

**FACT WITNESS COMPENSATION  
INSTRUCTIONS  
AND  
GUIDELINES**

Compiled by:

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# TABLE OF CONTENTS

FACT WITNESS COMPENSATION INSTRUCTIONS.....	1
1.    Responsibilities .....	1
2.    Procedures. ....	1
3.    Completing the Fact Witness Voucher, Form OBD-3 .....	2
4.    Extraordinary Circumstances.....	2
FACT WITNESS COMPENSATION GUIDELINES .....	3
1.    Witness Attendance Fees .....	3
2.    Authorization of Travel and Allowances.....	3
3.    Allowable Transportation .....	3
A.    Intermediate Travel. ....	3
B.    Long Distance Travel .....	3
1.    Common Carrier .....	4
2.    To and From Carrier Terminals . ....	4
C.    Parking Receipts .....	4
D.    Rental Cars .....	4
4.    Subsistence .....	4
A.    Lodging Reimbursement .....	4
B.    Shared Lodging .....	5
C.    Lodging with Friends or Relatives .....	5
D.    Meals and Incidental Expenses Allowances .....	5

5.	Pretrial Conferences .....	5
6.	Unusual Witness Expenses. ....	5
7.	Payment of Fact Witness Vouchers .....	6
	<b>INSTRUCTIONS FOR COMPLETING FACT WITNESS VOUCHER, FORM OBD-3</b> .....	<b>7</b>
	PART I - Attendance Certification. ....	8
	Part A. Attendance Fees. ....	8
	Part B. Attendance Attestation. ....	8
	PART II - Allowances. ....	9
	Parts C. through F.....	9
	Part G. Witness Certification.....	9
	Part H. Claim Verification. ....	9
	PART III - Certification.....	9
	PART IV - Disbursement.....	9
8.	AUTHORIZED HOTELS, EASTERN DISTRICT OF WASHINGTON. . .	9

**ATTACHMENTS:**

Attachment A - Sample OBD-2, "Notice to Fact Witness"

Attachment B - Transportation Expense Listing

Attachment C - Sample OBD-3, "Fact Witness Voucher"

Attachment D - Sample OBD-47, "Request, Authorization and Agreement for Fees and Expenses of Witnesses"

Attachment E - Parking Receipt Form

## FACT WITNESS COMPENSATION INSTRUCTIONS

The following are guidelines to be followed in order to obtain attendance fees, travel and accommodations reimbursement for fact witnesses:

1. **Responsibilities:**

- A. It is the responsibility of each attorney to file a motion and proposed order with the Clerk's Office for issuance of subpoenas at government expense.
- B. Counsel must provide the U.S. Marshal's Office with a copy of the court order when witness fees and accommodations are requested, regardless of whether or not the witness resides within the district.
- C. The court order shall be in compliance with Rule 17(b) of the Federal Rules of Criminal Procedure and must name the witnesses who are subpoenaed.

2. **Procedures:**

- A. As soon as the attorney determines that a particular witness' testimony is necessary, the attorney must obtain a copy of the appropriate court order, attach it to the witness' subpoena and forward it to the U.S. Marshal's Office for service of said subpoena.
- B. If the witness is unable to provide for their own transportation, the attorney must notify the U.S. Marshal's Office and supply them with a copy of the court order and the subpoena. The U.S. Marshal's Office will make the necessary travel arrangements.
- C. If a witness cannot afford his or her expenses, the attorney can get a list of authorized hotels from the Clerk's Office. The witness should receive the government rate. It is imperative that these reservations be made well in advance. Upon making the reservation, please advise that the U.S. Marshal's Office should be billed directly.
- D. The attorney will provide all fact witnesses with a copy of the Notice to Fact Witness Appearing on Behalf of an Indigent Defendant, Form OBD-2, (see Attachment A) at the time the witness is served a subpoena. The witness should be instructed to read the form as it will provide them with information regarding refundable and non-refundable expenses.
- E. Please visit the court's website [www.waed.uscourts.gov](http://www.waed.uscourts.gov) for current rates regarding mileage, lodging and meals.

