

\_\_\_\_\_,  
Plaintiff, Case No. \_\_\_\_\_

vs.

\_\_\_\_\_,  
Defendant.

**REQUEST FOR  
SUPPLEMENTAL BILL  
OF EXCEPTIONS**

NOTE: If you are the appellee in this case, then you must file the Request for Supplemental Bill of Exceptions within 10 days after you receive a copy of the appellant's Request for Bill of Exceptions.

I request the following additional evidence be included in the bill of exceptions.

Unless I was given permission to proceed without paying fees, I understand I will receive an estimate of the costs for this supplemental bill of exceptions. Within 7 days of receiving the estimate I will deposit the estimated amount with the clerk of the trial court. I understand that the supplemental bill of exceptions will not be prepared until payment has been made.

I understand if the cost for this bill of exceptions is more than the estimate, I will be responsible to pay the additional cost.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(of requesting party)

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If completed by an attorney:

Bar Number: \_\_\_\_\_

Case No. \_\_\_\_\_

**Certificate of Service**

I have ***mailed*** a copy of the Request for Supplemental Bill of Exceptions to the following parties of this action:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have ***emailed*** a copy of the Request for Supplemental Bill of Exceptions to the following parties of this action:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

See attached for more parties served but not listed

Date: \_\_\_\_\_ Signature: \_\_\_\_\_