



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 entitled to claim expenses after you have attended court. 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 cannot be processed until you have completed the expenses form 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 your 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 SUBMIT 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):

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 _____ **£**

