

**WITNESS FEES AND MILEAGE REQUEST
FOR POLICE AND FIREFIGHTERS**

JD-ES-29 Rev. 7-16

C.G.S. § 52-260

Instructions

1. Prepare four copies at the end of the month.
2. Send a copy to each summoning agency listed in the Attendance Report.
3. Each summoning agency will process payment by completing form CO-17.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

From (Type of department)	Address of Department (Number, street, town, and zip code)	For month ending (Date)
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Police Fire

Judicial	Housing	Geographical
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District Session Area number _____ at: _____

Address of Court location (Number, street, town and zip code)

Name of Officer or Firefighter	Address (Number, street, town and zip) (omit CT)	Dates In Court	Witness Fees Due (Number days x \$100)	Total Mileage (One way)	Total Mileage (Dollars)	Total Fees And Mileage
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

I hereby certify that each of the above-named is a regular or supernumerary police officer or a regular, volunteer (for criminal proceedings only) or substitute firefighter in this department, that the above is correct, that their attendance was required in court in their official capacity on those days and that they have not received and will not receive any compensation from the town, city, or borough for such time spent in court, except on those days on which they were on vacation or compensatory time off.

Date signed	Signed (Authorized person)	Title of person signing at left
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I hereby certify that the above-named police officer(s) or firefighter(s) attended court as witnesses as stated above.

Date signed	Signed (Clerk of above-named court)
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