

**NOVA SCOTIA PUBLIC PROSECUTION SERVICE**

**WITNESS FEE SPECIAL REIMBURSEMENT**

This form must be completed by the Crown Attorney with conduct of the case where special arrangements are proposed regarding witness reimbursement.

**NAME OF ACCUSED:** \_\_\_\_\_

**COURT DATE(s):** \_\_\_\_\_

**WITNESS NAME:** \_\_\_\_\_

**PROPOSED REIMBURSEMENT:** \_\_\_\_\_  
\_\_\_\_\_

**REASON FOR PROPOSED ARRANGEMENT:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend that the arrangement set out above be approved:

\_\_\_\_\_  
**CROWN ATTORNEY**

I approve the special arrangement proposed above.

\_\_\_\_\_  
**CHIEF CROWN ATTORNEY or DELEGATE**