

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: _____

Plaintiff

VS.

Defendant

**Application for Reimbursement
of Witness Expenses**

I was called as a witness or I am the parent of a minor called as a witness for
_____ regarding the above case.

Party Who Called You or Your Child as a Witness

I am claiming witness fees and/or reimbursement as follows:

NOTE: Total amount reimbursed for meals, loss of wages and child care may not exceed \$60 per day. Do not submit a claim for any of these expenses without providing written proof of lost wages from your employer and receipts for other expenses.

Date Appeared	Daily Fee (Witness Only)	Child Care	Mileage (# of Miles X \$0.28)	Lost Wages	Meals	Daily Totals

TOTAL CLAIMED: \$ _____

VERIFICATION

I declare under the penalties of perjury that I am the person making this claim; that I have examined the claim and it is just and true; that the expenses were actually paid for the purposes stated and that the fees are allowed by law; and that no part of the claim has been paid.

Dated: _____

Signature

Name: _____

Street Address: _____

City/State/Zip: _____

County : _____

Telephone Number: _____

E-mail address: _____

Social Security # (required for payment): _____

OFFICE USE ONLY

Amount of claim \$ _____
Less amount claim exceeds statutory allowance - \$ _____
Less expenses not proven in writing - \$ _____
Amount approved for payment \$ _____

FY____ ORG ____ APPR ____
2M01 100 09

Dated: _____

Deputy Court Administrator