Office of the Director of Public Prosecutions
Queensland

Accused			
Location			
DPP File #		**Court Date**	

District & Supreme Courts Witness Expenses Claim

v4.1 (September 2025)

Full Name of Claimant *Please print clearly*							
Postal Address					**Suburb**		
State		**Postcode**		**Phone**		**Date of Birth**	

Did you lose income? ☐ Yes ☐ No

Did you use personal leave? ☐ Yes ☐ No If yes to either, how many days/hours?

Occupation:

Employer: Contact Number:

Note: QLD Public Service employees are entitled to full pay using court attendance leave (*Public Service Act 2022*, 14/24 Sep 24)

How did you get to court (select all that apply):

☐ Car ☐ Parking ☐ Flights ☐ Taxi ☐ Bus/train ☐ Ferry ☐ Other *(details below)*

Did you arrange paid accommodation ☐ Yes ☐ No **OR** Did you stay with friends/relatives: ☐ Yes ☐ No

If you paid for any of the above, how much did you spend (must attach receipts):

Did Police drive you? ☐ Yes ☐ No Did the ODPP arrange transport or accommodation for you? ☐ Yes ☐ No

If you travelled in a private vehicle, what is the registration no: How far did you drive in total: km.

Vehicle owner:

Did you drive with anyone else? (incl name):

Further details (e.g. drove from home to airport):

I left home/work at *(time)* AM ☐ PM ☐ on *(date)*

I returned/will return at *(time)* AM ☐ PM ☐ on *(date)* if I travel by the earliest means of transport.

Payment Details (please write clearly – if the details are incorrect, incomplete or difficult to read, your reimbursement may not be able to be processed.)

Name of bank: Account Name:

BSB (6 digits): Account Number:

I make this solemn declaration conscientiously believing same to be true and by virtue of the provisions of the *Oaths Act 1867*.

IMPORTANT: WITNESS MUST SIGN HERE

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Certification by QLD Police or ODPP Legal Staff

Full name	*Signature*	*Date*

Rank or Position	*Station/Chamber*	*Phone*

certify that

was required from AM PM until AM PM date

from AM PM until AM PM date

from AM PM until AM PM date

from AM PM until AM PM date

from AM PM until AM PM date

If required over several days, please confirm both times (to and from) for each individual day.

To provide ordinary or professional evidence

Include details if professional:

To act as Guardian for (name of child witness): DOB:

To attend a meeting or conference at the request of ODPP

Include details:

Please include any other relevant information:

THIS SECTION IS ONLY TO BE USED IF PAYMENT ISSUED IN CASH – If cash received on behalf of another person please indicate			
WITNESS NAME	AMOUNT	RECIPIENT SIGNATURE	ODPP OR QPS SIGNATURE
PLEASE SEND COMPLETED FORM AND SUPPORTING DOCUMENTS TO THE PROSECUTOR, LEGAL OFFICER OR VICTIM LIAISON OFFICER TO BE CERTIFIED			**FINANCIAL APPROVAL**