

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

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

\_\_\_\_\_  
Plaintiff

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
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: \$82.00 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 \_\_\_\_\_