

_____,
Plaintiff, Case No. _____
vs.

**REQUEST FOR
SUPPLEMENTAL BILL
OF EXCEPTIONS**

_____,
Defendant.

NOTE: If you are the appellee in this case, then you must file the Request for Supplemental Bill of Exceptions within 10 days after you receive a copy of the appellant's Request for Bill of Exceptions.

I request the following additional evidence be included in the bill of exceptions.

Unless I was given permission to proceed without paying fees, I understand I will receive an estimate of the costs for this supplemental bill of exceptions. Within 7 days of receiving the estimate I will deposit the estimated amount with the clerk of the trial court. I understand that the supplemental bill of exceptions will not be prepared until payment has been made.

I understand if the cost for this bill of exceptions is more than the estimate, I will be responsible to pay the additional cost.

Signature: _____ Date: _____

Printed Name: _____

(of requesting party)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:

Bar Number: _____

Case No. _____

Certificate of Service

I have ***mailed*** a copy of the Request for Supplemental Bill of Exceptions to the following parties of this action:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

I have ***emailed*** a copy of the Request for Supplemental Bill of Exceptions to the following parties of this action:

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____

See attached for more parties served but not listed

Date: _____ Signature: _____