

IN THE CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

\_\_\_\_\_, )  
Plaintiff )  
vs. )  
\_\_\_\_\_, )  
Defendant )

DOCKET NO: \_\_\_\_\_

**WITNESS FEE – OUT OF COUNTY**  
**(Legal Authority: T.C.A. §24-4-101 and §24-4-102)**

Was a **Subpoena** issued for your attendance as a Witness?  
 **Yes.** You are entitled to receive reimbursement. Please complete this form and file with the Clerk.  
 **No.** The legal authority **does not** provide reimbursement for witnesses when a Subpoena was not issued for appearance. Please **do not** complete this form. You may seek legal counsel for any questions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ [City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip]

\*Per Diem Allowances: \_\_\_\_\_ days @ \$30.00/day ..... \$ \_\_\_\_\_  
\_\_\_\_\_ miles @ \$0.47/mile ..... \$ \_\_\_\_\_

\*Reimbursement Allowances: \_\_\_\_\_ day(s) lodging @ up to \$122.00/day ..... \$ \_\_\_\_\_  
(attach receipts) \_\_\_\_\_ day(s) meals @ up to \$66.00/meal ..... \$ \_\_\_\_\_

**Total Witness Fees ..... \$ \_\_\_\_\_**

*\*Allowances include each day required for travel to and from the trial.*

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of this *Statement* has been sent by U.S. Mail, postage prepaid, to the following parties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk