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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 |

|  |  |
| --- | --- |
| **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) |
|  |  |  |  |
|  |
| Please include supporting documentation for all amounts claimed. |
|  |  |  |  |

|  |  |
| --- | --- |
| **STATE OF MINNESOTA** | ) |
|  | ) ss. |
| COUNTY OF  |  | ) |
|  |  |
|  |  |
|  |
|  |  |
| 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): |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |
| Name |  | Name |
|  |  |  |  |
|  |  |  |
| Address |  | Address |
|  |  |  |  |
|  |  |  |
| City, State, Zip |  | City, State, Zip |
|  |  |  |  |
| The last known address(es) of said attorney(s). |
|  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subscribed and sworn to before me this |  |
|  | day of  |  | , | 20 |  | . |
|  |  |  |
|  |  |
| Notary Public |  |