

ARIZONA COURT OF APPEALS

DIVISION _____

[Name of Plaintiff],

[Appellant/Appellee],

v.

[Name of Defendant],

[Appellant/Appellee].

CA-CV _____

Superior Court

Case No. _____

STATEMENT OF COSTS

To: The Clerk of this Court and attorneys for the _____
[Appellant/Appellee]:

The undersigned _____ [Appellant/Appellee] requests taxation
of costs in the sum of \$ _____ [Dollar Amount] for the following expenses:

1. Clerk's fees\$ _____
2. Certified copies of record\$ _____
3. Briefs\$ _____
4. Reporter's Transcript.....\$ _____
5. Attorneys' Fees (if applicable)\$ _____
6. [Other]\$ _____
- TOTAL\$ _____

Dated: _____

[Name]

[Address]

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[Method of Service, e.g., mail, electronic service or hand-delivery]
on **[Date]** to:

Name

Address

STATE OF ARIZONA)
) ss.
 COUNTY)

_____ [He/She] is _____ [Appellant/Appellee] in this

[Signed]

[seal]

Copy served by
[Method of Service, e.g., mail, electronic service or hand-delivery]
on [Date] to:

Address