

**APPLICATION TO CHECK
OUT/RECEIPT OF BILL OF
EXCEPTIONS**

IN THE _____ COURT OF _____ COUNTY, NEBRASKA
(County or District) (county where original petition filed)

Case # _____

Plaintiff

**APPLICATION TO CHECK OUT/
RECEIPT OF BILL OF EXCEPTIONS**

vs.

Defendant

I, _____, apply to the court to check out:

Date Checked Out: OFFICE USE ONLY	Items checked out: (File/BOE/Exhibits) COMPLETED BY APPLICANT	Date Returned: OFFICE USE ONLY	Items damaged Y/N OFFICE USE ONLY

I acknowledge that I will return the above to the court within _____ days, or when notified, if needed prior to that time.

BY MY SIGNATURE, I HEREBY ACKNOWLEDGE RECEIPT OF AND FULLY UNDERSTAND THAT I AM ACCEPTING FULL AND TOTAL RESPONSIBILITY FOR THE LOSS OR DAMAGE OF THE PROPERTY OF THE COURT AS LISTED ABOVE, AND AM REQUIRED TO PAY FOR EITHER THE REPLACEMENT COSTS AND/OR COSTS OF REPAIR OF SAID PROPERTY, SHOULD THE SAME BECOME ALTERED, DISASSEMBLED, DAMAGED, LOST AND/OR STOLEN.

Signature

Date

Name

Street Address/P.O. Box

Bar Number and Firm Name (attorneys only)

City/State/ZIP Code

Phone

E-mail Address