (Name of Party) | For (Name of Party) |

| STATE OF MINNESOTA)) ss. COUNTY OF) | |
|---|--|
| I, | , of the City of, |
| County of, State of M | |
| | , (s)he served the Notice, Statement nts Incurred by Prevailing Party on ev for, the |
| in this action enclosed in an envelop, postage prepaid, and , directed to | by depositing the same in the post office at |
| Name | Name |
| Address | Address |
| City, State, Zip The last known address(es) of said attorney(s). | City, State, Zip |
| | |
| Subscribed and sworn to before me this day of, 20 | |
| Notary Public | - |