



Director – WJ Karczewski QC

NAME OF CASE: _____ CASE NO: _____

WITNESS EXPENSES CLAIM FORM
BEFORE COMPLETING PLEASE READ ATTACHED PAPERWORK

NAME OF WITNESS _____ PHONE NUMBER _____

POSTAL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

ARRIVAL/DEPARTURE DATES (IN) _____ (OUT) _____

COURT ATTENDANCE (DATE/S, HRS/DAY OR DAYS) _____

ALL DETAILS ABOVE ARE TO BE COMPLETED FOR PAYMENT TO PROCEED

STATUTORY DECLARATION

I DO SOLEMNLY AND SINCERELY DECLARE that as a result of my attendance at Court on the above dates I incurred and claim the following expenses:

DETAILS OF CLAIM (Please attach relevant receipts)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

NETT WAGE LOSS: _____ days @ \$ _____ Per day or part thereof \$ _____
(Employers/Accountants letter attached)

KILOMETRE ALLOWANCE _____ kms @ \$0.76 /km \$ _____
(Distance to be >40 km from Court)

Journey particulars: _____

Vehicle Registration No: _____

Passenger Allowance _____ kms @ \$0.05/km \$ _____

TOTAL \$ _____

AND I make this solemn declaration by virtue of the OATHS ACT and conscientiously believing the statements contained in the declaration to be true in every particular.

Signature of person making declaration _____ Date / /

Signature of person before whom the declaration is made _____ Date / /

A Statutory Declaration may be signed before any person who has attained the age of 18 years (Oaths, Affidavits and Declarations Act).

Print name and title of person before whom the declaration is made (e.g. Police or WAS officer)

Upon completion please forward your claim to DPP Finance Officer at the address below.



Please note that the date for attendance on this subpoena is the start date of the trial. The trial may run for a number of days or weeks from that day. At this stage it is not known on which day or at what time you will be required to give your evidence. You may not be required to give evidence on the commencement date listed on this subpoena. Once you have received the subpoena you must contact the DPP travel clerk on **08 89364068** or **freecall 1800 628 720**. The travel clerk will confirm your contact details, advise you of the date that you are required to give your evidence and will make any necessary travel or accommodation arrangements. For further information see section entitled *Witness Expenses*. To speak to a prosecutor about this matter, please telephone **1800 659 449**.

WITNESS EXPENSES

Loss of wages

A person is entitled to be reimbursed for loss of salary or wages upon production of a letter from their employer stating the details of this loss in nett wage terms, this includes loss of wages for any travel time to attend Court and actual time at Court. In arranging time off from work to attend Court, you should take this as unpaid leave rather than using any paid leave options.

Self employed

Self-employed persons may be reimbursed for loss of income. Such claims are to be substantiated by a letter from the self employed person's accountant showing loss of income in nett terms, again this includes loss of wages for any travel time to attend Court and actual time at Court.

Local transportation to court

Any witness who has received a summons or subpoena and has incurred public transport costs in attending court (e.g. bus fare) and will be reimbursed upon production of receipts.

Kilometre Allowance

If you are required to travel more than 40 kilometres from your normal residence to attend court, you may be able to claim a kilometre allowance. A kilometre allowance for travelling by personal vehicle may be payable at the rate of \$0.76/km where there is no scheduled passenger service (Air, Train, Bus). If a scheduled service is available, the amount payable to the witness is the equivalent bus fare within the NT, or airfare for interstate witnesses.

Airfares/intrastate & Interstate Witnesses

All airfares are booked at the economy rate. To obtain air tickets from point of departure, your subpoena is to be produced as proof of identity. Cabcharge vouchers are available, if required, to assist you in airport transfers. Witnesses requiring cabcharge vouchers should contact the prosecution Liaison Officer on 1800 628720 two (2) weeks prior to the Court date to arrange for the vouchers to be sent to you. Please ensure the Taxi Company accepts the voucher prior to travel. The voucher is accepted universally in the NT. **All witnesses are to contact the Prosecution Liaison officer on FreeCell number 1800 628720 at least one (1) week prior to the Court date.**

For interstate and NT witnesses required to stay overnight in Hotel/Motel accommodation, an allowance is provided for three (3) meals per day and is as follows:

Breakfast: \$17.00 Lunch: \$26.10 Dinner: \$36.70 (All pricing is GST inclusive)

Or a daily total not exceeding \$79.80 (GST inclusive).

Meal allowance will only be payable to witnesses who are absent from their place of residence overnight or for more than 12 hours. If the person is a witness who is under the age of 12 years,

the amount of the meal allowance is to be halved. Meals will normal be covered as part of any accommodation booking, where you can book the meals against your room number. If witnesses eat outside the hotel, receipts must be produced to claim this allowance, providing the collective total for that day does not exceed the prescribed amount. Apart from the standard room rate, the witness is expected to meet all other expenses incurred such as phone calls or booking in-house movies etc.

Where commercial accommodation needs to be provided to witnesses, DPP will arrange for this and make payment directly to the accommodation provider.