3. **Completing the Fact Witness Voucher, Form OBD-3 (Attachment C):**

- A. When the presence of the fact witness is no longer required, the attorney must complete a Fact Witness Voucher, Form OBD-3 (see Attachment C).
- B. The voucher must be filled out completely by the attorney or an assistant, coordinating all information with the fact witness. **The amount (dollar) column shall be left blank and will be calculated by the U.S. Marshal's Service.**
- C. The attorney must fill out Part I--Attendance Certification and review Part II--Allowances for accuracy. Then the attorney would sign and date at Section B. Part I--Attendance Attestation.
- D. Upon completion of the Fact Witness Voucher (OBD-3), the attorney should take the court order, subpoena, voucher, and all reimbursable receipts to the U.S. District Court Clerk's Office. The witness should be advised that the U.S. Marshal will send them a check for their fees and expenses. Only in extraordinary circumstances, will the U.S. Marshal's Office make payment immediately upon presentation of the voucher.

4. **Extraordinary Circumstances:**

- A. Occasionally witnesses will have special needs that must be addressed in order for them to appear. Examples of such special needs include, but are not limited to, the following:
  - Ambulance transportation
  - Attendants
  - Travel expenses for the parent/guardian of a child witness
- B. When a special circumstance is identified, it is the attorney's responsibility to request authorization by completing a Request and Authorization for Fees and Expenses of Witnesses, Form OBD-47, (see Attachment D). These requests should be coordinated and pre-arranged with the Special Authorization Unit, Department of Justice, Washington, D.C.

U.S. Department of Justice  
JMD/Finance Staff  
600 E Street, NW, Room 4090  
Washington, D.C. 20530-0001  
Tel. Hotline: (202) 616-6260

## FACT WITNESS COMPENSATION GUIDELINES

### 1. Witness Attendance Fees:

Fact witnesses are allowed a \$40.00 attendance fee for each day's attendance and for the time necessary to travel.

### 2. Authorization Of Travel And Allowances:

Fact witnesses are entitled to reimbursement for necessary transportation by the least expensive method available and reimbursement for meals and lodging when they are required to remain away from their residences overnight. They are expected to exercise the same care in incurring expenses that a prudent person would exercise in traveling on personal business and expending personal funds. Excess costs, circuitous routes, delays, or luxury accommodations and services unnecessary or unjustified are not acceptable under this standard. Witnesses will be responsible for excess costs and additional expenses incurred for personal preference or convenience.

### 3. Allowable Transportation:

Travel shall be by the method of transportation which will result in the greatest advantage to the Government.

- A. Intermediate travel (50 to 350 miles from court): Travel requiring one day will be reimbursed the MOST ECONOMICAL WAY. Consult the court's website [www.waed.uscourts.gov](http://www.waed.uscourts.gov) for current mileage rates. The Rand McNally Standard Highway Mileage Guide is designated for use in determining mileage. The witness should keep a record of their odometer readings if traveling by motorcycle or automobile. If two or more witnesses travel in the same privately owned vehicle, only one reimbursement for mileage will be paid. If a government vehicle is used, there is no reimbursement for mileage.

Note: See Attachment B, Transportation Expense Listing, which is a worksheet designed to assist the witness in recording all expenses related to travel.

- B. Long distance travel (over 350 miles from court): Travel requiring longer than one day will be reimbursed the MOST ECONOMICAL WAY. A reasonable minimum daily travel distance by a privately owned vehicle is 350 miles.

1. Common Carrier: Train, bus or airfare will be reimbursed at the Government rate. Reimbursement WILL NOT be made for First Class accommodations, "Frequent Flyer" tickets, or charter service. DO NOT purchase non-refundable tickets. If the appearance date changes or is canceled, the witness WILL NOT be reimbursed for non-refundable tickets. RECEIPTS MUST BE SUBMITTED.
  2. To and from carrier terminals: Expenditures for the use of taxicab and airport limousine fares are reimbursed. However, when courtesy transportation is provided by hotels/motels, the witness should be made aware of his/her requirement to use them. RECEIPTS ARE REQUIRED FOR ALL SINGLE ITEMS COSTING OVER \$25.00.
- C. Parking Receipts: Parking receipts are required by law in order to reimburse witnesses for ANY parking. If a witness parks at a meter or an unattended lot, have the witness complete and sign the "Parking Receipt Form" (Attachment E). Attach receipts to the originals of Form OBD-3.
- D. RENTAL CARS ARE NOT REIMBURSABLE
4. **Subsistence**:

Fact Witnesses are entitled to reimbursement for meals and lodging when they are required to remain away from their residences overnight. (The long distance travel mileage prevails). The dollar amounts for per diem allowances for witnesses are in accordance with those for Government employee travel. Consult the court's website [www.waed.uscourts.gov](http://www.waed.uscourts.gov) for current lodging allowances.

