

**ATTACHMENT 2
APPEAL BOND FOR COSTS FORM
APPEAL BOND FOR COSTS**

I (we), _____, principal(s)/ Appellant(s), and
I (we), _____, the surety(ies)/ Attorney, bind myself/ourselves
for the costs of appeal in:

vs. Cause No. _____

_____, or
PRINCIPAL/APPELLANT (Signature)

_____ by _____
PRINCIPAL (Print) ATTORNEY (Signature)

PRINCIPAL'S ADDRESS: _____

PRINCIPAL(S) SOCIAL SECURITY NO.: _____

*(street address only; **NO** P.O. boxes; **NO** in care of principal's attorney)
(Social Security Numbers Required for individual principal(s) per Tenn. Code Ann. § 25-1-108)*

_____ by _____ SURETY
(Print) (Signature)

SURETY'S ADDRESS: _____

*(street address only; **NO** P.O. boxes)*

**IF THE PRINCIPAL(S) PAY ALL COSTS OF APPEAL, THEN THIS
OBLIGATION IS VOID. IF PRINCIPAL(S) FAIL(S) TO PAY, THEN
THE SURETY IS OBLIGATED TO PAY ALL COSTS OF APPEAL.**

***IF YOU DO NOT HAVE A SURETY TO SIGN YOUR BOND FOR COSTS ***: A cash
deposit of \$1,000.00 is deemed sufficient instead of a surety bond, except as otherwise required by
the trial court clerk and/or the Appellate Court Clerk.

A deposit of \$ _____ in cash has been made by _____ with
_____ of the _____ court clerk's office on the _____
day of _____, ____.

Approved by: _____
Trial Court Clerk or Appellate Court Clerk