

Children's Court of Western Australia

Application for witness reimbursement of wages

Important information

This application may be completed by an employer or a person who is self-employed to claim reimbursement of wages or to claim lost income while attending at court as a witness.

The summons or witness attendance slip **must** be attached with this application.

Please note – An application submitted at the Children's Court will be provided to the Office of the Director of Public Prosecutions for processing and payment. The Children's Court **does not** make payments to witnesses.

Case details

Date of court attendance:

Location of court attended:

Name of accused:

Charge number/s:

Employee / witness details

Full name:

Occupation:

Phone:

Email:

Gross (before tax) hourly rate of pay:

Number of hours lost while attending court:

Total amount of pay received while attending court (before tax):

Special reasons you were unable to return to work (if relevant)

If you were discharged from court in the morning on any day, state special reasons you did not report back to work as soon as possible.

Reimbursement for that day will **not** be granted unless special reasons are approved.

Employer or self-employed details

Company name:

Address:

Phone number:

Company ABN:

Contact name:

Employer / banking details

Name of bank:

Branch address:

Bank BSB:

Account number:

Certification for employed witnesses

Complete this section if an employer is claiming reimbursement of wages paid to a witness.

I certify that my employer continued to pay me while I was attending court as a witness.

Signature of witness:

Date:

I certify that I continued to pay the abovenamed witness while they were attending court.

Employer signature:

Full name:

Position:

Date:

Certification of self-employed witness

Complete this section if you are self-employed and are claiming lost income due to attending court as a witness.

I certify that I have incurred a loss of income because of attending court as a witness.

Signature of self-employed witness:

Date:

Office use only

Claim approved: Yes No

Total payment: \$.....

Signature of person authorising payment:

Date: