

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

**Application for  
Reimbursement of  
Witness Expenses**

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

I was called as a prosecution/defense witness in the above court regarding the above case.  
I am claiming witness fees and 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.**

<b>Date Appeared</b>	<b>Lost Wages</b>	<b>Child Care</b>	<b>Meals</b>	<b>Daily Totals</b>

**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: \_\_\_\_\_

**OFFICE USE ONLY**

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Deputy Court Administrator