

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>@\$.67/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