

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT</b>	<b>TAXATION OF COSTS</b>	<b>CASE NO. and JUDGE</b>
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Court address Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Plaintiff's attorney, bar no., address, and telephone no.

Defendant's attorney, bar no., address, and telephone no.

**BILL OF COSTS**

1. Proceeding before trial	\$ _____	9. Trial fee	\$ _____
2. Motion resulting in dismissal (or judgment)	\$ _____	10. Clerk fee	\$ _____
3. Trial of action (or proceeding)	\$ _____	11. Service fees, mileage, etc.	\$ _____
4. Judgment taken by default	\$ _____	12. Cost of taking depositions	\$ _____
5. Entry fee	\$ _____	13. Cost of cert. copies and exemplifications	\$ _____
6. Jury fee	\$ _____	14. Witness fees (see affidavit)	\$ _____
7. Court reporter/recorder fee	\$ _____	15. Statutory attorney fees	\$ _____
8. Judgment fee	\$ _____	16. Other:	\$ _____
<b>TOTAL BILL OF COSTS:</b>			<b>\$ _____</b>

**VERIFICATION**

The items charged in this bill are correct and were necessarily incurred in this action. The services for which fees are charged were actually performed.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**AFFIDAVIT**

NAME	PARTY	RESIDENCE	DAYS	MILES

Witnesses listed above who are parties to this action testified on the days listed and traveled the stated miles. All other witnesses attended on the days listed and traveled the stated miles.

This affidavit is made on my personal knowledge and, if sworn as a witness, I can testify competently to the facts in this affidavit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_  Acting in the County of \_\_\_\_\_

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

**ATTORNEYS FOR EACH PARTY AND PARTIES NOT REPRESENTED BY ATTORNEYS**

(List the names and addresses of the attorneys for each party or of parties not represented by attorneys below.)

**CERTIFICATE OF MAILING**

I served a copy of the bill of costs and any affidavits on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**TAXING OF COSTS AND CERTIFICATE OF MAILING**

I have examined the bill of costs and any objections or affidavits which were submitted. I have stricken all unnecessary charges.

I served a copy of this taxation of costs on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3).

\_\_\_\_\_

\_\_\_\_\_  
Court clerk signature and date