



**UNITED STATES GOVERNMENT
MEMORANDUM**

TO: Defense Witness

SUBJECT: Witness Reimbursement

Upon completion of your testimony or at the end of the trial, you will need to submit to the attorney who subpoenaed you the following documents, in order to receive reimbursement for testifying:

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- A completed OBD-3 form (signed and dated)
- Any required receipts
- A copy of your subpoena

Attached to this memo are the Witness Reimbursement Instructions and the OBD-3 Fact Witness Voucher form you need to complete. In order to process the OBD-3 form, the following items must be completed by the witness:

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- Check one item in the first three statements
- Name
- Social Security Number
- Address
- City, State, and Zip
- Phone number (include area code)
- Section D: Fill in round trip mileage only and the number of trips, if applicable, and if you received an advance, list amount in Less advance received section.
- Section E: List expenses and attach all receipts for parking, taxis, and tolls.
- Section F: Attach your lodging receipts, if applicable.
- Section G: Sign and Date

The Court will verify and certify your Fact Witness Voucher and submit it to the U.S. Marshal's for payment. Payment will be mailed directly to you.

WITNESS REIMBURSEMENT INSTRUCTIONS

The information on this form does not apply to Federal Employees (military or civilian), deportable aliens or aliens paroled into the United States for prosecution.

As a defense witness you will receive a Fact Witness Voucher (form OBD-3). Complete this form following the instructions on the form and on this instruction sheet. DO NOT COMPUTE THE FEES UNDER THE AMOUNTS (DOLLARS) SECTION ON THE RIGHT SIDE OF THE OBD-3 FORM. This section will be computed for you.

Parking expenses and claims for expenses over \$25.00 (excluding meals) must be supported by receipts.

1. \$40.00 fee will be paid for each day's attendance and REQUIRED travel days.
2. Transportation: reimbursement for travel by the LEAST EXPENSIVE method will be made. The rates per mile for travel by privately owned vehicles are: Motorcycle = \$.305; Automobile = \$.485; Airplane = \$1.07.

Distances traveled (from and returning to your place of residence - or where you are located when subpoenaed) are determined by odometer readings or Map Blast or MSN Maps and Directions. In addition, NECESSARY tolls, parking fees, etc. will be paid. If two or more witnesses travel in the same privately owned vehicle, only one reimbursement for mileage will be made. A paid receipt is required for reimbursement of travel by common carrier.

Rental Vehicles and other transportation expenses will not be reimbursed.

Common carrier: Travel by scheduled common carrier (rail, bus, plane) will be reimbursed at Coach Rates. Charter services are not considered common carrier for reimbursement purposes. Do not travel first class - do not use "frequent flyer" tickets, do not purchase non-refundable tickets or tickets with penalties for changes or cancellations - if your appearance date changes or is cancelled you will not be reimbursed for this expense.

3. Meals and Lodging: Provided an overnight stay is required, you are entitled to the meals and incidental expense portion for each day you remain away from your residence and the lodging portion for each night you remain away from your residence. You are only entitled to one-half of the M&IE rate for the first and last days of travel.

<u>City</u>	<u>Lodging</u>	<u>Travel Days</u>	<u>Full Court Days</u>
Grand Rapids	\$75.00	\$19.50	\$39.00
Kalamazoo	\$75.00	\$22.00	\$44.00
Lansing	\$75.00	\$19.50	\$39.00
Marquette	\$60.00	\$19.50	\$39.00

A paid receipt is required for reimbursement of lodging expenses.

Section G must be completed with signature and date before payment will be issued.

Revised 2/06/2007

THIS IS A 4-PART FORM. FILL OUT FORM AND PRINT 4 COPIES. SIGN AS NEEDED AND ROUTE AS SPECIFIED BELOW.

Check One | (was) (was not) a United States citizen at the time of attendance
 | (was) (was not) a Federal Government employee at the time of attendance
 | (Did) (did not) receive a cash or check advance. Total advance issued: \$ _____ From: _____

Witness Name:	Court Doc. No:
Social Security Number:	Case Name:
Address:	District:
City: State: Zip:	Court Location:
Telephone No. (including area code):	GTA Transportation Lodging

PART I - Attendance Certification (by Government Official) (Retention of these fees is considered taxable income and reportable to IRS)	Object Class	Amounts (Dollars) (To Be completed by US Marshals)
A. Attendance Fees		
Deposition Dates _____ \$40 @ ____ days	1126	
Grand Jury/Trial Attendance Date (Including Travel) _____ \$40 @ ____ days	1156	
Pretrial Attendance Dates (Including Travel) _____ \$40 @ ____ days	1194	
Detained Dates - Citizen/Visitor In Custody _____ \$40 @ ____ days	1193	
Detained Dates - Deportable Alien in Custody _____ \$1 @ ____ days	1195	
	Total Fees	
B. Attendance Attestation: I attest that the witness named above attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel. In proceedings before U.S. Magistrate Judges where more than four witnesses were called, the Magistrate also attests that the approval and certificate of the Litigating Trial Office were first obtained.		
_____ Signature	_____ Title of Authorized Government Official	_____ Date

This form is continued on Page 2

Original - USMS Trial District Office
Copy 1 - Paying Office
Copy 2 - DOJ Litigating Trial Office
Copy 3 - Witness

