

**PRAECIPE FOR
BILL OF EXCEPTIONS
FOR SMALL CLAIMS APPEAL**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Plaintiff

Case No. _____

vs.

Defendant

**PRAECIPE FOR
BILL OF EXCEPTIONS
FOR SMALL CLAIMS APPEAL**

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.

Signature

Date _____

Appellant Name

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box

City/State/ZIP Code

Phone

E-mail 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 _____

Supersedeus Bond (Optional) \$ _____ Paid on _____

Poverty Affidavit/Order (Optional) filed on _____