

ESTIMATE FOR TRANSCRIPT OF TESTIMONY/BILL OF EXCEPTIONS

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Case # _____

Plaintiff

vs.

Defendant

ESTIMATE FOR TRANSCRIPT OF TESTIMONY/BILL OF EXCEPTIONS

To: _____

The estimated cost of the above-mentioned transcript of testimony/bill of exceptions is \$_____. You must deposit this amount with the Clerk of the _____ County Court within fourteen (14) days from the receipt of this estimate. Failure to do so on your part will be cause for the Clerk of the _____ County Court to issue an order for cessation of the preparation of the transcript of testimony/bill of exceptions. Preparation of the transcript of testimony/bill of exceptions will be stayed upon said notification from the Clerk of the _____ County Court until the deposit has been made.

Upon completion of the transcript of testimony/bill of exceptions, you will be notified if the deposit is not sufficient to cover the costs. If the deposit is sufficient to cover the costs, any overpayment will be refunded to you.

If the deposit is not made or you decide you no longer wish to request this transcript of testimony/bill of exceptions, you shall be liable for any pages already typed by the stenographer and will be billed accordingly.

Dated: _____, 20_____

Clerk Magistrate/Clerk

PLEASE MAKE YOUR CHECK PAYABLE TO _____ County Court, and mail to:

County Court

