

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		

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 _____ DATE and was continued until _____ RELEASED DATE.

_____ Judicial District of Texas OR County Judge of _____ County

sign here 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 NAME 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

(seal)

Subscribed and sworn to before me on _____ DATE

sign here NOTARY SIGNATURE

Defendant	Case number	Type of case <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	Was this a change of venue? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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			GRAND TOTAL OF EXPENSES CLAIMED
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 and email address	Phone (Area code and number)
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WITNESS / COUNTY

Witness Fee Claim Continuation

DOCUMENT NO

WITNESS NAME

MILEAGE RATES

Period	Rate
01-01-23 thru 12-31-23	65.5¢ per mile
Beginning 01-01-2024 to Present	67¢ per mile

WITNESS EXPENSES, (Please enter meals and lodging for each date.)

Daily Expenses for Meals and Lodging		
Date	Meals	Lodging
TOTALS <small>(FOR THIS PAGE ONLY)</small>		

Comments / explanation *(optional)*
