

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

Plaintiff

VS.

Defendant

**Application for  
Reimbursement of  
Witness Expenses**

I was called as a witness or  I am the parent of a minor called as a witness for \_\_\_\_\_ regarding the above case.  
Party Who Called You or Your Child as a Witness

I am claiming witness fees and/or reimbursement as follows:

**NOTE: Total amount reimbursed for meals, loss of wages and child care may not exceed \$60 per day. Do not submit a claim for any of these expenses without providing written proof of lost wages from your employer and receipts for other expenses.**

Date Appeared	Daily Fee (Witness Only)	Child Care	Mileage (# of Miles X \$0.28)	Lost Wages	Meals	Daily Totals

**TOTAL CLAIMED: \$ \_\_\_\_\_**

**VERIFICATION**

I declare under the penalties of perjury that I am the person making this claim; that I have examined the claim and it is just and true; that the expenses were actually paid for the purposes stated and that the fees are allowed by law; and that no part of the claim has been paid.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security # (required for payment): \_\_\_\_\_

**OFFICE USE ONLY**

Amount of claim \$ \_\_\_\_\_  
Less amount claim exceeds statutory allowance - \$ \_\_\_\_\_  
Less expenses not proven in writing - \$ \_\_\_\_\_  
**Amount approved for payment** \$ \_\_\_\_\_

FY	ORG	APPR
2M01	100 09	

Dated: \_\_\_\_\_

Deputy Court Administrator