

**IN THE CIRCUIT COURT FOR SUMNER COUNTY  
AT GALLATIN**

\_\_\_\_\_) )  
**Plaintiff,** ) )  
v. ) **Case No.** \_\_\_\_\_ )  
\_\_\_\_\_) )  
**Defendant.** ) )

**WITNESS FEE – OUT OF COUNTY**

Was a Subpoena issued for your attendance as a witness?  
 **YES.** You are entitled to receive reimbursement. Please complete this form and file with the Clerk.  
 **NO.** The legal authority **does not** provide reimbursement for witnesses when a Subpoena was not issued for appearance. Please **do not** complete this form. You may seek legal counsel for any questions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**\*Per Diem Allowances:** \_\_\_\_\_ days @\$30.00/day \$ \_\_\_\_\_

\_\_\_\_\_ miles @ \$0.58/mile (if travel more than 10 miles) \$ \_\_\_\_\_

**\*Reimbursement Allowances:** \_\_\_\_\_ day(s) lodging @ up to \$95.00/day \$ \_\_\_\_\_

\_\_\_\_\_ day(s) meals @ up to \$55.00/meal \$ \_\_\_\_\_

**Total Witness Fees** \$ \_\_\_\_\_

**\*Allowances include each day required for travel to and from the trial.**

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of this Statement has been sent by U.S. Mail, postage prepaid, to the following parties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk