

BILL OF COSTS

DATE:

CASE NUMBER:

PLAINTIFF:

Defendant

ATTORNEY (PLAINTIFF):

ATTORNEY (DEFENDANT):

SERVING FEE:	\$
POSTING FEE:	\$
PUBLICATION FEE:	\$
DEED FEE:	\$
OFFICER HOURS @ \$ PER HOUR	\$
ADVERTISING FEE:	\$
CERTIFIED MAIL FEE:	\$
TOTAL:	\$

A TRUE AND CORRECT ACCOUNT

PLEASE MAIL CHECK MADE PAYABLE TO

ATTEST:

