| IN THE JUDICIAL DISTRICT DISTRICT COURT OF COUNTY, KANS | AS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Plaintiff,) Case No,) Defendant.) | |
| Proceeding Pursuant to K.S.A. [Chapter 60] [Chapter 61] | |
| BILL OF COSTS | |
| Judgment having been entered in this action on, the clerk is requested to tax the following as K.S.A. 60-2002(c) [and 61-4002]: | |
| Docket fee, as provided in K.S.A. [60-2001] [61-4001]. | \$ |
| Mileage, fees, and other allowable expenses of the sheriff, other officer, or private process server incurred in the service of process or in effecting any authorized provisional remedy. | \$ |
| Publisher's charges for publication of a notice authorized by law. | \$ |
| Statutory fees and mileage of witnesses attending court or the taking of depositions used as evidence (attach itemization). | \$ |
| Reporter's or stenographic charges for the taking of depositions used as evidence. | \$ |
| Postage or delivery fees incurred pursuant to K.S.A. 60-303. | \$ |
| Alternative dispute resolution fees that the court ordered to be paid or to which the parties have agreed. | \$ |
| Such other charges as are by statute authorized to be taxed as costs (specify statute). | \$ |
| TOTAL | \$ |

| categories. | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| necessarily incurred in this action and th | jury that the foregoing costs are correct and were lat the services for which fees have been charged were copy of this bill was served on all interested parties in, 20, as follows: |
| (List name and | address of each party served.) |
| Date: | (Signature of attorney) (Name), Attorney for (party) |
| | Kansas Attorney Registration Number |
| | Address |
| | Telephone |
| | Fax number |
| | E-mail address |

Note: Attach to your bill an itemization and documentation for requested costs in all applicable