



Application for Witness Expense Assistance

Court Information

Name of Accused:		Court Date:	
Court File Number:		Community (of matter):	
Police File Number:			

RCMP Contact Information

Name:		Phone:	
Email Address:		Fax:	

Crown or Defense Contact Information

Name:		Phone:	
Email Address:		Fax:	

Witness Information

Given Name:		Surname:		Middle Initial:	
Mailing Address:					
City:		Province/Territory:		Postal Code:	

Is an escort required: Yes: No:

If yes, please provide name of escort:

Travel Information

Please check all that are required:

Airfare: Hotel: Meals: Taxi/Bus:

Please fill out information below as required

Airfare

Is a Charter required? Yes No

Airline:

	Date	From	To	Time
Leaving				
Return				

Travel Agency Name: Phone Number:

Contact Person: Email:

Hotel

Hotel Name: Phone Number:

Booking Reference: Fax:

Check In Date: Email:

Check Out Date: Contact Person:

Taxi/Bus

Name of Company:

Phone Number:

Fax Number:

Contact Name:

Booking Reference:

Date	Pick-up (address & community)	Going to (address & community)