

U.S. COURT OF APPEALS FOR THE FOURTH CIRCUIT BILL OF COSTS FORM

Directions: Counsel for a prevailing party seeking costs must file this (or like) form within 14 days after entry of judgment. The \$450 docketing fee (if the appellant prevails) and the cost of copying formal briefs and appendices are the only costs taxable in the court of appeals. Local Rule 39(a). Enter costs for any docketing fee paid and any briefs or appendices filed and served in the spaces provided. The number of copies required for filing and service (as summarized below) can be found in Local Rules 30(b) & 31(d). Any objections to costs must be filed within 14 days (plus 3 days for electronic service) of the bill of costs. Costs are paid directly to the prevailing party or counsel, not to the clerk's office.

Limit on Brief/Appendix Copy Costs: (number of pages) x (number of required filing & service copies) x (\$.15/ page)

Briefs: (8 file copies + 0 service copies)

Sealed briefs: (4 file copies + 1 service copy for each lead counsel)

Appendix volumes: (6 file copies + 1 service copy for each lead counsel)

Sealed appendix or exhibit volumes: (4 file copies + 1 service copy for each lead counsel)

(appointed counsel is required to file only 6 briefs and 5 appendices)

Case Number & Caption: _____

Prevailing Party Requesting Taxation of Costs: _____

Docketing Fee: May be claimed by inserting \$450 at right (\$5 filing fee must be claimed in district court)				Charge: _____
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Appendix filed on: _____	No. of Pages: _____	x (6 + ____ service) Copies	x \$.15/page	Charge: _____
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TOTAL AMOUNT CLAIMED IN BILL OF COSTS				

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2. If costs are sought for or against the United States, I further certify that 28 U.S.C. § 2412 or other statutory authority permits an award of costs in this case.
3. I declare under penalty of perjury that the foregoing costs are true and correct and were necessarily incurred in this action.

Signature: _____ **Date:** _____

Certificate of Service

I certify that on this date I served this document as follows:

Signature: _____ **Date:** _____