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| **FORM 139. TAXATION OF COSTS AND DISBURSEMENTS** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **STATE OF MINNESOTA** | | | | 🞎 | | | | | | | Supreme Court | |
|  | | | | 🞎 | | | | | | | Court of Appeals | |
|  | | | |  | | | | | | | | |
| CASE TITLE: | | | | NOTICE, STATEMENT AND CLAIM OF | | | | | | | | |
|  | | | | COSTS AND DISBURSEMENTS | | | | | | | | |
|  | | | | INCURRED BY PREVAILING PARTY | | | | | | | | |
|  |  | | |  | | | | | | | | |
| APPELLATE COURT | | | | Prevailing Party: | | | | | | | | |
| CASE NUMBER: | | | | 🞎 Appellant/Relator | | | | | | 🞎 Respondent | | |
|  | | | |  | | | | | | | | |
| COSTS AND DISBURSEMENTS | | | | | | | | | | | | |
|  | | |  | | |  | | | | | |  |
| Statutory Costs | | | $ 300.00 | | | Printing Appellant Brief and | | | | | | $ |
|  | | |  | | | Addendum | | | | | |  |
| Clerk of Appellate Courts | | | $ | | |  | | | | | |  |
| Filing Fee | | |  | | | Printing Respondent Brief | | | | | | $ |
|  | | |  | | |  | | | | | |  |
| Transcript of Case Used for | | | $ | | | Other (specify) | | | | | | $ |
| Appeal to Appellate Courts Only | | |  | | |  | | | | | |  |
|  | | |  | | |  | | | | | |  |
| TOTAL: | | |  | | |  | | | | | | $ |
|  | | |  | | |  | | | | | |  |
| The above bill of Costs and Disbursements taxed and allowed | | | | | | | | |  | | | |
|  | | | | | | | | | Dated | | | |
| AnnMarie S. O’Neill | | | | | By | | |  | | | | |
| Clerk of 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 party in that action. | | | | | | | | | | | | |
|  | | |  | | |  | | | | | |  |
| NOTARY STAMP, SIGNATURE AND | | | | | | Respectfully, | | | | | |  |
| DATE: | | |  | | |  | | | | | |  |
|  | | |  | | |  | Attorney Name | | | | | |
|  | | |  | | |  | | | | | |  |
| Dated | | | | | |  | Address | | | | | |
|  | | |  | | |  | | | | | |  |
| Signature | | | | | |  | Signature | | | | | |

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| **NOTICE TO ATTORNEY FOR** | | Costs and disbursement will be taxed | | |
| **ADVERSE PARTY(S):** | | pursuant to Rule 139.03 (Rules of Civil | | |
|  | | Appellate Procedure), objections hereto may be | | |
|  | | filed pursuant to Rule 139.04. | | |
|  | |  | | |
| ADVERSE PARTY(S) BEING TAXED: | | | | |
|  | |  | | |
|  |  | |  |  |
|  | Attorney | |  | Attorney |
|  |  | |  |  |
| For |  | | For |  |
|  | (Name of Party) | |  | (Name of Party) |
|  |  | |  |  |
|  |  | |  |  |
|  | Attorney | |  | Attorney |
|  |  | |  |  |
| For |  | | For |  |
|  | (Name of Party) | |  | (Name of Party) |
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|  | | | | |
| Please include supporting documentation for all amounts claimed. | | | | |
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| **STATE OF MINNESOTA** | | | | | | | | | | | | | | ) | | | | | | | | | | | | | |
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| I, | |  | | | | | | | | | | | | | | | | | , of the City of | | | |  | | | | , |
| County of | | | | |  | | | | | | | | | | | | | | , State of Minnesota, being duly sworn, says | | | | | | | | |
| that on the | | | | |  | | | day of | |  | | | | | | | | | , |  | | | | | | , (s)he | |
| Served the Notice, Statement and Claim of Costs and Disbursements Incurred by | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prevailing Party on | | | | | | | | |  | | | | | | | | | , the attorney for | | | | | |  | | | , |
| the |  | | | | | | | | | | in this action, by (specify those served and manner of | | | | | | | | | | | | | | | | |
| service) | | | |  | | | | | | | | | | | | | | | | | | , directed to said attorney at the | | | | | |
| following addresses(es): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City, State, Zip | | | | | | | | | | | | | | |  | | City, State, Zip | | | | | | | | | | |
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| The last known address(es) of said attorney(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Subscribed and sworn to before me this | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | day of | | | |  | | | | | , | 20 | | |  | | | | | . | | | | | | |
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| Notary Public | | | | | | | | | | | | | | | | | | | | |  | | | | | | |