

UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA
Court Reporter/Transcriber Statement of Services

Name/Firm: _____
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Court Reporting

Case No: _____ Judge: _____ Date of Service: _____ (from) _____ (to) _____
 Case No: _____ Judge: _____ Date of Service: _____ (from) _____ (to) _____
 Case No: _____ Judge: _____ Date of Service: _____ (from) _____ (to) _____
 Case No: _____ Judge: _____ Date of Service: _____ (from) _____ (to) _____
 Case No: _____ Judge: _____ Date of Service: _____ (from) _____ (to) _____

_____	Full Days	@	\$ _____	*
_____	Half Days	@	\$ _____	*
_____	Overtime Hrs	@	\$ _____	*
_____	Cancellation Fee	@	\$ _____	*

Total \$ _____

(*See District of Nebraska Court Reporter Guidelines @ www.ned.uscourts.gov for rates)

Travel and/or Other Expenses (if applicable)

Total \$ _____

Transcripts

Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____
Case No: _____	Judge: _____	Date Ordered: _____	Date Filed: _____	Pages: _____	@	\$ _____	*	=	\$ _____

(*See District of Nebraska Court Reporter Guidelines @ www.ned.uscourts.gov for page rates)

Total \$ _____

“I certify that the transcript fees charged and page format used comply with the requirements of this court and the Judicial Conference of the United States.”

 Court Reporter/Transcriber Signature

 Date

Total Amt. Due \$ _____

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