

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	TAXATION OF COSTS	CASE NO.
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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	\$ _____	10. Clerk fee	\$ _____
2. Motion resulting in dismissal (or judgment)	\$ _____	11. Service fees, mileage, etc.	\$ _____
3. Trial of action (or proceeding)	\$ _____	12. Cost of taking depositions	\$ _____
4. Judgment taken by default	\$ _____	13. Cost of cert. copies and exemplifications	\$ _____
5. Entry fee	\$ _____	14. Witness fees (see affidavit on reverse)	\$ _____
6. Jury fee	\$ _____	15. Statutory attorney fees	\$ _____
7. Court reporter/recorder fee	\$ _____	16. Mediation sanctions, MCR 2.403(O)	\$ _____
8. Judgment fee	\$ _____	17. Other:	\$ _____
9. Trial fee	\$ _____		
TOTAL BILL OF COSTS:			\$ _____

A list of the names and addresses of the attorneys for each party or the names and addresses of parties not represented by attorneys is on the reverse side.

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

CERTIFICATE OF MAILING

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

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 _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Court clerk/Notary public

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.)

TAXING OF COSTS AND CERTIFICATE OF MAILING

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

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

Date

Court clerk