

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 Court 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 Claims Form

Case detai	S					
Court Reference	e No:					
Name of the de	ceased:					
Witness de	etails					
Name:						
Address:						
Phone:						
Email:						
Attendance	e details					
Witness attende	ed as an ordin	as an ordinary witness				
(please tick):	in a profes	in a professional/expert capacity				
Attendance:	Dates:	Hours:				
Total: days		hours				
Section A -	- Net Loss of Income Net Hourly income rate as per Loss of Income form*	Net Daily income rate as	Qty	Total allowance		
	per Loss of Income form	per Loss of Income form*		allowalice		
Non-expert witness	\$ (\$100 maximum per hour or part thereof)	\$ (\$601 maximum per day or part thereof)		\$		
Expert	\$	OR \$	- -	\$		
witness (\$404 maximum per hour or part thereof)		(\$2424 maximum per day or part thereof)		•		
Have you comp	leted and attached the 'Certif	ication of Net Loss of Income	e'? (please tick)	: 🗌		
^The 'Certification of I *Leave blank if inappl	Net Loss of Income' form (see attached) icable	must be completed.				



Section B – Travel Expenses*

*Type of transport taken (e.g. train, bus, taxi)	i .	To	otal allowance
Cost per day: \$ No Maximum daily fee for myki users	o. of days:	OR		\$
*No. of kilometres travelle (entitled to 18 cents/km)				\$
*Evidence of the costs of t	the most economic	al form of transport	attached (please tick):	
*Leave blank if inapplicable				
Section C - Childe	care Expense	es*		
Reasonable childcare exp witness' attendance at Co \$ per hour*/day*	urt:	cause of lo. of hours*/days*:		Total
Proof of incurred childcare	e expenses attache	d (please tick):		
*Leave blank if inapplicable				
Section D - Meal I	Reimbursem	ent*		
Witness absent from	Maximum Meal Allowances		Meal	
home between the following times	Witness abse Over	nt from home night*	Witness not absent from home overnight*	Receipt Totals
	Capital City*	Other location*		
Breakfast* (7 – 9.30 am)	\$17.70	\$15.75	\$12.40	\$
Lunch* (12 – 3 pm)	\$19.75	\$18.05	\$12.40	\$
Dinner* (5 – 7 pm)	\$34.05	\$31.15	\$16.50	\$
			Total	\$
Evidence of meal expense	es attached (please	e tick):		
*Leave blank if inapplicable				





Section E – Accommodation Expenses*

Cost of alternative accommodation because of witness' attendance at Court:

\$ per night	No. of nights:	Total \$		
Maximum of \$150 per night Evidence of the alternative acc	commodation expenditure/cost incurred a	attached (please tick):		
#Only complete this section if the Court has	s not arranged the witness' accommodation.			
Total Claim				
TOTAL CLAIM (total of sect	ions A to E):	Total \$		
	<u> </u>			
Witness's Electronic Payment Details (if none provided a cheque will be sent to the witness' address provided above) Account name:				
Name of financial institution:				
BSB no.:				
Account number:				
Witness's Declaratio				
I declare that I attended Court	to give evidence and incurred the above e	expenses / losses.		
Signature of witness:				
Name of witness:				
Date:				



For Court Use Only			
Coroner's Authorisation			
Under section 74A of the <i>Coroners Act 2008</i> I determine that the witness is entitled to the above allowance or reimbursement of expenses / losses for their attendance at Court.			
Signature of Coroner:			
Name of Coroner:			
Date:			



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 net 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 I (full name)					
of	(address)	dress)			
being a	(occ	cupation)			
do solemnly and sincerely declare that I conduct a business of my own and by reason of attendance at Court I will lose a net income of \$ per day OR \$ per hour due to:					
(Give reaso	ns how loss	of income will be inc	curred)		
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		Signat	ture of person making the declaration
Before m	e:				
(Name of au	thorised wit	ness*)			
(Address of authorised witness*)					
			_	;	Signature of authorised witness
		of the <i>Evidence (Mis</i> witness this declarate			
* Statutory declarations may be witnessed by a Coroner's Registrar, Victoria Police officer, lawyer, a registrar of the Magistrates' Court. Note this is not an exhaustive list.					