

## **DEFENSE WITNESS REIMBURSEMENT INSTRUCTIONS**

Note: 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 must complete an OBD-3 Fact Witness Voucher in order to receive reimbursement upon completion of your testimony or conclusion of the trial. Please follow the instructions on the OBD-3, as well as the guidance provided below.

### **WITNESS INFORMATION**

- Circle one item in each of the first three statements at the very top of the OBD-3
- Provide the following information, **PRINTING** neatly:
  - Full Legal Name
  - Social Security Number: Your OBD-3 will be returned unpaid if your SSN is not provided
  - Current Address: Please insure this information is complete and accurate since this is where the U.S. Treasury Check will be mailed.
  - Phone number with area code: The U.S. Marshals Service may need to contact you with questions or to request further information regarding your OBD-3.
  - Case Number: This will be on the subpoena
  - Case Name: This will be on the subpoena
  - District: Enter “Western Michigan”
  - Court Location: List City (Grand Rapids, Kalamazoo, Lansing, or Marquette)

**WITNESS FEES:** You are entitled to \$40.00 for each day of attendance/testimony, as well as for **REQUIRED** travel days.

### **TRANSPORTATION**

**Privately-Owned Vehicles (POV):** You are entitled to reimbursement for POV mileage.

Distances traveled (from and returning to your place of residence - or where you are located when subpoenaed) are determined by odometer readings you provide on the OBD-3, Section D. The mileage claimed is verified by the U.S. Marshals Service via online sites such as Mapquest and adjustments will be made to claimed mileage if necessary. If two or more witnesses travel in the same POV, only one reimbursement for mileage will be made.

GSA POV Mileage Reimbursement Rates effective January 1, 2011:

- Motorcycle = \$.48 per mile
- Automobile = \$.51 per mile
- Airplane = \$1.29 per mile

**Common carrier:** If you are not within driving distance, travel by scheduled common carrier (rail, bus, airplane) will be reimbursed at **coach** rates.

- Do not travel first class or business class
- Do not use charter flight services
- Do not use “frequent flyer” miles
- Do not purchase non-refundable tickets or tickets with penalties for changes or cancellation. If your appearance date changes or is cancelled you will not be reimbursed for this expense.

- If you are unable to purchase your own common carrier ticket, the U.S. Marshals Service will purchase one for you.

Rental Vehicles and other transportation expenses will not be reimbursed.

**LOCAL TRANSPORTATION & OTHER EXPENSES**

Necessary tolls, parking fees, taxi fares, etc. will be reimbursed. Receipts for parking and taxi fares are required.

**PER DIEM**

Meals: If an overnight stay is required, you are entitled to Meals and Incidental Expenses (M&IE) for each day 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. Receipts for meals are not required, since you receive a fixed amount for M&IE per day. Anything you spend above the M&IE will not be reimbursed.

Lodging: You are entitled to reimbursement for lodging, up to the current GSA rate, for each night you remain away from your residence. A copy of the paid lodging receipt must be provided to receive reimbursement.

GSA Per Diem Rates for the Period of October 1, 2010-September 30, 2011:

<u>City</u>	<u>Lodging</u>	<u>M&amp;IE Travel Days</u>	<u>M&amp;IE Full Court Days</u>
Grand Rapids	\$81.00	\$25.50	\$51.00
Kalamazoo	\$87.00	\$25.50	\$51.00
Lansing	\$82.00	\$25.50	\$51.00
Marquette	\$77.00	\$23.00	\$46.00

**WITNESS CERTIFICATION**

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

**DO NOT COMPUTE THE FEES UNDER THE AMOUNTS (DOLLARS) SECTION ON THE RIGHT SIDE OF THE OBD-3. This section will be computed by the U.S. Marshals Service.**

**SUBMISSION OF OBD-3**

You will need to submit the completed and signed OBD-3 Fact Witness Voucher, along with any required receipts and a copy of your subpoena to the attorney that subpoenaed you (their name and address will be on the subpoena).

The attorney will verify the information on your OBD-3 and submit the paperwork to the Court.

The Court will verify your attendance/testimony and submit the OBD-3 to the U.S. Marshals Service for payment. A Department of Treasury check will be mailed to you.

**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

<b>PART I - Attendance Certification (by Government Official)</b> (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) = \$_____ <p style="text-align: right; margin-right: 50px;">(DO NOT claim if paid by Government) (Receipts are required if paid by witness)</p> 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.