## 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:

| Dates of<br>Attendance  | Amount @ \$30<br>Per Day  | Number<br><u>Miles</u> |                   | mount @ \$.40!<br>Per Mile | TOTAL AMOUNT          |          |
|---|---|------------------------|-------------------|----------------------------|-----------------------|----------|
| TOTAL   | \$<br>\$<br>\$  | \$<br>\$<br>\$         | \$.<br>\$.<br>\$. |                            | \$<br>\$<br>\$        | <u> </u> |
|   |   |                        | S                 | ignature of (              | Counsel               | -        |
| Name of Witness:Social Security Number:<br>Witness' Mailing Address:  |   |                        | Docket No:        |                            |                       |          |
| 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.) |   |                        |                   |                            |                       |          |
| deposition / d  | witness form<br>to certify that<br>court (circle o<br>e and travel as | t the indiv            | vidual 1          | named below a              | appeared as a         |          |
| Dates of<br>Attendance  | Amount @ \$30<br>Per Day  | Number<br><u>Miles</u> |                   | mount @ \$.40!<br>Per Mile | 5 TOTAL <u>AMOUNT</u> |          |
| TOTAL   | \$<br>\$  | \$<br>\$\$             | \$. \$.           |                            | \$<br>\$<br>\$        | <u> </u> |
| Name of Witness:Social Security Number:   |   |                        |                   |                            |                       |          |
|   | ng 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.)