**In the Iowa District Court for Polk County**

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| **State of Iowa,** *Plaintiff*,v.**,** *Defendant*. | **Criminal No:****Claim for Paymennt of Non-expert****Witness Fees** Docket CLNW |

1. **Witness Information**
2. Name(first, middle initial, last): \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. DOB & Social Security #: (e-file protected information form)
4. Mailing address (if not provided, the witness must make optional arrangements for delivery of payment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **Costs & Fees**
 |
| 1. Miles travelled

  |  $\_\_\_\_\_\_\_\_ | Round trip from home to location of the proceeding x number of trips(see IC 602.1509) Miles \_\_\_\_\_\_\_ x $.45 = (insert amount in #1), (see IC 819.3) out-of-state witness Miles \_\_\_\_\_\_\_ x $.10 per mile |
| 1. Public Transportation
 | $\_\_\_\_\_\_\_\_ |  Copies and receipts showing expenses must be provided (see IC 602.1509) |
| 1. Witness fee
 | $\_\_\_\_\_\_\_\_ | $10 per full day / $5 per less than full day (see IC 622.69). |
| 1. Total
 | $\_\_\_\_\_\_\_\_ |  |

1. **Witness Certification:** I, the undersigned witness, certify that the information above is true & correct.

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

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_

**D. Attorney Certification:**

1. Witness was called for

 🞎 Hearing or Trial as a State witness 🞎 Hearing or Trial as Defense witness: Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Deposition taken by the State[[1]](#footnote-1) 🞎 Deposition taken by the Defense: Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Witness appeared for: \_\_\_\_\_\_ Number of days less than a full day \_\_\_\_\_\_ Number of full days

3. Has the Court found the defendant to be indigent? 🞎 Yes 🞎 No[[2]](#footnote-2)

4. Attorney (County Attorney or Defendant’s Attorney) or Self-Represented Defendant: I, certify that person above did appear in the above captioned case.

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

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_

**INSTRUCTIONS:** If the witness is requesting witness fees for providing testimony, the attorney calling the witness must complete section D to verify the witness services. When the attorney has completed section D, the witness will complete A, B, and C and deliver the form to the Clerk of District Court for the appropriate county for payment. **If this form is not completed, the witness will not be paid.**

1. *If “Deposition taken by the State” is indicated, the Clerk of Court will not pay the witness fees unless ordered by the court. The county is responsible for such payment under Iowa Code 815.13.*  [↑](#footnote-ref-1)
2. *If “No” is indicated, the Clerk of Court will not pay the witness fees unless ordered by the court. If “Yes” is indicated a private court-appointed attorney or a privately retained attorney for an indigent party must attach the attorney’s appointment order or other finding of indigency.* ***If the attorney’s appointment order or other finding of indigence is not attached, the witness will not be reimbursed.***

 4/2015 [↑](#footnote-ref-2)