

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>@\$.505/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 FL.
MONTPELIER, VT 05633-3301