



WITNESS FEE REIMBURSEMENT REQUEST
ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
 SFN 59362 (03/07/2018)

NDCLCI
 2517 West Main St
 PO Box 149
 Valley City, ND 58072
 Phone: (701)845-8632
 Fax: (701)845-8633

Name of Witness:		Phone Number:	
Address:	City:	State:	Zip

Witness Fee: (\$25.00/Day)	Number of Days:	Cost \$	County/District:
Mileage is reimbursable at the state rate within North Dakota and within a 300 mile radius of the state's borders. Outside the 300 mile radius, mileage is reimbursable at another rate. Actual cost of airline, train or bus fare is reimbursable if pre-approved (copy of receipt or actual ticket required).	Number of Miles:	\$	Attorney Name: Case Number(s): Case Title:
Lodging, state rate plus any additional applicable state or local taxes on lodging (receipt must be attached.)		\$	Dates and Times Served From: a.m. To: p.m.
MEALS (Current State Rate)	NUMBER OF MEALS		
Breakfast		\$	
Lunch		\$	
Dinner		\$	
Expert Witness Fee: (Attach Request for Extraordinary Expenses, if applicable)		\$	
Please "x" one <input type="checkbox"/> Defense Witness <input type="checkbox"/> Expert Witness in Juvenile Matter	Type of Hearing:		TOTAL REIMBURSEMENT \$

WITNESS CERTIFICATION:

I certify the above is a true and accurate record of my service as a witness and that no compensation has previously been received.

Witness Signature:	Date:
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AUTHORIZATION:

Witness fees and expenses above are authorized to be paid to the above name witness.

Signature of Attorney who subpoenaed witness:	Date:
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Attorney:

Please mail, fax, or completed and signed form to:
 ND Commission on Legal Counsel for Indigents
 PO Box 149
 Valley City, ND 58072
 Fax: 701-845-8633
 clcivc@nd.gov