

State of Minnesota

District Court

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Plaintiff / Petitioner (first, middle, last)

and

**Notice and Application for
Taxation of Costs and Disbursements**

Defendant / Respondent (first, middle, last)

To: _____
(Name of other party)

and _____ County Court Administration
(Name of County)

I, _____
submit this application for costs and disbursements:

<u>Costs and Disbursements</u>	Amount Claimed	Amount Allowed
Statutory Costs (Minn. Stat. §549.02, subd. 1)	\$ _____	\$ _____
Court Filing Fee	\$ _____	\$ _____
Motion Fees	\$ _____	\$ _____
Jury Fee	\$ _____	\$ _____
Medical Record Fees	\$ _____	\$ _____
Cost of Service	\$ _____	\$ _____
Subpoena Fees	\$ _____	\$ _____
Experts (<i>specify total amount sought and list in an attachment: the name, date of appearance at hearing/trial, and a breakdown of claimed expenses for each expert</i>)	\$ _____	\$ _____
Reproduction of Exhibits	\$ _____	\$ _____

Depositions (*specify total amount sought and list in an attachment: the name of the deponent, date the deposition was used at hearing/trial - either offered as an exhibit or used to impeach a witness - and specify expenses associated with both the video deposition and the traditional deposition*) \$ _____ \$ _____

Other (*specify or attach separate sheet in this form*) \$ _____ \$ _____

TOTAL CLAIMED:

I, the attorney for a party in the above-entitled action a party in the above-entitled action state that the above is a true and correct statement of costs incurred and disbursements made and which the above-named party is entitled to recover in this action.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signature

Attorney's Name / Party's Name

(use party's name if party not represented by counsel)

Address:

City/State/Zip:

E-mail address:

TOTAL ALLOWED: \$ _____

This above bill of Costs and Disbursements taxed and allowed as indicated in the right-hand column, above.

Dated: _____

Court Administrator or District Court Judge

By: _____

District Court Administrator

Deputy Administrator

NOTICE TO ATTORNEY FOR
ADVERSE PARTY(S):

Costs and disbursements will be taxed
pursuant to Rule 54.04 (Rules of Civil
Procedure.) Objections may be filed
Pursuant to Rule 54.04(c).

ADVERSE PARTY(S) BEING TAXED:

Attorney or Adverse Party's name if no attorney

Attorney or Adverse Party's name if no attorney

For: _____
(Name of Party)

For: _____
(Name of Party)

Attorney or Adverse Party's name if no attorney

Attorney or Adverse Party's name if no attorney

For: _____
(Name of Party)

For: _____
(Name of Party)

Note: If adverse party is not represented by an attorney, cross out Attorney and print adverse party's name (use additional pages to identify additional parties)

I, _____, of the City of _____
County of _____, State of Minnesota, that on _____,
served the Notice and Application for the Taxation of Costs and Disbursements incurred by
prevailing party on the person(s) named below by mailing a copy thereof, enclosed in an
envelope, postage prepaid, and by depositing the same post office at
_____, directed to the attorney / party at the following address(es):

Name

Name

Address

Address

City, State, Zip

City, State, Zip

(If more than one party/attorney served, include information on a separate list and attach)

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature