Nebraska State Court Form

CC 9:7 Rev. 11/17 Neb. Ct. R. § 6-1452(B)(1)

PRAECIPE FOR BILL	
OF EXCEPTIONS FOR SMA	LL
<b>CLAIMS APPEAL</b>	

	OF	COUNTY, NEBRASKA
vs.	Plaintiff	Case No
•••	Defendant	PRAECIPE FOR BILL OF EXCEPTIONS FOR SMALL CLAIMS APPEAL
case on The costs shall be estimated	d at the time of the	s, including exhibits, for the hearing(s) held in this  - s request and the appellant shall deposit the estimate. I understand that the bill of exceptions will
		Date
Signatura		
Signature		
Signature		
Signature Appellant Name		
Signature  Appellant Name  Bar Number and Firm Name (attorneys only)		
Appellant Name  Bar Number and Firm Name (attorneys only)  Street Address/P.O. Box		
Signature		
Appellant Name  Bar Number and Firm Name (attorneys only)  Street Address/P.O. Box  City/State/ZIP Code		
Appellant Name  Bar Number and Firm Name (attorneys only)  Street Address/P.O. Box  City/State/ZIP Code  Phone  E-mail Address		
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:		Paid on
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:	s	
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:  Appeal Bond: (Small Claims Only)	s \$83.00	Paid on
Appellant Name  Bar Number and Firm Name (attorneys only)  Street Address/P.O. Box  City/State/ZIP Code	\$83.00 \$50.00	Paid on Paid on Paid on
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:  Appeal Bond: (Small Claims Only)  Cost of Transcript:	\$83.00 \$50.00 \$	Paid onPaid onPaid onPaid onPaid onPaid onPaid onPaid onPaid onPaid on