Appendix 49

CERTIFICATON OF WITNESS

PAYEE _____
Last Name. First, Middle. Generation (must be separated by comas)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Check one Court type: MAGISTRATE _____ DISTRICT _____ CASE TYPE: CV ___ CR ____
DISTRICT # (1-13) _____ NAME OF COUNTY _____ DOCKET # _____

I certify that I was a witness called by the plaintiff/defendant/court in the above numbered case at a court session held in _____ (town), New Mexico.

Mileage is paid only for out of town travel over 15 miles one way. Mileage will be paid to only one person per vehicle.

In order to testify, it was necessary that I leave and return to my home or work on the following dates:

Date	Departure Time (AM,PM)	Arrival Time (AM,PM)	Description	Odometer Start/Finish	Total Mileage	Per Diem Earned
	Total Hours:			Totals:		

VEHICLE USED IN TRAVEL:
_____ PRIVATE CAR _____ OFFICIAL CAR
_____ PRIVATE AIRPLANE _____ COMMERCIAL CARRIER (TICKETS ATTACHED)

LAW ENFORCEMENT OFFICERS ONLY:
I am on duty at time of trial. _____YES _____NO

I certify that the facts stated are true and correct to the best of my knowledge and belief, and that I am entitled to the witness reimbursements shown.

_____
Witness's Signature

I certify that the above named person attended court/a grand jury hearing (circle the attendance that applies) as a witness in the above numbered case, pursuant to the attached subpoena issued by the court.

_____
PD/DA/Attorney Signature

I have examined the above claim and find it to be true as to the best of my knowledge.

_____
Judge or Designee Signature

REVISED 2/5/99