

Administrative Form 1.07-Certification of Witness

CERTIFICATION OF WITNESS

PAYEE Last Name, First, Middle, Generation (must be separated by commas)

MAILING ADDRESS

CITY STATE ZIP

Check one Court type: MAGISTRATE DISTRICT CASE TYPE: CV CR DISTRICT # (1-15) 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:

Table with columns: Date, Departure Time (AM, PM), Arrival Time (AM, PM), Description, Odometer Start/Finish, Total Mileage, Per Diem Earned. Includes a Total Hours row.

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's 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