Nebraska State Court Form CC 9:7 Rev. 01/2020 Neb. Ct. R. § 6-1452(B)(1)	**PRAECIPE FOR BILL OF EXCEPTIONS**	

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

_____
Plaintiff

vs.

_____
Defendant

Case No. _____

PRAECIPE FOR BILL OF EXCEPTIONS

Please prepare and certify a bill of exceptions, including exhibits, for the hearing(s) held in this case on _____.

The costs shall be estimated at the time of this request and the appellant shall deposit the amount required within 14 days of the receipt of the estimate. I understand that the bill of exceptions will not be prepared until payment has been made.

_____ Date _____
Signature

_____ _____
Appellant Name Street Address/P.O. Box

_____ _____
Bar Number and Firm Name (attorneys only) City/State/ZIP Code

_____ _____
Phone Email Address

COURT USE ONLY:

District Court Filing (Docket) Fee:	$83.00	Paid on _____
Appeal Bond: (Small Claims Only)	$50.00	Paid on _____
Cost of Transcript:	$_____	Paid on _____
Estimate of Bill of Exceptions:	$_____	Paid on _____
Supersedeas Bond (Optional)	$_____	Paid on _____

Poverty Affidavit/Order (Optional) filed on _____