

County

Judicial District:
Court File Number:
Case Type:

Plaintiff

Application for
vs. Reimbursement of
Witness Expenses

Defendant

My name is:

My mailing address is:

I was called as a prosecution/defense witness in the above court regarding the above case.
I am claiming witness fees and reimbursement as follows:

NOTE: Total amount reimbursed for meals, loss of wages and child care may not exceed \$60 per day. Do not submit a claim for any of these expenses without providing written proof of lost wages from your employer and receipts for other expenses.

Table with 5 columns: Date Appeared, Lost Wages, Child Care, Meals, Daily Totals

TOTAL CLAIMED: \$

VERIFICATION

I declare under the penalties of perjury that I am the person making this claim; that I have examined the claim and it is just and true; that the expenses were actually paid for the purposes stated and that the fees are allowed by law; and that no part of the claim has been paid.

Dated:

Signature

Name:

Street Address:

City/State/Zip:

OFFICE USE ONLY

Amount of claim \$
Less amount claim exceeds statutory allowance - \$
Less expenses not proven in writing - \$
Amount approved for payment \$

Dated:

Deputy Court Administrator