- A. Lodging Reimbursements: If it is necessary for a witness to remain away from home overnight, they will be reimbursed for the ACTUAL COST of lodging. However, the reimbursement shall not exceed the lodging allowable rates. ALL REIMBURSEMENT FOR LODGING MUST BE SUPPORTED BY HOTEL/MOTEL RECEIPTS. (Copies of lost or destroyed receipts from the lodging establishments are required).

- B. Shared Lodging: If the lodging receipt shows a charge for double occupancy, such fact shall be shown on the voucher. One-half of the double occupancy charge shall be allowable for each witness. If the person sharing the room is not another witness, the witness shall be allowed the single room rate.
- C. Lodging with Friends or Relatives: When a witness obtains lodging from friends or relatives with or without charge, no part of the per diem allowance will be allowed for lodging. Neither costs based on room rates for comparable commercial lodging in the area nor flat "token" amounts will be considered as reasonable.
- D. Meals and Incidental Expenses Allowance: The maximum per diem rates include a fixed allowance for meals and incidental expenses. Fact Witnesses shall be entitled to one-half the daily meals and expense allowance for the day of departure and day of return. Full days at the place of attendance shall be at the full meals and incidental expenses allowance rate. Consult the court's website [www.waed.uscourts.gov](http://www.waed.uscourts.gov) for current per diem rates. A reasonable minimum daily travel distance by a privately owned vehicle is 350 miles. If a witness leaves his/her residence earlier than necessary he/she will be paid only for the necessary time.

5. **Pretrial Conferences:**

Attorneys may authorize payments not to exceed three days (five days if a weekend is included) for Pretrial Conferences with witnesses in the period between the scheduling of a trial, hearing or grand jury proceeding and a witness' appearance. In addition, pretrial days caused by scheduling changes in trial, hearing or grand jury proceeding dates require a written explanation by the attorneys. The explanation should be attached to the witness voucher. Travel (other than by local witnesses) separate from trial attendance and/or additional pretrial days not caused by changes in scheduling require the written approval of the SPECIAL AUTHORIZATIONS UNIT. Requests must be submitted on Form OBD-47 (see Attachment D).

6. **Unusual Witness Expenses:**

Witnesses may be allowed unusual expenses which are necessary to their attendance. Examples of such unusual expenses include, but are not limited to, the following: ambulances, attendants, travel expenses of a parent accompanying a minor child witness, etc. Reimbursement in such instances is allowed on an actual expense basis. Such allowances must be specifically authorized on a Request and Authorization for Fees and Expenses of Witnesses, Form OBD-47 (see Attachment D), submitted to the Special Authorizations Unit, Department of Justice, by the Clerk's Office in advance of the witness' attendance. If an emergency situation does not permit time for advance authorization, the attorney should call the Special Authorizations Unit prior to submission of Form OBD-47. Subpoenas are not to be used for attendants accompanying witnesses. It is suggested that consideration be given to whether or not the witness can absorb these expenses in his/her allowances when the allowances exceed the actual cost. The Special Authorization Unit will make the determination for approval or disapproval. Permission for the U.S. Marshal, Eastern District of Washington, to make payment for these expenses should be included in the request.

7. **Payment of Fact Witness Vouchers:**

Whenever a witness is advised that his or her attendance is no longer required, the witness should contact the CJA Attorney of Record. The attorney should then complete a Fact Witness Voucher, Form OBD-3, obtain the witness's signature, sign the form and submit it to the Clerk's Office for approval. The U.S. Marshal's Office will process the voucher and payment will be mailed to the witness. ONLY under unusual circumstances will the U.S. Marshal's Office pay the witness immediately if the witness requires the funds to return home.

