

# Court of Appeals, Division One

## State of Arizona

<p><b>Filer Information</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> I am self-represented <i>(if checked, skip attorney info below)</i></p> <p>Attorney for: _____</p> <p>Law firm name: _____</p> <p>State Bar number: _____</p>	<p><i>For Court Use Only</i></p>
<p>Appellant/Petitioner <i>(party who filed the appeal):</i></p>	<p>Court of Appeals case number:</p> <p>1 CA-</p>
<p>Appellee/Respondent <i>(party responding to the appeal):</i></p>	<p>Court/agency appealed from:</p> <p>Case number(s):</p>
<p><b>Statement of Costs</b></p>	

*Use this form to submit an itemized statement of taxable costs on appeal. Be sure to attach a receipt for each requested cost. **You cannot use this form to claim attorneys' fees.***

*File this form, your receipts, and a [Certificate of Service](#) in the Arizona Court of Appeals, Division One through [TurboCourt.com](http://TurboCourt.com) or by mailing/delivering to 1501 W. Washington, Suite 203, Phoenix, AZ 85007. Give a copy of your completed form to every other party in this appeal.*

*For more information, see Arizona Rule of Civil Appellate Procedure [21](#).*

**Statement of Costs**

1. Name of party requesting taxable costs: \_\_\_\_\_
2. Amount requested for taxable costs: \_\_\_\_\_  
*(must equal total in #3)*
3. Breakdown of taxable costs:

Type	Amount	Receipt Attached (Yes / No)
Clerk's fees		
Certified copies of record		
Preparation of briefs		
Transcript preparation		
Other		
Total:		

By signing below, I confirm that the amounts listed above were spent on this case.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**REMEMBER:**

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