

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