

(County or District)

(county where original petition filed)

\_\_\_\_\_,  
Plaintiff,

Case No. \_\_\_\_\_

vs.

\_\_\_\_\_,  
Defendant.

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

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If completed by an attorney:  
Bar Number: \_\_\_\_\_