**WITNESS EXPENSE CLAIM FORM**

**THIS FORM SHOULD BE BROUGHT WITH YOU WHEN YOU ATTEND COURT**

**CLAIMANT DETAILS**

WITNESS NAME ………….……………………………………….………………………………………………………………………………..

ADDRESS ……………………………………………………………………………….. STATE…………………….POSTCODE………………

EFT Details: Account Name ………………………………………………………………………………. Bank …………..……………………

BSB Number l\_\_\_\_l\_\_\_\_l\_\_\_\_l **-** l\_\_\_\_l\_\_\_\_l\_\_\_\_l Bank Account Number ………………………………………………………………...

**Note: If bank account details are not provided, a cheque will be mailed out to your address.**

The maximum allowances detailed below are determined by the *Criminal Procedure Regulations 2009 S.R. No. 169/2009*

**ALLOWANCES AND EXPENSES CLAIMED (To be completed by witness claiming expenses)**

1. **WITNESS APPEARING IN A PROFESSIONAL OR EXPERT CAPACITY**

* $79.50 if 4 hours or less; or
* $79.50 plus $20.60 for each additional hour if more than 4 hours.

(Maximum of $158.80 for any one day) …............ Days @ $.................. = $......................

**OR --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. **ORDINARY WITNESS**
2. **Loss of Income:**

If claiming loss of income, please complete **Certification of Loss of Income** (if employed) or **Statutory Declaration**

(if self employed) on the back of the form = $ ……………….

1. **Expenses Incurred. If not employed:**

Actual expenditure incurred up to a maximum of $33.70 for each day = $......................

**(Receipts must be provided)**

**OVERNIGHT ACCOMMODATION & MEALS**

Maximum amount $214.95 (Circuit)/$221.50 (Melbourne) per night.......... Nights @ $214.95/$221.50 = $.......................

# (Receipts for accommodation expenses must be provided)

**TRAVEL** - Bus = $.......................

- Train = $.......................

- Motor Vehicle (Only payable if Public Transport is not available) ……............... Kilometres @ 18 cents = $.......................

- Other (give details) Receipts must be provided = $.......................

**MEAL ALLOWANCES** (If overnight accommodation is not claimed)

- Breakfast (Maximum $12.40 per day) ………… Days @ $12.40 = $.......................

- Lunch (Maximum $12.40 per day) ………… Days @ $12.40 = $.......................

- Dinner (Maximum $16.50 per day) ………… Days @ $16.50 = $.......................

**SUB TOTAL** $.......................

Less Conduct Money Paid $.......................

**NET AMOUNT CLAIMED** $.......................

**I declare that I attended court to give evidence and incurred the above expenses/losses.**

**SIGNATURE OF CLAIMANT** ………………………………………………… Date / /

***FOR OFFICE USE ONLY***

**CASE ATTENDANCE DETAILS**

Name of Accused ….…………………………………………………………………….………………………. Matter ID………….…………..

Dates Attended: From: ………………………....To: ………………………….… From: …………………….…….To: ……………………...

Times Excused / Released ....………………………………………………………

I certify that the witness attended court for …………….days as detailed above and $....................conduct money was paid.

**SOLICITOR (OPP)/INFORMANT** …………………………………………….…. Date / /

|  |
| --- |
| Date Paid …………………………EFT/Cheque No ………………………… Amount $................................... Paying Officer ……………………………. |

**Please forward completed form to: Office of Public Prosecutions, Finance Section, 565 Lonsdale Street, Melbourne VIC 3000.**

**Finance** **Fax No: 9603 7676**

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**LOSS OF INCOME**

**Please complete Certification of Loss of Income if employed**

(Actual income lost up to a maximum of $69.10 for each day, or part of a day)

**CERTIFICATION OF LOSS OF INCOME**

**Employer must complete and sign the Certification of Loss of Income**

I CERTIFY THAT ......................................................................................................................................................................WILL HAVE INCOME TO THE

EXTENT OF $ ……………….. PER DAY OR $ ………………. PER HOUR DEDUCTED BY REASON OF HIS/HER ATTENDANCE AT COURT

EMPLOYER SIGNATURE .....................................................................................................................................

EMPLOYER NAME .....................................................................................................................................

EMPLOYER ADDRESS ............................................................................................................................................................................................

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**Please complete Statutory Declaration if self employed or conducting your own business**

(Actual income lost up to a maximum of $69.10 for each day, or part of a day)

**STATUTORY DECLARATION**

I ................................................................................................................DO SOLEMNLY DECLARE THAT I AM SELF EMPLOYED / CONDUCT A BUSINESS

OF MY OWN AND BY REASON OF MY ATTENDANCE AT COURT I WILL LOSE NET INCOME OF $......................................

I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE PROVISIONS OF AN ACT OF THE PARLIAMENT OF VICTORIA RENDERING PERSONS MAKING A FALSE DECLARATION PUNISHABLE FOR WILLFUL AND CORRUPT PERJURY.

DECLARED AT.................................................... IN THE STATE OF VICTORIA,

THIS …………… DAY OF ……………………………….. 20………….

SIGNED: .........................................................................................

(Signature of person making this declaration)

BEFORE ME

..........................................................................................................

(Signature of authorised witness)

……………………………………………………………………………….

(Name of authorised witness)

\*\*A FULL LIST OF PERSONS WHO MAY WITNESS THE SIGNING OF A STATUTORY DECLARATION IS CONTAINED IN SECTION 107A OF THE EVIDENCE (MISCELLANEOUS PROVISIONS) ACT 1958 SUCH PERSONS INCLUDE;

JUSTICE OF THE PEACE MEMBER OF PARLIAMENT

AUSTRALIAN LAWYER TOWN CLERK

MEMBER OF THE POLICE FORCE COUNCILLOR OF A MUNICIPALITY

LEGALLY QUALIFIED MEDICAL PRACTITIONER BANK MANAGER

VETERINARY SURGEON MINISTER OF RELIGION

DENTIST PRINCIPAL IN THE TEACHING SERVICE

PHARMACIST CHARTERED ACCOUNTANT/

CERTIFIED PRACTISING ACCOUNTANT

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