

H.M. CORONER GREATER MANCHESTER SOUTH DISTRICT

Coroner's Court, 1 Mount Tabor Street, Stockport SK1 3AG Tel. 0161 474 3993 Fax: 0161 474 3994

WITNESS EXPENSES

IMPORTANT – PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE ATTACHED FORMS

You are entitles to claim expenses <u>after you have attended court.</u> There are two parts to this:

- Loss of Earnings
- Travel (including car parking)

LOSS OF EARNINGS

Attached is a loss of earnings certificate for your employer to complete. This must be returned to the Coroner's Office and <u>cannot be processed until you have completed the expenses form</u> as it all forms part of the same claim. Loss of earnings can be paid to you up to the maximum amount allowed which is currently £60-65 per day.

TRAVEL

Wherever possible public transport should be used, if this is not practical and you have to drive then please take note of your mileage from you home address to the court and complete the expenses form accordingly. The cost is worked out on your mileage plus whatever amount you have to pay for car parking. We do not normally pay for taxi fares except where no public service vehicle is available.

Once your claim is received at the Coroners Office it will be calculated, authorised and sent to Stockport Metropolitan Borough Council for payment to you.

PLEASE DO NOT SUMBIT YOUR CLAIM UNTIL AFTER YOU HAVE ATTENDED COURT.

(NB. Queries regarding expenses claims should be directed to the Coroner's Office on 0161 474 3993)



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INQUEST WITNESS EXPENSES

Please complete the following form in full and send it to the above address, together with an employers certificate of loss of earnings, if applicable (copy attached):

employers certificate of loss of earnings, if applicable (copy attached):
Full name (including title Mr, Mrs, Miss etc)
Full address (including postcode)
Date of Service: week beginning
Please state how many days you were required to attend:
Has a loss of earnings certificate (copy attached) been returned with this form? YES/NO
If you travelled by car please state the total mileage each day (both ways)
Please state any car park fees:
If you travelled by public transport please state the fare each day:
Please provide Bank Details in order for your expenses to be paid directly into your Account.
Bank/Building Society: Account Number: Sort Code:
Your signature Date
OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SECTION
Total loss of earnings
Total travel expenses
Car Park Fees
Any subsistence allowance
TOTAL CLAIM £



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CERTIFICATE OF LOSS OF EARNINGS

To the employer of (Name)
Your employee is required to attend an Inquest as a witness.
Please complete the following certificate:
I certify that for each HALF DAY the above named witness is required to attend court a deduction of £ will be made from his/her earnings.
I certify that for each FULL DAY the above named witness is required to attend court a deduction of £ will be made from his/her earnings.
If the case is heard in the morning only, will your employee be able to return to work in the afternoon?
(YES/NO)
If the case is heard in the afternoon only, will your employee be able to work in the morning?
(YES/NO)
Signature and Designation
Date
Name and address of employer
Telephone number:

This form should only be returned to the above address <u>WITH THE EXPENSES</u> <u>CLAIM FORM.</u>