

_____, Case No. _____
Plaintiff,
vs. **REQUEST FOR BILL**
_____, **OF EXCEPTIONS**
Defendant.

A bill of exceptions is not needed.

Please prepare and certify a bill of exceptions. I have specifically identified the hearing date, evidence, and exhibits I believe are necessary for the appellate court to review.

Date of hearing: Evidence or Exhibit (including exhibit numbers):

See attached for additional listing of evidence and exhibits.

Unless I was given permission to proceed without paying fees, I understand I will receive an estimate of the costs for this 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 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 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 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: _____