

<p>CHILDREN'S COURT WESTERN AUSTRALIA</p>	<p><u>EMPLOYER/SELF-EMPLOYED APPLICATION FORM</u> FOR REIMBURSEMENT OF WAGES (PAID TO EMPLOYEES) OR INCOME LOST (IF SELF-EMPLOYED) WHILE ATTENDING COURT AS A WITNESS</p> <p><i>(All payments made using this application are not subject to GST)</i></p>
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The attached Statutory Declaration **MUST** include all of the following information:

- 1) Employee's occupation OR Business name and business address;
- 2) Hours lost while attending Court;
- 3) Hourly rate of pay; and
- 4) The total amount of pay deducted.

IMPORTANT	* Please note if a Witness is discharged from court the morning on any day and does not report back to work as soon as possible, reimbursement for that day will not be granted unless special reasons are provided (see 'unable to return to work reason' box below).
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Employee/Witness details	Surname:
	First Name:
	Occupation:
	Gross Hourly Rate of Pay \$:
	Number of hours lost whilst attending Court:
	Total income paid \$:

If unable to return to work please state reason	
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Case details	Date of Court Attendance: <i>(your application must include the subpoena/summons or witness slip)</i>	
	Court Attended:	Charge/Case number:
	Name of Accused:	

Employers Name or Self-employed Company/Business Name Details	Company Name:
	Address:
	Contact Name:
	ABN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tel No.:

Employers or Company/Business Banking Details	Bank/Credit Union:
	Branch Address:
	Branch Code/BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	Account Number (in full): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Certifications for Employed Witness only
I certify as a result of my court attendance as a witness my employer continued to pay me.

Employee Witness Signature
Date: XX / XX / XXXX

I certify I continued to pay the abovenamed witness.

Employers Signature
Position: _____ **Date:** *XX / XX / XXXX*

Certification for Self Employed Witness only
I certify as a result of my court attendance as a witness I have incurred an income loss

Self-employed Witness Signature
Position: _____
Date: XX / XX / XXXX

<i>OFFICE USE ONLY</i> CLAIM APPROVED	Yes / No	TOTAL REIMBURSEMENT	\$
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