## INSTRUCTIONS FOR COMPLETING FACT WITNESS VOUCHER FORM OBD-3

The following instructions correspond with the alphabetized sections on the sample Form OBD-3 shown in Attachment B of this appendix:

**The attorney who called the witness to testify should complete the voucher. (Instructions for completing the Fact Witness Voucher, OBD-3 are printed on the back of the form.)**

### HEADING

Circle the appropriate answer to:

- 1) if witness was/was not a U.S. citizen. If witness is not a citizen, they will be required to show proof of their resident or visitor status.
- 2) if witness was/was not a Government employee
- 3) if witness did/did not receive a cash/check advance and the amount and issuing office.

Witness Name: Self-explanatory.

Social Security Number: Enter witness' Social Security Number. (Privacy Act Statement is on the back of the form.)

Address, City, State, Zip: Witness' full address. This will be the address to which any reimbursement for fees or allowances will be mailed.

Telephone Number: Enter the witness' telephone number (including area code).

Case Number: Enter the court docket number.

Case Name: Self-explanatory.

District: Enter the trial district name.

Court Location: Enter the city location of the court proceedings.

GTA: (Government Travel Authorization) Mark the appropriate boxes for either transportation or lodging when advance arrangements have been made through U.S. Marshal's office.

## **PART I--ATTENDANCE CERTIFICATION**

Part A.      ATTENDANCE FEES: Witnesses will be paid a fee of \$40 per day, including travel days. **THE AMOUNT (DOLLAR) COLUMN SHALL BE LEFT BLANK AND WILL BE CALCULATED BY THE U.S. MARSHAL'S SERVICE.**

Deposition Dates: Indicate number of days witness was deposed.

Grand Jury/Trial Attendance Date (Including Travel): Enter the trial attendance dates. Trial attendance includes the time spent waiting to testify as well as time actually spent on the stand. The number of days of attendance plus the number of travel days (if attendance dates are not duplicated) multiplied by \$40.00 equals the amount of the trial attendance fees.

Pretrial Attendance Dates (Including Travel): Enter the pretrial attendance dates. The number of pretrial days (plus the number of travel days) multiplied by \$40.00 equals the amount of pretrial attendance fees. (Verify approval by the Special Authorizations unit if excess days or a separate trip is claimed.)

Detained Dates - Citizen/Visitor in Custody: Enter the dates a U.S. Citizen or lawful Visitor to the U.S. was detained IN CUSTODY because the witness' trial appearance could not be assured in another manner. The number of days IN CUSTODY as a witness for citizens or legal visitors multiplied by \$40.00 equals the amount of the detained fees. (Court attendance days are reported in A. Grand Jury/Trial Attendance Dates -- **DO NOT** duplicate here.)

Detained Dates - Deportable Alien in Custody: Enter the dates a deportable alien was detained IN CUSTODY to assure the witness' trial appearance. The number of days IN CUSTODY as a witness for deport able aliens multiplied by \$1.00 equals the amount of the detained fees.

**Note:** Deportable aliens do not receive any other fees or allowances--DO NOT PAY \$40.00 for court attendance days.

Part B.      ATTENDANCE ATTESTATION:

Witnesses SUBPOENAED on behalf of indigent defendants proceeding in forma pauperis will have their FORM OBD-03 attested by the CJA Attorney of Record. In proceedings before U.S. Magistrate Judges where more than four (4) witnesses were called, the Magistrate also attests that the approval and certificate of the CJA Attorney of Record were first obtained.

## **PART II--ALLOWANCES**

The expenses claimed by the witness must be verified by the CJA Attorney to ensure that they do not exceed the travel allowances received by Government employees. Any expenses which must be specifically approved on a Government employee's travel voucher must have PRIOR approval of the Special Authorizations Unit or, for witnesses subpoenaed on behalf of defendants proceeding in forma pauperis, by the U.S. District Judge or Magistrate Judge. The GTA (Government Travel Advance) section at the top of the form must be checked to ensure that the witness reported any travel or lodging reservation made by a U.S. Marshal's Office.

**Note:** Receipts are required for Common Carrier costs, lodging costs, and all single items of \$25.00 or more.

### **Parts C. through F.**

**Note:** The witness should be reminded that any check or draft advance will be deducted from the fees and allowances claimed by the witness. Also, no transportation expenses will be allowed for items paid by Government Travel Regulations or charged to a Government Travel Service account.

