

**OFFICE OF THE DEFENDER GENERAL**

Contractor or Public Defender Office: \_\_\_\_\_

WITNESS FORM

RE: State v. \_\_\_\_\_

Docket No. \_\_\_\_\_

Witness SS#: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Phone #: \_\_\_\_\_

<u>DATES OF ATTENDANCE</u>	<u>@\$30.00/DAY</u>	<u>#MILES (round trip)</u>	<u>@\$ .70/MILE</u>	<u>TOTAL AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This is to certify that the individual named above appeared as a witness and is entitled to receive the fees for attendance and travel as noted above.

\_\_\_\_\_  
Signature of Counsel

PLEASE SEND COMPLETED FORM TO:

OFFICE OF THE DEFENDER GENERAL  
6 BALDWIN STREET, 4TH FLOOR  
MONTPELIER, VT 05633-3301  
[DG.Financial@vermont.gov](mailto:DG.Financial@vermont.gov)