

Director - WJ Karczewski QC

NAME OF CASE:	F CASE: CASE NO:							
	NSES CLAIM FORM SE READ ATTACHED PAPERWORK							
NAME OF WITNESS	F WITNESS PHONE NUMBER							
POSTAL ADDRESS								
OCCUPATION	EMPLOYER							
ARRIVAL/DEPARTURE DATES (IN)	(OUT)							
COURT ATTENDANCE (DATE/S, HRS/DAY OR	DAYS)							
ALL DETAILS ABOVE ARE TO BE CO	MPLETED FOR PAYMENT TO PROCEED							
STATUTOR	Y DECLARATION							
I DO SOLEMNLY AND SINCERELY DECLARE th dates I incurred and claim the following expe	at as a result of my attendance at Court on the abov nses:	5						
DETAILS OF CLAIM (Please attach relevant re	ceipts)							
	\$							
	\$							
<del></del>	Per day or part thereof \$  countants letter attached)  kms @ \$0.76 /km \$							
	= >40 km from Court)							
·	,							
Journey particulars:  Vehicle Registration No:								
Passenger Allowance	kms @ \$0.05/km \$							
asseriger Allowance	KIII3 @ \$0.03/KIII _ \$							
	TOTAL \$							
AND I make this solemn declaration by virtue statements contained in the declaration to be	e of the OATHS ACT and conscientiously believing the e true in every particular.	ĵ						
Signature of person making declaration	Date /	/						
Signature of person before whom the declar A Statutory Declaration may be signed before any person wh	ation is made Date / has attained the age of 18 years (Oaths, Affidavits and Declarations Ac	/ t).						
Print name and title of person before whom	the declaration is made ( e.g. Police or WAS officer)							

Upon completion please forward your claim to DPP Finance Officer at the address below.



Please note that the date for attendance on this subpoena is the start date of the trial. The trial may run for a number of days or weeks from that day. At this stage it is not known on which day or at what time you will be required to give your evidence. You may not be required to give evidence on the commencement date listed on this subpoena. Once you have received the subpoena you must contact the DPP travel clerk on **08 89364068 or freecall 1800 628 720.** The travel clerk will confirm your contact details, advise you of the date that you are required to give your evidence and will make any necessary travel or accommodation arrangements. For further information see section entitled *Witness Expenses*. To speak to a prosecutor about this matter, please telephone **1800 659 449**.

#### WITNESS EXPENSES

## **Loss of wages**

A person is entitled to be reimbursed for loss of salary or wages upon production of a letter from their employer stating the details of this loss in nett wage terms, this includes loss of wages for any travel time to attend Court and actual time at Court. In arranging time off from work to attend Court, you should take this as unpaid leave rather than using any paid leave options.

#### Self employed

Self-employed persons may be reimbursed for loss of income. Such claims are to be substantiated by a letter from the self employed person's accountant showing loss of income in nett terms, again this includes loss of wages for any travel time to attend Court and actual time at Court.

#### **Local transportation to court**

Any witness who has received a summons or subpoena and has incurred public transport costs in attending court (e.g. bus fare) and will be reimbursed upon production of receipts.

#### **Kilometre Allowance**

If you are required to travel more than 40 kilometres from your normal residence to attend court, you may be able to claim a kilometre allowance. A kilometre allowance for travelling by personal vehicle may be payable at the rate of \$0.76/km where there is no scheduled passenger service (Air, Train, Bus). If a scheduled service is available, the amount payable to the witness is the equivalent bus fare within the NT, or airfare for interstate witnesses.

## **Airfares/intrastate & Interstate Witnesses**

All airfares are booked at the economy rate. To obtain air tickets from point of departure, your subpoena is to be produced as proof of identity. Cabcharge vouchers are available, if required, to assist you in airport transfers. Witnesses requiring cabcharge vouchers should contact the prosecution Liaison Officer on 1800 628720 two (2) weeks prior to the Court date to arrange for the vouchers to be sent to you. Please ensure the Taxi Company accepts the voucher prior to travel. The voucher is accepted universally in the NT. All witnesses are to contact the Prosecution Liaison officer on FreeCell number 1800 628720 at least one (1) week prior to the Court date.

For interstate and NT witnesses required to stay overnight in Hotel/Motel accommodation, an allowance is provided for three (3) meals per day and is as follows:

Breakfast: \$17.00 Lunch: \$26.10 Dinner: \$36.70 (All pricing is GST inclusive)

Or a daily total not exceeding \$79.80 (GST inclusive).