Government Employees

Employees of a State, Federal, Local or Territory Government Department or Statutory body are eligible to claim any reasonable costs incurred in attending Court. The employee shall not have entitlements eroded/lost as a result of their attendance and should address this with their respective Departments prior to court.

Expert witness

An expert witness is a person who the Prosecution has defined as being called to give evidence that involves his/her particular specialisation in private enterprise and may claim up to the maximum of \$610.20/day. Claimant should provide a Tax Compliant Invoice

This rate is set in the High Court Rules of Australia and is amended from time to time. The Prosecutor will advise you if this changes.

Interpreter Fees

Where a person has been called by the Crown in their capacity as an Interpreter the rates set by the Office of Ethnic Affairs shall apply. These are \$30.00 per hours, \$150.00 per half day (up to 5 hours) and \$300.00 for a full day. A kilometre allowance of \$0.74/km shall apply if a private vehicle is used to attend court.

This is an example of the information your employer or accountant will need to provide with your claim for loss of wages.

Recommended format for loss of income confirmation by employer or accountant

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ON COMPANY (OR ACCOUNTANT'S) LETTERHEAD

.....

Director of Public Prosecutions
GPO Box 3321
DARWIN NT 0801

Dear Sir,

This is to advise that _____ was absent from work on the following dates due to being required in court as a witness.

.../.../... to .../.../...

He/She was not paid for this period.

The nett (after tax) income that he/she would have earned is \$.....

..... ../.../...

Signed

Name:

Position:



Vendor Creation / Amendment Form

The Northern Territory Government requires information for the purpose of administering vendor account setups and maintenance. The Northern Territory Government will only use such information collected for the purpose of making payments.

***Indicates Mandatory Field**

| SECTION A ABN HOLDER TO COMPLETE | | | | |
|-------------------------------------|--|---------------------|------------------------------|-----------------------------|
| *ABN Number: | | Registered for GST? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *Entity Name: | | | | |
| *Business/Payee Name: | | | | |
| *Postal Address: | | | | |
| *Postcode: | | | | |
| *Suburb/City: | | *State: | | |
| *Telephone Number: | | | | |
| Fax Number: | | | | |
| E-mail Address: | | | | |

OR

| SECTION B NON ABN HOLDER TO COMPLETE | | | | | |
|---|------------------------------|-------------------------------|-----------------------------|---------------------------------|-----------------------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Master <input type="checkbox"/> | Dr <input type="checkbox"/> |
| *Individual Given Name/s: | | | | | |
| *Individual Surname: | | | | | |
| *Entity Name (If applicable): | | | | | |
| *Postal Address: | | | | | |
| *Postcode: | | | | | |
| *Suburb/City: | | *State | | | |
| *Telephone Number: | | | | | |
| Fax Number: | | | | | |
| E-mail Address | | | | | |

**SECTION C
PREFERRED REMITTANCE METHOD**

| | | |
|--------------------------------|------------------------------|-------------------------------|
| Email <input type="checkbox"/> | Fax <input type="checkbox"/> | Post <input type="checkbox"/> |
|--------------------------------|------------------------------|-------------------------------|

**SECTION D
ACCOUNTS ADMINISTRATOR / PRIMARY CONTACT**

| | |
|--------------------|--|
| *Given Name: | |
| *Surname: | |
| *Position Title: | |
| E-mail Address: | |
| *Telephone Number: | |

**SECTION E
BANK ACCOUNT DETAILS**

| | | | |
|-------------------------------------|--|------------------|--|
| *BSB Number (branch identifier): | | *Account number: | |
| *Name of Financial Institution: | | | |
| *Branch Location: | | | |

**SECTION F
CREDIT CARD FACILITIES**

| | | |
|--|------------------------------|-----------------------------|
| *Are you facilitated for credit card payments: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

**SECTION G
DECLARATION**

I declare that I am an authorised representative of the Vendor outlined at Section A or B.

I have read and can verify that all of the details outlined above are true and correct.

I authorise the Northern Territory Government to send its remittance advice via the method specified at Section C

I authorise the Northern Territory Government, to pay amounts owing to the bank account indicated at Section E.

The Northern Territory Government will accept the signature of the authorised representative as conclusive evidence of that person's authority to execute this agreement on behalf of the Vendor. The Northern Territory Government is under no obligation to verify the authority of the undersigned Authorised Representative.

The Vendor is responsible for the above particulars and for advising the Northern Territory Government of any changes in the abovementioned particulars within a reasonable time. Payment will be deemed to be made when the Northern Territory Government account is credited. The Northern Territory Government will not be responsible for any delays in payment or errors due to factors outside the reasonable control of the Northern Territory Government, including but not limited to delays or errors in the banking system.

The vendor agrees to repay the Northern Territory Government any payments credited to the Vendor in error. The Northern Territory Government reserves the right to offset any amount paid in error against future payments.

| | |
|---|---|
| *Signature of Authorised Representative | X |
| *Date | |