

Office of the State Public Defender Administrative Policies

Subject: Witness Fees	Policy No.: 140
Title 26	Pages: 5
Section: 2-501 through 2-503	Last Review Date: 09-27-17
Effective Date: 2-20-09	Revision Date: 11-1-17

1.0 POLICY

- 1.1 The Office of the State Public Defender (OPD) will pay witnesses a fee of \$10 per day plus mileage as required by state law.
- 1.2 OPD will also pay other expenses incurred by witnesses, including lodging, commercial transportation and per diem, in accordance with State of Montana travel policy.
- 1.3 This policy applies to witnesses that testify voluntarily at the request of OPD, and to witnesses that appear to testify because they were issued a subpoena by OPD.

2.0 PROCEDURES

- 2.1 A witness is entitled to \$10 per day plus mileage at the current state rate.
- 2.2 The witness must complete the Witness Fee and Travel Information form (Attachment A) for payment to be processed.
- 2.3 The Witness Fee and Travel Information form, along with a completed W-9 form (Attachment B), the subpoena if applicable, and receipts for any additional expenses are to be mailed to the Central Services Division.
- 2.4 Each individual OPD office is responsible for providing the required forms to each witness testifying at the request of that office, and for verifying the witness's appearance in court.
- 2.5 Contract attorneys are responsible for providing the required forms to each witness testifying at the request of their office, and for verifying the witness's appearance in court.

3.0 Cross-Reference Guide

MCA 26-2-501, et seq.
MOM 1-0300, Travel Policy

4.0 CLOSING

This policy shall be followed unless it conflicts with specific statutes, which shall take precedence to the extent applicable.

Questions about this policy should be directed to:

Office of the State Public Defender
Central Services Division
44 West Park, Butte, MT 59701
Phone: 406-496-6080

ATTACHMENT A

OFFICE OF THE STATE PUBLIC DEFENDER
 44 West Park Street ▪ Butte, Montana 59701
 406.496.6080

Witness Fee and Travel Information

If you have appeared to testify at the request of the Office of the State Public Defender, the following information is needed to process your \$10/day witness fee and travel claim.

- Please complete this form and the attached W-9 immediately after attending the court proceeding at which you testified. **Please print legibly.**
- Attach your subpoena unless you testified voluntarily.
- Attach *original* receipts for expenses purchased *by you* (motel room, airline or bus ticket, rental car, airport parking, etc.)
- Meal receipts are not required; however, if you are claiming meals, you *must* include departure/return times. You will be reimbursed at the prevailing state rate, not at actual cost.
- Mail both forms and all attachments to:
 Office of the State Public Defender
 44 W. Park
 Butte MT 59701

NAME	MAILING ADDRESS
PHONE NUMBER	DATE(S) OF TESTIMONY (ATTACH SUBPOENA)
DATE OF DEPARTURE (MONTH/DAY/YEAR)	TIME OF DEPARTURE (A.M./P.M.)
DEPARTURE AND DESTINATION CITIES	
DATE OF RETURN (MONTH/DAY/YEAR)	TIME OF RETURN (A.M./P.M.)
MODE OF TRAVEL	
<input type="checkbox"/> Private Car (total number of miles) _____ <input type="checkbox"/> Commercial Transportation (attach receipt) _____ <input type="checkbox"/> Other (please explain) _____ _____ _____	
<input type="checkbox"/> MEALS: Please indicate by date which meals you would like to be reimbursed for (B) Breakfast, (L) Lunch, (D) Dinner, _____ _____ <p align="center"><i>You must indicate departure/return times above so it can be determined whether you are eligible for meal reimbursement.</i></p>	
SIGNATURE (please sign in ink)	DATE