

(County or District)

(county where original petition filed)

_____,
 Plaintiff,

Case No. _____

vs.

_____,
 Defendant.

**APPLICATION TO CHECK
 OUT/ RECEIPT OF BILL OF
 EXCEPTIONS**

I, _____, apply to the court to check out:

Date Checked Out: OFFICE USE ONLY	Items checked out: (File/BOE/Exhibits) COMPLETED BY APPLICANT	Date Returned: OFFICE USE ONLY	Items damaged Y/N OFFICE USE ONLY

I acknowledge that I will return the above to the court within _____ days, or when notified, if needed prior to that time.

BY MY SIGNATURE, I HEREBY ACKNOWLEDGE RECEIPT OF AND FULLY UNDERSTAND THAT I AM ACCEPTING FULL AND TOTAL RESPONSIBILITY FOR THE LOSS OR DAMAGE OF THE PROPERTY OF THE COURT AS LISTED ABOVE, AND AM REQUIRED TO PAY FOR EITHER THE REPLACEMENT COSTS AND/OR COSTS OF REPAIR OF SAID PROPERTY, SHOULD THE SAME BECOME ALTERED, DISASSEMBLED, DAMAGED, LOST AND/OR STOLEN.

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney: Bar Number: _____
