

WITNESS FORM - OFFICE OF THE DEFENDER GENERAL

This is to certify that the individual named below appeared as a deposition / court (circle one) witness and is entitled to receive the fees for attendance and travel as follows:

<u>Dates of Attendance</u>	<u>Amount @ \$30 Per Day</u>	<u>Number of Miles</u>	<u>Amount @ \$.405 Per Mile</u>	<u>TOTAL AMOUNT</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Signature of Counsel

Name of Witness: _____ Name of Case: _____
 Social Security Number: _____ Docket No: _____
 Witness' Mailing Address: _____

For direct payment to witness, please mail completed form to: Office of the Defender General, 6 Baldwin Street, Montpelier, VT 05633-3301. (Allow 30 days for payment.)

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