

IN THE IOWA DISTRICT COURT FOR LYON COUNTY

STATE OF IOWA)	
Plaintiff,)	Case(s)
)	
vs.)	CLAIM FOR PAYMENT OF NON-EXPERT WITNESS FEES
)	
Defendant.)	Docket CLNW

A. WITNESS INFORMATION

- Name (first, middle initial, last): _____
- DOB & Social Security #: (e-file protected information form)
- Mailing address (if not provided, the witness must make optional arrangements for delivery of payment):

City: _____ State: _____ Zip code: _____

B. COSTS & FEES

- | | | |
|--------------------------|--|--|
| 1. Miles travelled | \$ _____ | Round trip from home to location of the proceeding x number of trips (see IC 602.1509) Miles _____ x \$.45 = (insert amount in #1), (see IC 819.3) out-of-state witness Miles _____ x \$.10 per mile |
| 2. Public Transportation | \$ _____ | Copies and receipts showing expenses must be provided (see IC 602.1509) |
| 3. Witness fee | \$ _____ | \$10 per full day / \$5 per less than full day (see IC 622.69) |
| 4. Total | \$ _____ | |

C. WITNESS CERTIFICATION: I, the undersigned witness, certify that the information above is true and correct.

Witness Print: _____
 Witness Signature: _____ Date: ____/____/20__

D. ATTORNEY CERTIFICATION:

- Witness was called for
 Hearing or Trial as a State witness Hearing or Trial as Defense witness: Date(s) _____
 Deposition taken by the State¹ Deposition taken by the Defense: Date(s) _____
- Witness appeared for: _____ Number of days less than a full day _____ Number of full days
- Has the Court found the defendant to be indigent? Yes No²
- Attorney (County Attorney or Defendant’s Attorney) or Self-Represented Defendant: I, certify that person above did appear in the above captioned case.
 Print: _____ Amy K. Oetken _____
 Signature: _____ Date: ____/____/20__

INSTRUCTIONS: If the witness is requesting witness fees for providing testimony, the attorney calling the witness must complete section D to verify the witness services. When the attorney has completed section D, the witness will complete A, B, and C and deliver the form to the Clerk of District Court for the appropriate county for payment. **If this form is not completed, the witness will not be paid.**

¹ If “Deposition taken by the State” is indicated, the Clerk of Court will not pay the witness fees unless ordered by the court. The county is responsible for such payment under Iowa Code 815.13.
² If “No” is indicated, the Clerk of Court will not pay the witness fees unless ordered by the court. If “Yes” is indicated a private court-appointed attorney or a privately retained attorney for an indigent party must attach the attorney’s appointment order or other finding of indigency. **If the attorney’s appointment order or other finding of indigence is not attached, the witness will not be reimbursed.**