

General Information About Witness Expense Claims

A person wishing to claim expenses from the Coroners Court of Victoria must first be *summonsed* to appear at an inquest as a witness.

A person, including any family member, attending court for reasons other than being summonsed to appear as a witness, is not entitled to make a claim for loss of income or any expenses.

Any person seeking to claim reimbursement for any expenses *must* complete the attached Witness' Expense Claim Form.

Please note that completion of the Certification of Net Loss of Income section of the form, on its own, is insufficient to claim costs.

The Certification of Net Loss of Income provides *supporting* information to the claim only.

It should also be noted that an invoice will be returned if a claim form has not been completed and attached with the invoice.

Important information for claimants

- Unless the court/assistant cannot confirm a specific date of attendance, the court will
 only reimburse expenses for the day the witness gave evidence
- A witnesses is not automatically entitled to claim expenses for attending court in the days prior to their giving of evidence. The witness *must* first contact the court to confirm which date to attend
- If a witness has given evidence and been excused by the court and decides to stay for the remainder of an inquest, they are only entitled to be reimbursed for the expenses incurred on the date they gave evidence, not any following day(s)
- The court can only reimburse loss of *net* income. Income tax and/or GST are not part
 of the witnesses' claim entitlements
- A witness is not entitled to claim for any additional costs, other than the number of kilometres travelled one way to court, if they travelled by use of their own vehicle. In other words, claims cannot be made for petrol or parking
- Authority to reimburse loss of income and/or expenses is given under section 74A of the Coroners Act 2008 which states:
 - A claimant can be a witness or interpreter
 - That claims relate to inquests only (mention hearings and direction hearings are not covered)
 - The amount to be claimed must be determined in accordance with the court rules.

Completing the Witnesses Expenses Claim Form

Certification of Net Loss of Income

All witnesses complete the first box of the form (i.e. witness details)

Boxes two (certification by employer) and three (statutory declaration) are mutually exclusive; both boxes do not need to be completed

- If a witness is employed by someone or an organisation, the "Certification by Employer" completed.
- if a witness is self-employed, the "Statutory Declaration" is completed.

The amount of loss noted should be the *actual* amount the witness will be deducted or lose due to court attendance, not the maximum claim amount.

A Registrar can witness the statutory declaration.

Witness' Expense Claim Form

All witnesses *must* complete the:

- Court reference
- Deceased's name
- Witness details
- Attendance details, and;
- Witness declaration (page two).

A witness is classified as attending in a "professional/expert capacity" if they have been *engaged* by the Court as an expert witness. For example:

- A witness who was the deceased's treating doctor is classified as an "ordinary witness". Although they are a professional, they are a witness to events prior to the deceased's death.
- If a person was sought to review a case and provide a report based on their expert knowledge, and is summonsed to give evidence, they are attending in a "professional/expert capacity".

Each section of the form must have proof/evidence of loss/expense attached. For example:

- For section A, a certification of net loss of income is required
- For section B, a taxi receipt (or copy of) would suffice. People using the myki system may claim the maximum daily fare
- For section D, a receipt from a café is evidence of meal expense

If a witness travelled by use of their own car, they need only complete the number of kilometres travelled one way to court. No supporting documents need to be attached for this claim.

A witness can incur a loss/cost in excess of the maximum allowances, but they are only entitled to be reimbursed for the maximum amount set.

