



# Witness Cost Record

Rank		Officer (Surname)		Occurrence No:	
				Badge No.	Division

Regina  
Vs

Name of Accused \_\_\_\_\_  
(Surname) (Given Name)

Charge(s) \_\_\_\_\_

Section(s) \_\_\_\_\_

Court Date \_\_\_\_\_ (YYYY-MM-DD) Confirmation Date \_\_\_\_\_ (YYYY-MM-DD)

Court Room \_\_\_\_\_

Court Address \_\_\_\_\_

Offence Date \_\_\_\_\_

Disposition \_\_\_\_\_

Full Name and Address of Witness (Include Municipality, Phone No. and Witness Type <i>see below</i> )	Fee	Total Miles	Amount Payable	Cheque No.
_____ (Surname, Given Name)				
_____ (Address & Phone No.)	Any cautions or flags? <input type="radio"/> Yes <input type="radio"/> No If Yes, _____  Domestic <input type="radio"/> Yes <input type="radio"/> No			

\_\_\_\_\_  
Signature of Witness

Witness Type

Victim       Eye Witness       Medical Witness       Expert Witness       Disclosure Witness

\_\_\_\_\_  
Signature of Investigating Officer      \_\_\_\_\_  
Date Submitted (YYYY-MM-DD)      \_\_\_\_\_  
Crown Attorney - Judicial District of Peel

**Note:** Investigating Officer and Witness must sign this sheet after court appearance. Failure to do so will result in Witness not being paid.