UNLESS THIS FORM IS PRODUCED AT COURT
NO EXPENSES WILL BE PAID

WITNESSES CLAIM FOR LOSS OF WAGES AND/OR OTHER EXPENSES

MATTER DETAILS:

MATTER NO: 01234-56 **COURT LOCATION: HOBART/LAUNCESTON/BURNIE**

NAME OF OFFENDER(S): XXXX

WITNESS DETAILS:

XXXX

Address: _____
_____

Phone: _____

CLAIM FOR LOSS OF WAGES/EARNINGS:

Loss of Income:

COMPENSATION – DATES ATTENDED COURT: ……days/hours @ …….per day

Hourly Rate: $_____

Hourly Rate x Total Hours Lost = $_____

(as per attached letter from employer outlining the hourly rate of pay)

CLAIM FOR TRAVELLING & OTHER EXPENSES:

Kms Travelled: Make of Car: Engine Size: $

Details of Journey:

Parking (as per attached receipts): $_____

Meals (as public service rates): $_____

Fares i.e. bus, taxi or other (as per attached receipts): $_____

Childcare/Crèche (as per attached receipts): $_____

Total: $_____

PAYMENT OPTIONS - TICK BOX:

☐ **DIRECT DEPOSIT to Bank**: _____ **BSB No**: _____ **A/C No**: _____

Signature of Witness: _____ **Date:** _____

Order Made Under S17/Attended in obedience to a final notice

Delegate of the Director of Public Prosecutions _____

Checked and Approved by the Court _____