

DOCUMENT NO. (CPA USE ONLY)

**Witness Fee Claim** TEX. CODE CRIM. PROC. ANN. art. 35.27

|     |       |    |      |      |                       |                            |
|-----|-------|----|------|------|-----------------------|----------------------------|
| AGY | PCA   | AY | COBJ | FUND | AMOUNT (CPA USE ONLY) | APPROVED BY (CPA USE ONLY) |
| 241 | 00331 |    | 7224 | 0001 |                       |                            |

DOCUMENT NO. (CPA USE ONLY)

**JUDGE**

I, \_\_\_\_\_, do certify that the below claim and accompanying certificate detailing expenses of the named witness is in my opinion correct, and all laws now in force relative to this claim have been complied with. I approve the claim subject to the approval of the State Comptroller. I further certify that I have not allowed fees to more than one character witness summoned by the defendant when summoned under provisions of TEX. CODE CRIM.PROC. ANN. Ch. 16 (1966). This case was set for trial on \_\_\_\_\_ and was continued until \_\_\_\_\_.

DATE RELEASED DATE

\_\_\_\_\_ Judicial District of Texas OR County Judge of \_\_\_\_\_ County

JUDGE'S SIGNATURE  
 Witness name and mailing address (Please type)

Filed with the County/District Clerk on \_\_\_\_\_ DATE  
 sign here  
 CLERK SIGNATURE

Clerk of \_\_\_\_\_ District Court, \_\_\_\_\_ County  
 Mail completed form to: **COMPTROLLER JUDICIARY**, P.O. Box 13528, Austin, TX 78711-3528. Contact: 1-800-531-5441, ext. 6-5985.

**\*\*\* PLEASE REFER TO THE BACK OF THIS FORM FOR THE APPROPRIATE MILEAGE RATES \*\*\***

I, \_\_\_\_\_, a witness in the below case, swear that in obedience to a  written request, or  subpoena, or  summons from  prosecuting attorney  court, which was received by me in \_\_\_\_\_ County, I was in attendance in court. I  did  did not furnish a personal automobile. I made \_\_\_\_\_ round trips. Reimbursement requested at \_\_\_\_\_ cents per mile totals \$ \_\_\_\_\_.

|                 |                     |                |                     |                |
|-----------------|---------------------|----------------|---------------------|----------------|
| Mileage claimed | (Print city, state) | (Print county) | (Print city, state) | (Print county) |
| _____           | _____               | _____          | _____               | _____          |

**MILES BY HIGHWAY** FROM \_\_\_\_\_ in \_\_\_\_\_ County TO \_\_\_\_\_ in \_\_\_\_\_ County

I further swear that the above statement is correct: the services were performed as stated: the miles charged have been actually traveled; and no part of this claim has been paid except as shown. I was summoned as stated. I further swear that I am a bonafide resident of \_\_\_\_\_ County, in \_\_\_\_\_ STATE. My residence there is permanent and I have not established a temporary residence in order to obtain mileage and per diem as a witness. Witness social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

sign here  
 WITNESS SIGNATURE

Subscribed and sworn to before me on \_\_\_\_\_ DATE  
 sign here  
 NOTARY SIGNATURE

|           |             |  |   |
|-----------|-------------|--|---|
| Defendant | Case number | Type of case<br><input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY | Was this a change of venue?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------|-------------|--|---|

**WITNESS EXPENSES, (Please enter meals and lodging for each date. Additional dates can be entered on reverse.)**

| DAILY EXPENSES FOR MEALS AND LODGING |       |         |   |
|--------------------------------------|-------|---------|---|
| DATE                                 | MEALS | LODGING |   |
|                                      |       |         | Total miles _____ @ _____ ¢ per mile.....             |
|                                      |       |         | Parking total (Receipts required) .....               |
|                                      |       |         | Taxi and or rental car total (Receipts required)..... |
|                                      |       |         | Bus, train, or air total (Receipts required).....     |
|                                      |       |         | Meals total .....                                     |
|                                      |       |         | Lodging total .....                                   |
| TOTALS FROM ABOVE                    |       |         | <b>GRAND TOTAL OF EXPENSES CLAIMED</b> .....          |
| TOTALS FROM BACK                     |       |         | TOTAL AMOUNT DUE WITNESS .....                        |
| GRAND TOTALS FOR MEALS AND LODGING   |       |         | TOTAL AMOUNT DUE COUNTY .....                         |

(SECTION BELOW MUST BE COMPLETED IF COUNTY IS DUE MONEY.)

I, \_\_\_\_\_, certify that \_\_\_\_\_ COUNTY IS DUE \$ \_\_\_\_\_ amount toward my expenses and request that those amounts be paid to them. County address \_\_\_\_\_ County vendor identification number \_\_\_\_\_.

|                |                              |
|----------------|------------------------------|
| County contact | Phone (Area code and number) |
|----------------|------------------------------|

WITNESS / COUNTY

