

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 _____

AnnMarie S. O'Neill By _____ Assistant Clerk
Clerk of Appellate Courts

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