



CERTIFICATE FOR LOCAL WITNESS FEES
(MUST HAVE COPY OF SIGNED SUBPOENA ATTACHED)

WITNESS NAME: _____

IF A MINOR, NAME OF PARENT/GUARDIAN: _____

DEPO DATE/COURT DATE APPEARANCE(S): _____

MAIL CHECK TO: _____

IS THIS WHERE YOU TRAVELED FROM TODAY?

_____ YES _____ NO

IF NO, PLEASE PROVIDE ADDRESS:

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING

For State Attorney's Office Use Only

CARE NO# _____

DEFENDANT _____

TOTAL DAYS _____

TOTAL MILEAGE _____

REIMBURSEMENT AMOUNT _____