



**WITNESS FEE REIMBURSEMENT REQUEST**  
**ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS**  
 SFN 59362 (8/1/2011)

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

Name of Witness:			
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 Served From: To:
<b>MEALS</b>	<b>NUMBER OF MEALS</b>		
Breakfast \$6.00		\$	
Lunch \$9.00		\$	
Dinner \$15.00		\$	
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	<b>TOTAL REIMBURSEMENT \$</b>		

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