MAGISTRATES COURT WESTERN AUSTRALIA

<u>EMPLOYER/SELF-EMPLOYED</u> 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:								
 <u>Employee's occupation OR Business name and business address;</u> Hours lost while attending Court; 								
3) Hourly rate of p								
-	unt of pay deducted.							
MPORTANT	* <u>Please note</u> 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).							
	Surname:							
Employee/Witness details	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:					number:		
	Name of Accuse	d:						
Employers Name or Self-employed Company/Buisiness Name Details	Company Name:							
	Address:							
	Contact Name:							
	ABN					Tel No.	:	
	Bank/Credit Union:							
Employers or Company/Buiness Banking Details	Branch Address:							
		•						
	Branch Code/BSB:							
		υ.						7
	Account Number	r (in full):						
Certifications for Employed W	Certification							
I certify as a result of	I certify as a result of my court attendance as a witness I have incurred an income loss							
witness my employer	witness I	navel	ncurred	i an incon	IIE IOSS			
Employee Witness Sig	Self-employed Witness Signature							
Date: XX / XX / XXXX			Position:					
I certify I continued to pay the abovenamed			Date: XX / XX / XXXX					
witness.								
Employers Signature								
Position: Date: XX / XX / XXXX								
OFFICE USE ONLY	Voc / No	BURSEME		¢				
CLAIM APPROVED	Yes / No			\$				