

### **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 deta	ils						
Court Referen	ice No:						
Name of the d	eceased:						
Witness d	etails						
Name:							
Address:							
Phone:							
Email:							
Attendand	ce details						
Witness attend	ded	ed as an ordinary witness					
(please tick):		☐ in a professional/expert capacity					
Attendance:		Dates: Hours:					
Total:	days			hours			
Section A	- Net Loss			Oty	Total		
	per Loss of Ir	come rate as ncome form*	Net Daily income rate as per Loss of Income form*	Qty	Total allowance		
Non-expert witness	(\$100 maximum	\$ per hour or part thereof)	\$ (\$601 maximum per day or part thereof)		\$		
			OR				
Expert witness	(\$383 maximum	\$ per hour or part thereof)	\$ (\$2298 maximum per day or part thereof)		\$		
Have you com	pleted and attacl	ned the 'Certif	fication of Net Loss of Incor	me'? (please tick	i): 🗆		
^The 'Certification o *Leave blank if inap	of Net Loss of Income' f	orm (see attached)	) must be completed.				



### **Section B – Travel Expenses\***

*Type of transport taken (	e.g. train, bus, taxi	):	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)	d one way to Cour	t: No. of da	ays:	\$
*Evidence of the costs of t	the most economic	cal form of transpo	rt attached (please tick):	
*Leave blank if inapplicable				
Section C - Childe	care Expens	es*		
Reasonable childcare exp witness' attendance at Co	enses incurred be			Total
\$ per hour*/day* No. of hours*/days*:				\$
Proof of incurred childcare	e expenses attache	ed (please tick): $\Box$		
*Leave blank if inapplicable				
Section D - Meal F	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	\$
	l		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	commodation expenditure/cost incurred a	ottochod (places tick):
		attached (please tick). $\square$
"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 \$
Witness's Electronic (if none provided a cheque will be sent) Account name:	Payment Details to the witness' address provided above)	
Name of financial institution:		
BSB no.:		
Account number:		
Witness's Declaratio		ovnonce /legace
i declare that i attended Court t	to give evidence and incurred the above	expenses/losses.
Signature of witness:		
Name of witness:		
Date:		



For Court Use Only			
Coroner's Authorisation			
	oners Act 2008 I determine that the witness is entitled to the above f 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 <b>net</b> 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)	d			
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 net 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 <i>Evidence</i> ( <i>Miscellaneous Provisions</i> ) <i>Act1958</i> to witness this declaration)				
* 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.				