

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 CASE NUMBER: Prevailing Party: 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 Appeal to Appellate Courts Only	\$	Other (specify)	\$
TOTAL:			\$

The above bill of Costs and Disbursements taxed and allowed _____ Dated _____
 Christa Rutherford-Block 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 DATE: Respectfully,
 _____ Attorney Name
 _____ Address
 _____ Signature _____ Signature

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

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.

ADVERSE PARTY(S) BEING TAXED:

	_____ Attorney		_____ Attorney
For	_____ (Name of Party)	For	_____ (Name of Party)
	_____ Attorney		_____ Attorney
For	_____ (Name of Party)	For	_____ (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