FORM 139-TAXATION OF COSTS AND DISBURSEMENTS

## STATE OF MINNESOTA

☐ Supreme Court
☐ Court of Appeals

| *Case Title* | *Appellate Court Case Number:* | *NOTICE, STATEMENT AND CLAIM OF COSTS AND DISBURSEMENTS INCURRED BY PREVAILING PARTY* |
|---|---|---|
| | | *Prevailing Party:* _____ ☐ *Appellant* ☐ *Respondent* ☐ *Relator* |

**COSTS AND DISBURSEMENTS**

| | |
|---|---|
| *Statutory Costs* . . . . . $ 300.00 | *Printing 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* . . . . . $_____ |

***The above bill of Costs and Disbursements taxed and allowed*** _____
*Dated*

Frederick K. Grittner
*Clerk of the Appellate Courts*

*By* _____
*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 DATE:*

_____
*Dated*

_____
*Signature*

*Respectfully,*

_____
*Attorney's Name*

_____
*Address*

_____
*Signature*

***NOTICE TO ATTORNEY FOR ADVERSE PARTY(S):***

***Costs and disbursements will be taxed pursuant to Rule 139.03 (Rules of Civil Appellate Procedure), objections thereto may be filed pursuant to Rule 139.04.***

**ADVERSE PARTY(S) BEING TAXED:**

_____
*ATTORNEY*
*For* _____
*(Name of Party)*

_____
*ATTORNEY*
*For* _____
*(Name of Party)*

_____
*ATTORNEY*
*For* _____
*(Name of Party)*

_____
*ATTORNEY*
*For* _____
*(Name of Party)*