Meal allowance will only be payable to witnesses who are absent from their place of residence overnight or for more than 12 hours. If the person is a witness who is under the age of 12 years,

the amount of the meal allowance is to be halved. Meals will normal be covered as part of any accommodation booking, where you can book the meals against your room number. If witnesses eat outside the hotel, receipts must be produced to claim this allowance, providing the collective total for that day does not exceed the prescribed amount. Apart from the standard room rate, the witness is expected to meet all other expenses incurred such as phone calls or booking in-house movies etc.

Where commercial accommodation needs to be provided to witnesses, DPP will arrange for this and make payment directly to the accommodation provider.

## **Government Employees**

Employees of a State, Federal, Local or Territory Government Department or Statutory body are eligible to claim any reasonable costs incurred in attending Court. The employee shall not have entitlements eroded/lost as a result of their attendance and should address this with their respective Departments prior to court.

## **Expert witness**

An expert witness is a person who the Prosecution has defined as being called to give evidence that involves his/her particular specialisation in private enterprise and may claim up to the maximum of \$610.20/day. Claimant should provide a Tax Compliant Invoice

This rate is set in the High Court Rules of Australia and is amended from time to time. The Prosecutor will advise you if this changes.

### **Interpreter Fees**

Where a person has been called by the Crown in their capacity as an Interpreter the rates set by the Office of Ethnic Affairs shall apply. These are \$30.00 per hours, \$150.00 per half day (up to 5 hours) and \$300.00 for a full day. A kilometre allowance of \$0.74/km shall apply if a private vehicle is used to attend court.

# This is an example of the information your employer or accountant will need to provide with your claim for loss of wages.

Recommended format for loss of income confirmation by employer or accountant
ON COMPANY (OR ACCOUNTANT'S) LETTERHEAD
Director of Public Prosecutions GPO Box 3321 DARWIN NT 0801
Dear Sir,
This is to advise that was absent from work on the following dates due to being required in court as a witness.
/ to/
He/She was not paid for this period.
The nett (after tax) income that he/she would have earned is \$
Name:
Position:



## **Vendor Creation / Amendment Form**

The Northern Territory Government requires information for the purpose of administering vendor account setups and maintenance. The Northern Territory Government will only use such information collected for the purpose of making payments.

\*Indicates Mandatory Field

**SECTION A ABN HOLDER TO COMPLETE** \*ABN Number: Registered for GST? Yes No 🗌 \*Entity Name: \*Business/Payee Name: \*Postal Address: \*Postcode: \*Suburb/City: \*State: \*Telephone Number: Fax Number: E-mail Address: OR **SECTION B** NON ABN HOLDER TO COMPLETE Mr Mrs Ms | Dr Master Miss \*Individual Given Name/s: \*Individual Surname: \*Entity Name (If applicable): \*Postal Address: \*Postcode: \*State \*Suburb/City: \*Telephone Number: Fax Number: E-mail Address

SECTION C PREFERRED REMITTANCE METHOD							
Email	Fax		Post				
SECTION D ACCOUNTS ADMINISTRATOR / PRIMARY CONTACT							
*Given Name:							
*Surname:							
*Position Title:							
E-mail Address:							
*Telephone Number:							
SECTION E							
BANK ACCOUNT DETAILS							
*BSB Number (branch identifier):		*Account num	ber:				
*Name of Financial		L					
Institution:							
*Branch Location:							
CECTION E							
SECTION F CREDIT CARD FACILITIES							
*Are you facilitated for credit card payments:	Yes		No.				
SECTION G DECLARATION							
I declare that I am an authorised representative of the Vendor outlined at Section A or B.							
I have read and can verify that all of the details outlined above are true and correct.							
I authorise the Northern Territory Government to send its remittance advice via the method specified at							
Section C I authorise the Northern Territory Government, to pay amounts owing to the bank account indicated at							
Section E.  The Northern Territory Government will accept the signature of the authorised representative as conclusive							
evidence of that person's authority to execute this agreement on behalf of the Vendor. The Northern							
Territory Government is under no obligation to verify the authority of the undersigned Authorised Representative.							
The Vendor is responsible for the above particulars and for advising the Northern Territory Government of any changes in the abovementioned particulars within a reasonable time. Payment will be deemed to be							
made when the Northern Territory Government account is credited. The Northern Territory Government will							
not be responsible for any delays in payment or errors due to factors outside the reasonable control of the Northern Territory Government, including but not limited to delays or errors in the banking system.							
The vendor agrees to repay the Northern Territory Government any payments credited to the Vendor in error. The Northern Territory Government reserves the right to offset any amount paid in error against future payments.							
*Signature of Authorised Popresentative							
*Signature of Authorised Representative							

\*Date