WITNESS' EXPENSE CLAIM FORM

Court Referen	ce No.:	Deceased's name:						
WITNESS' DETA	AILS							
Name:								
Address:								
Con	Contact No.:							
ATTENDANCE	DETAILS							
Witness atten	ded (please tick): as an Ordin	ary witness in an Professiona	al/Expert capacity					
Witness' Atter	ndance in Court: Date(s)*:	Time(s)*:						
*Strikeout if inap	pplicable	•						
	TOTAL:	Days* OR	Hours*					
	NET LOSS OF INCOME/WAGES^							
*Strikeout if	Net Hourly income rate as	m (see attached) must be complete Net Daily income rate as Oty						
inapplicable	per Loss of Income form*	per Loss of Income form*	Total allowance					
Non-expert witness	\$ (\$100 maximum per hour or part thereof)	\$ (\$601 maximum per day or part thereof)	\$ OR					
Expert witness	\$ (\$340 maximum per hour or part thereof)	\$ (\$2040 maximum per day or part thereof)	\$					
Have you com	·	tification of Net Loss of Income'? (ple	ease tick):					
SECTION B – T	RAVEL EXPENSES*							
*Strikeout if inap	pplicable		Total allowance					
*Type of trans	sport taken (e.g. train, bus, tax	ci):						
Cost per day:	Cost per day:							
	\$ No. of days: OR							
OR \$ (entitled to 18 cents / km								
*No. of kilome	etres travelled <u>one way</u> to Cou	ırt: No. of days:	(Chance to 10 Chang) in					
*Evidence of t	the costs of the most economi	cal form of transport attached (pleas	se tick):					
SECTION C – C	HILDCARE EXPENSES*		·····					
Reasonable ch *Strikeout if inap		cause of witness' attendance at Cou	urt: Total					
\$	per hour*/day*	No. of hours*/days*:	\$					
Proof of incur	red childcare expenses attach	ed (please tick):						

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2ECTION D - MEVE KEIMBOKZEI	VICIVI								
W/:to and about from bound	M	aximum Meal A							
Witness absent from home between the following times *Strikeout if inapplicable	_	absent from Overnight* Other location*	Witness <u>not</u> absent from home overnight*	Meal Receipt Totals					
Breakfast* (7 – 9.30 am)	\$17.70	\$							
Lunch* (12 – 3 pm)	\$19.75 \$18.05 \$12.40								
Dinner* (5 – 7 pm)	\$34.05 \$31.15 \$16.50 \$								
				\$					
Evidence of meal expenses atta	ached (please t	ick):							
SECTION E – ACCOMMODATION *Only complete this section if the section is the section in the section is the section in the sect		not arranged th	ne witness' accommo	dation.					
Cost of alternative accommoda	ntion because	of witness' atte	endance at Court:						
			1						
\$ per night	t No. of	nights:	То	tal: \$					
Evidence of the alternative accommodation expenditure/cost incurred attached (please tick):									
TOTAL CLAIM (total of sections A to E):									
WITNESS' ELECTRONIC PAYMENT DETAILS (if none provided a cheque will be sent to the witness' address provided above)									
(ii Hone provided a cheque wii	i be sent to ti	Te Withest than	ess provided above;						
Account name:									
Name of financial institution:	Name of financial institution: BSB no.:								
Account number:									
WITNESS' DECLARATION									
I declare that I attended Court	to give evide	nce and incurre	d the above expense	s / losses.					
(Signature of	witness)		(Date	e)					
(Name of w	ritness)								
FOR COURT USE ONLY									
CORONER'S AUTHORISATION									
Under section 74A of the Coro allowance or reimbursement of				led to the above					
			7						
(Signature)			(Date)						
(Name of Coroner)									

CERTIFICATION OF NET LOSS OF INCOME

Court Reference No:
Name of witness:
Address:
Contact Phone No: Mobile phone No:
CERTIFICATION BY EMPLOYER
I certify that [Name of employee called as a witness] will have <u>net</u> wages to the extent of
\$ per day OR \$ per hour deducted by reason of his/her attendance at
Court.
Signature of employer's delegate:
Name & title of employer's delegate:
Employer's name:
Employer's phone number:
STATUTORY DECLARATION (only complete this section if you are self-employed)
(Full name)
of(Address)
being a
(Occupation)
do solemnly and sincerely declare that I conduct a business of my own and by reason of attendance at
Court I will lose a <u>net</u> income of \$\\\\$ per day OR \\\\$ per hour due to:
(Give reasons how loss of income will be incurred)
I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.
Declared at in the State of Victoria
this day of 20 (Signature of person making the declaration)
Before me:
(Name of authorised witness*)
(Address of authorised witness*) (Signature of authorised witness)
(Authority under s107A of the Evidence (Miscellaneous Provisions) Act 1958 to witness this declaration)