### **Part G. WITNESS CERTIFICATION:**

The witness and the CJA Attorney of Record should verify that all items under Part II are correct. Have the witness sign his/her full legal name and the date. If the witness indicates non-citizenship, the witness' Alien Registration Records must be examined to ensure that the witness is a lawful resident alien or visitor to the United States.

### **Part H. CLAIM VERIFICATION:**

An authorized certifying officer from the U.S. District Court Clerk's Office must certify the voucher as correct and proper for payment before the U.S. Marshal's Office will issue payment. The certifying officer must ascertain, to the best of his/her ability, that the claim contained on the voucher is true, that the reimbursement claimed is consistent with the applicable regulations.

## **PART III--CERTIFICATION**

Voucher will be certified by the U.S. Marshal's Office

## **PART IV--DISBURSEMENT**

Disbursement: The U.S. Marshal's Office of the trial district will complete Part IV and mail the payment to the witness. ONLY under unusual circumstances will the U.S. Marshal's Office pay the witness immediately if the witness requires the funds to return home.\_

**AUTHORIZED HOTELS - CONTACT CLERK'S OFFICE @ 509-458-3400**



**READ THE INFORMATION CONTAINED ON THIS FORM BEFORE YOUR COURT APPEARANCE. PLEASE CALL THE INDIVIDUAL(S) LISTED BELOW FOR INFORMATION REGARDING TRAVEL ARRANGEMENTS AND SPECIFIC ENTITLEMENTS. IF YOU HAVE A MEDICAL CONDITION OR FAMILY SITUATION THAT REQUIRES SPECIAL CONSIDERATION, PLEASE ADVISE THE INDIVIDUAL LISTED BELOW AS SOON AS POSSIBLE.**

CONTACT PERSON(S):

TELEPHONE NUMBER:

~ VERIFY YOUR ATTENDANCE ~

On the last business day **BEFORE** you travel to court, call the above number to verify that your attendance is required. This may prevent a wasted trip in the event the trial date is changed.

~ APPEARANCE IN ANOTHER CITY ~

If you are required to travel to another city to appear in court, immediately contact the individual listed above and request instructions. Any amount advanced to you will be deducted from your fees and allowances.

~ REIMBURSEMENT OF EXPENSES AND ATTENDANCE FEES ~

- A. **ATTENDANCE FEE:** You will be paid a fee of \$40 per day, including travel days.
- B. **TRANSPORTATION:** Call the individual listed above to obtain information on transportation. Reimbursement will be made for travel by the least expensive method reasonably available to you. The following rules apply to transportation expenses:
1. **Local Travel:** The recommended method of travel in the local area of court is transit bus/subway.
  2. **Privately Owned Vehicles (POV):** You will be reimbursed the following amounts:  
Motorcycle \_\_\_\_\_ per mile    Automobile \_\_\_\_\_ per mile    Airplane \_\_\_\_\_ per mile  
  
In addition to the above mileage allowance, necessary tolls, parking and other fees may be reimbursed. You must keep a record of your odometer readings if you travel by motorcycle or automobile. If two or more witnesses travel in the same vehicle, only one reimbursement for mileage can be made.  
  
**IF POV EXPENSES, INCLUDING MILEAGE, TOLLS, PARKING AND OTHER ASSOCIATED COSTS, ARE GREATER THAN THE GOVERNMENT AIRFARE, YOU WILL BE RESPONSIBLE FOR THE DIFFERENCE.**
  3. **Common Carrier:** If you are located outside the local court area, **CALL THE INDIVIDUAL LISTED ABOVE FOR INSTRUCTIONS.** Train, bus or airfare will be reimbursed at the Government rate. Reimbursement **WILL NOT** be made for First Class accommodations, "Frequent Flyer" tickets, or charter service. **DO NOT** purchase non-refundable tickets. If your appearance date changes or is cancelled, you **WILL NOT** be reimbursed for non-refundable tickets. If you have any questions concerning transportation arrangements, please contact the individual(s) listed above.
- C. **MEALS:** If it is necessary for you to remain away from home **overnight**, you will receive the following daily meal allowances:  
\$\_\_\_\_\_ for each travel day    PLUS    \$\_\_\_\_\_ for each full day at court
- D. **LODGING:** If it is necessary for you to remain away from home **overnight**, you will be reimbursed for the **ACTUAL COST** of your hotel/motel room, which may not exceed \$\_\_\_\_\_ per night, including tax.

