|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | PO Box 690 | PO Box 208 | GPO Box 354 | PO Box 551 |
|  | Burnie 7320 | Devonport 7310 | Hobart 7000 | Launceston 7250 |
|  | Ph: (03) 647 77140 | Ph: (03) 647 84353 | Ph: (03) 616 57136 | Ph: (03) 677 72945 |

A claim for expenses and loss of income can be made by crown prosecution witnesses. To make a claim, fill out the Statutory Declaration on the reverse side of this form and send it to the Court where you gave evidence, along with any required supporting documentation. The Declaration needs to be witnessed by a Justice of the Peace or Commissioner for Declarations.

**Loss of Wages/Salary**

Claims for loss of wages/salary must be supported by a letter from the employer stating the actual amount deducted from your salary or wage while attending Court.

The Court will pay the actual loss incurred (for each hour, or part of an hour), up to a maximum of 2.5% of the seasonally adjusted average weekly earnings of a full time adult employee in Tasmania, as published by the Australian Bureau of Statistics.

**Self Employed**

If you are self-employed, your claim should be supported by some evidence of loss, such as a certificate from your accountant.

**Expert Witnesses**

Expert witnesses (doctor, engineer, architect etc) must be declared to be giving expert evidence by the Magistrate hearing the case. The Registrar of the Court will review claims by expert witnesses and will pay all just and reasonable expenses.

**Note:**

1. All claims are subject to verification by the Department of Justice.
2. All payments made to witnesses for loss of salary, wages or other income are taxable and should be declared in your income tax return.
3. If you are claiming as a business, failure to supply your ABN number may result in withholding tax (GST) being deducted from your payment.
4. Meals, travel and accommodation are paid at the same rates and on the same terms as the Tasmanian State Service Award (Regulation 7 of the *Criminal Procedures (Attendance of Witness) Regulations* 2019).

**Your bank account details:**

The Department of Justice will only pay direct to bank accounts and does not pay by cash or cheque.

To have your payment credited direct to your account at a financial institution, please complete the following:

Account Name:…………………………………………………………………………………………………

Name & branch of Bank or Financial institution:………………………………………………………………

BSB Number:………………………………. Account Number:……………………………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Office use only)** Date/s:…………………….. Complaint/matter Number: …………………….

Action: Police/ v.

Name of Witness:

I hereby certify that the above named appeared as a WITNESS / EXPERT WITNESS for the Crown and is entitled, by order of the Magistrate / Justice, to claim compensation and expenses.

**Signed:** ……………………………

 (Court Clerk or Prosecutor)

**STATUTORY DECLARATION**

I (your name)………………………………………………of (address)

hereby declare that as a result of my attendance at court as a crown witness in the matter of:

Police v ………………………………on the ………....day of……………….20……., have suffered the following monetary loss:

|  |  |
| --- | --- |
|  |  $ |
| 1 Wage and SalaryThat I have lost wages/salary as detailed on the attached letter from my employer stating the actual amount of wages/salary **lost** due to court attendance. ***Note: See over for method of calculation.*** |  |
| **2 Self Employed**That I am self employed as a ………………………………………………. and as a result of  attendance at court I have lost income of $………..…………per day/hour, and that for the  purposes of GST my ABN number is ………………………………… ***Note: See over for method of calculation.*** |  |
| **3 Expert Witness**  That I am a ………………………………………………………........and as a result of court  **(Occupation)** attendance have lost income of $…………………... per day/hour, and that for the purposes of GST my ABN number is ………………………………… ***Note: See over for method of calculation.*** |  |
| 1. That I have incurred out of pocket expenses as follows;

 Meals …………………………………………………………………………………………. (only payable if required to stay overnight) Bus fare from………........................................... to ..........................................................and return. Total kilometres travelled……………from………………..to……………………and return. Other…………………………………………………………………………………………… ***Receipts must be attached.*** |  |
|  **TOTAL** | $ |

I make this solemn declaration by virtue of the provision of section 14 of the *Oaths Act* 2001.

Declared at ……………….…………...this…………………..day of…………………………… 20………

…………………………………… ……………………………………

 **Your Signature Commissioner of Declarations**

 **Justice of the Peace**

**Approved:** ………………………………….

**Clerk of Petty Sessions**

**Cost codes:** (**A008 52812)** (**A005 52812)** (**A007 52812)** (**A011 52812)**