CHILDREN'S COURT WESTERN AUSTRALIA	***EMPLOYER/SELF-EMPLOYED APPLICATION FORM FOR REIMBURSEMENT OF WAGES (PAID TO EMPLOYEES) OR INCOME LOST (IF SELF-EMPLOYED) WHILE ATTENDING COURT AS A WITNESS*** *(All payments made using this application are not subject to GST)*

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).
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	
Case details	**Date of Court Attendance:** ***(your application must include the subpoena/summons or witness slip)***
	Court Attended: / **Charge/Case number:**
	Name of Accused:
Employers Name or Self-employed Company/Buisiness Name Details	**Company Name:**
	Address:
	Contact Name:
	ABN ☐☐☐☐☐☐☐☐☐☐☐ **Tel No.:**
Employers or Company/Buiness Banking Details	**Bank/Credit Union:**
	Branch Address:
	Branch Code/BSB: ☐☐☐-☐☐☐
	Account Number (in full): ☐☐☐☐☐☐☐☐☐

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

OFFICE USE ONLY **CLAIM APPROVED**	**Yes / No**	**TOTAL REIMBURSEMENT**	**$**