~ YOU MUST RETAIN RECEIPTS ~

**ALL CLAIMS FOR PARKING MUST BE SUPPORTED BY A RECEIPT. OTHER EXPENSES EQUAL TO \$25 OR MORE MUST BE SUPPORTED BY A RECEIPT, WITH THE EXCEPTION OF MEALS AND MILEAGE.**

~ DISMISSAL ~

When you are advised that your attendance is no longer required, you should request information regarding the payment of the fees and allowances outlined above. The individual requiring your attendance will provide you with a Fact Witness Voucher. You will be required to list your expenses on this Voucher. The Voucher will be submitted to the U.S. Marshals Service for payment. The U.S. Marshals Service will process the voucher and MAIL the payment to you. If you require funds to return home, you must bring this fact to the attention of the individual requiring your attendance, who will notify the U.S. Marshals Service.

## TRANSPORTATION EXPENSE LISTING

### Travel by Privately Owned Vehicle

Odometer Readings: *(Be sure to list each trip if more than one trip is made.)*

Residence	Court	Mileage

Local mileage at court if overnight stay required

### Tolls

Date	Name of road, bridge, ferry, etc.	Amount

### Parking Fees: *(Be sure to obtain receipts.)*

Date	Amount	Date	Amount	Date	Amount

### Travel by Common Carrier *(Be sure to obtain receipts.)*

Name of Carrier	Cost of one round trip ticket \$
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### Local travel expenses: *(taxi, airport, limousine, subway, bus, etc. - receipt required for items over \$15.00)*

Date	Mode to travel	From	To	Cost (including tip)

### Lodging Expense

*(If overnight stay required - Be sure to obtain receipts)* List the expense of the room and taxes only. Do not include extra charges, such as meals, phone calls, laundry, etc.

Name and _____ Address _____ of Hotel/Motel _____	Dates	Amount

### Other Expenses: *(Explain in detail, obtain receipts for all single items over \$15.00.)*


**THIS IS A 3-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 <input type="checkbox"/> Transportation <input type="checkbox"/> 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	<b>UFMS/FMIS</b>	
Deposition Dates _____ \$40 @ _____ days	11804/1126	
Grand Jury/Trial Attendance Date (Including Travel) _____ \$40 @ _____ days	11804/1156	
Pretrial Attendance Dates (Including Travel) _____ \$40 @ _____ days	11804/1194	
Detained Dates - Citizen/Visitor in Custody _____ \$40 @ _____ days	11804/1193	
Detained Dates - Deportable Alien in Custody _____ \$1 @ _____ days	11804/1195	
	Total Fees	
<p>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.</p> <p>_____ Signature _____ Title of Authorized Government Official _____ Date</p>		

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**

Previous Editions are Obsolete

Form OBD-3 (Revised 4-2013)

<b>PART II - Allowances</b>	<b>UFMS/FMIS</b>	
<b>C. Travel by Carrier (Receipts required if paid by witness) (DO NOT claim if paid by Government)</b> Check one <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Airplane	21011/2191 2108	
<b>D. Travel by Privately Owned Vehicle:</b> <input type="checkbox"/> Auto/Truck/Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Airplane  Round trip mileage _____ @ \$ _____ Per mile Total no. of trips _____ Less advance received \$ _____	21015/2192	
<b>E. Local Transportation &amp; Other Expenses: (e.g., subway, bus, taxi, tolls, all parking, etc.)</b> (Receipts required for parking and expenses over \$25.00) (Gratuities are limited to taxi and shuttle services up to 15%)  List (item and amount)  _____ _____	21001/2193  2133	
<b>F. Meals and Lodging:</b> 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 \$ _____	21013/2194  21013/2194  21012	
<b>G. Witness Certification:</b> 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.		
<b>H. Claim Verification:</b> 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	

<b>PART III - Certification</b>
THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
_____ Signature                    Title of Authorized Certifying Officer                    Date
<b>PART IV - Disbursement (For Finance Office use only)</b>
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 your 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.

