

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT</b>	<b>TAXATION OF COSTS</b>	<b>CASE NO.</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	\$ _____	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	\$ _____		
<b>TOTAL BILL OF COSTS:</b>			\$ _____

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 copies of this bill of costs and attached affidavits were served on the parties or their attorneys by ordinary mail at their last known addresses.

**AFFIDAVIT**

<b>NAME</b>	<b>Party</b>	<b>RESIDENCE</b>	<b>DAYS</b>	<b>MILES</b>

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.

\_\_\_\_\_ 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 copies of the bill of costs, as taxed by me, were served on the parties or their attorneys by ordinary mail at their last known addresses.

\_\_\_\_\_ Date \_\_\_\_\_ Court clerk