

NOVA SCOTIA PUBLIC PROSECUTION SERVICE

WITNESS FEE CLAIM FORM

In order to be reimbursed for expenses incurred for the purpose of attending court as a witness, you must complete this form and submit it to the local Crown Attorneys' office. Please refer to the reverse of this form for details on what expenses will be reimbursed.

NAME OF ACCUSED: _____

DATE(S) YOU ATTENDED COURT: _____

TRAVELLED FROM: _____

DISTANCE TRAVELLED TO ATTEND COURT (return): _____ km. or _____ miles

MODE OF TRAVEL: (Please check off mode used)

| | | | |
|-----------------|-------|----------------------------|----------|
| <i>Car</i> | _____ | <i>Driver (if not you)</i> | _____ |
| <i>Bus</i> | _____ | <i>Fare</i> | \$ _____ |
| <i>Train</i> | _____ | <i>Fare</i> | \$ _____ |
| <i>Airplane</i> | _____ | <i>Fare</i> | \$ _____ |

OTHER EXPENSES: (Receipts must be attached)

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| <p>I certify that the information given on this form and in any documents attached is correct and complete.</p> <p style="text-align: right;">_____ Must be signed by Witness Fee Claimant</p> |
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YOUR FULL NAME AND MAILING ADDRESS: (If possible, attach your subpoena.)

MAIL THIS FORM WITH RECEIPTS (Where available) TO:

DO NOT WRITE IN THIS SECTION

APPROVED FOR PAYMENT IN \$ _____ AMOUNT

CROWN ATTORNEY _____ DATE _____