**Form OBD-3 (Revised 4-2013)**

**Contract/Purchase Order No. & Effective Date:**

Part I - Request for Services			
1. Requesting Official (Name & Title)	2. Signature of Requesting Official	3. Point of Contact (Name and Tel.)  Telephone	4. Date of Request
5. Originating Office	6. Originating Office Address	7. Case Name, Court & Docket No.	8. DJ File No./USAO No.
9. Contractor (Name and Tel.)  Telephone	10. Contractor Mailing Address	11. Contractor TIN or SSN (individual)	12. Contractor Specialty

13. Reason for Request (Place an "X" in the applicable Box in the Left Column)	
13.a.	Expert Testimony on Behalf of U.S.
13.b.	Deposition Conducted by DOJ Attorney
13.c.	Medical Examination of Plaintiff/Witness/Defendant in Contemplation of Testimony on Behalf of U.S.
13.d.	Examination Under 18 USC 4241, Mental Competency to Stand Trial Only
13.e.	Dual Purpose Psychiatric Examination (Time of Offense and Competency to Stand Trial) on the motion of:
13.f.	ADR Neutral Services
13.g.	Litigative Consultant Services
13.h.	Other (explain below):

**Attach the Statement of Work to this Form**

14. Negotiated Contractor Rates, Estimated Expenses, and Performance Dates ( <i>Note: Expenses incurred must be supported by receipts</i> )					
Service/Expense	Performance Dates (From-To)	Hour/Day	Quantity	Rate	Total
14.a. Examine Case	-				
14.b. Prepare Testimony	-				
14.c. Court Testimony	-				
14.d. Deposition	-				
14.e. Litigative Consultant/Neutral	-				
14.f. Per Diem (if not part of fee)		Day			
14.g. Privately Owned Vehicle (NTE coach rate)		Mile			
14.h. Common Carrier Transportation Via GTA					
14.i. Common Carrier Transportation Reimbursed					
14.j. Taxi					
14.k. Miscellaneous (eg. printing, exhibits, parking)					
<b>14l. Total Estimated Expenses</b>					

15. Submit Invoices & EFT Information to:	16. Payment will be made by: (Place an "X" in the applicable Box and fill-in if not) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:30%; text-align: center;"> <input type="checkbox"/> U.S. Department of Justice                      JMD/Finance Staff                      600 E Street, NW, Room 4090                      Washington, DC 20530-0001                      Tel. Hotline: (202) 616-6260                 </td> <td style="width:70%; text-align: right;"> <input type="checkbox"/> </td> </tr> </table>	<input type="checkbox"/> U.S. Department of Justice JMD/Finance Staff 600 E Street, NW, Room 4090 Washington, DC 20530-0001 Tel. Hotline: (202) 616-6260	<input type="checkbox"/>
<input type="checkbox"/> U.S. Department of Justice JMD/Finance Staff 600 E Street, NW, Room 4090 Washington, DC 20530-0001 Tel. Hotline: (202) 616-6260	<input type="checkbox"/>		

**PARKING RECEIPT**

\_\_\_\_\_ parked at an unattended (parking lot)  
(witness' name)

(meter) while attending court in \_\_\_\_\_, Washington  
(city)

from \_\_\_\_\_ to \_\_\_\_\_.  
(date) (date)

(Please keep track of your per day parking cost on the lines below.)

	<u>DATE</u>	<u>COST</u>
DAY 1:	_____	\$ _____
DAY 2:	_____	\$ _____
DAY 3:	_____	\$ _____
DAY 4:	_____	\$ _____
DAY 5:	_____	\$ _____
DAY 6:	_____	\$ _____
DAY 7:	_____	\$ _____
DAY 8:	_____	\$ _____
DAY 9:	_____	\$ _____
DAY 10:	_____	\$ _____
DAY 11:	_____	\$ _____
DAY 12:	_____	\$ _____

(Please record any subsequent days on the back of this form.)

The sum total amount for parking during this period came to \$\_\_\_\_\_.

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

DISTRICT: EASTERN DISTRICT OF WASHINGTON

\_\_\_\_\_  
(witness' signature)