Form OBD-3 (Revised 4-2005)

Previous Editions are Obsolete

PART II - Allowances				
C. Travel by Carrier (Receipts required if paid by witness) (DO NOT claim if paid by Government) Check one Train Bus Airplane		2191		
D. Travel by Privately Owned Vehicle: Auto/Truck/Van Motorcycle Airplane Round trip mileage _____ @ \$_____ Per mile Total no. of trips _____ Less advance received \$_____		2192		
E. Local Transportation & Other Expenses: (e.g., subway, bus, taxi, tolls, all parking, etc.) (Receipts required for parking and expenses over \$25.00) (Gratuities are limited to taxi and shuttle services up to 15%) List (item and amount) _____ _____ _____		2193		
F. Meals and Lodging: 1. Travel days (½ day's M&IE per day) @ \$_____ x _____ Day(s) = \$_____ 2. Days away from home (full day's M&IE per day) @ \$_____ x _____ Day(s) = \$_____ 3. Actual cost of lodging, not to exceed \$_____ @ \$_____ x _____ Day(s) = \$_____ (DO NOT claim if paid by Government) (Receipts are required if paid by witness) Less advance received \$_____		2194		
G. Witness Certification: I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. (If not a citizen, present your Alien Registration Record with this form) _____ Witness Signature Date Alien Registration Record No.				
H. Claim Verification: Based upon the above information and receipts furnished by the witness, I verify the above information is true and correct to the best of my knowledge. _____ Signature Title of Authorized Government Official Date		Net Amount Paid		
PART III - Certification				
THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				
_____	_____	_____		
Signature	Title of Authorized Certifying Officer	Date		
PART IV - Disbursement (For Finance Office use only)				
Accounting Classification _____				
Check/Draft No. _____ Voucher No. _____				
_____	_____	_____		
Signature	Title of Disbursing Officer	Date		

The Privacy Act Statement and instructions for completion of this form are contained on Page 3 of this form

INSTRUCTIONS FOR COMPLETING THIS FORM

To be completed by the witness

1. At the top of the form, check the appropriate word(s) to indicate if:

You were or were not a United States citizen at the time you appeared to testify. If you are not a citizen, you will be required to show proof of your resident or visitor status.

You were or were not a federal employee at the time you appeared to testify. The fees and allowances on this form do not apply to federal employees. If you are a federal employee, please request instructions for obtaining reimbursement.

You (DID) or (DID NOT) receive a check or cash advance for your expenses in traveling to court. If you received an advance, enter the amount and issuing office here.

Indicate and/or verify your name, Social Security Number, address, and telephone number to ensure that they are correct. This will be the address to which any reimbursement to you for fees or allowances will be mailed. Correct any erroneous information and enter any missing information.

SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE: Disclosure of your social security number is mandatory for Federal income tax reporting purposes under the authority of 26 CFR Section 301-6109-1, in order to ensure the accuracy of income computation by the Internal Revenue Service. This information will be used to identify an individual who is compensated by funds of the Department of Justice. Failure to provide this information may result in delay of your compensation, and the Department of Justice will be required to notify the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service.

2. PART II - Allowances

Receipts are required for travel by train, bus or air, ALL PARKING, and other single items over \$25.00. If you parked at an airport or have not yet paid your hotel/motel bill or other item requiring a receipt, it will be necessary for you to mail your receipts to the trial office. Your claim for reimbursement cannot be processed until you furnish all receipts for expenses that you are claiming on this Fact Witness Voucher.

Please note: EXPENSES ASSOCIATED WITH YOUR TRAVEL BY YOUR PRIVATELY OWNED VEHICLE ARE LIMITED TO NO GREATER THAN THE COST OF COACH AIRFARE.

The remaining portion of Part II will be completed for you by the Federal government employee assigned to assist you, with the exception of the Witness Certification.

- G. **Witness Certification:** Verify that all items under Part II are correct. Any changes to Part II must be effected and signed by the Federal government employee assigned to assist you. Sign you full legal name and the date. If you are not a United States citizen, you will be requested to show proof of your resident or visitor status.

Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Section 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287).

Section B of Part I must be signed by an employee of the office that requested the appearance of the witness. Additionally, Section H of Part II must be signed by an employee of the requesting office attesting to the accuracy and completeness of the expenses claimed by the witness before the form is transmitted to the U.S. Marshals Service for payment. The U.S. Marshals Service will process the Fact Witness Voucher and **MAIL** payment to you at the address indicated on the first page of this form. If you require funds to return home, you must bring this fact to the attention of the individual assigned to assist you.

INSTRUCTIONS TO COMPLETING OFFICE

Section H of Part II must be signed by an employee of the office who requested the appearance of this witness, before the form is transmitted to the United States Marshals Service. Any revisions to Part II must be initialed by a Federal government employee. Changes made to Part II by the witness will not be honored.

All receipts for claims made in Part II must be attached to the Form OBD-3 before it is transmitted to the United States Marshals Service for payment.

Distribution of the Form OBD-3 shall be as follows: The ORIGINAL signed, completed form is retained by the U.S. Marshals Service. One COPY of the signed, completed form is provided to the Paying Office; one COPY is provided to the DOJ Litigating Trial Office; and one COPY is provided to the witness.