

Attorney Certification of Fact Witness Voucher

Witness Name:

Case:

Attendance Attestation: I attest that the witness named above and on the attached "Fact Witness Voucher" attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel.

Printed Name:

Signature: _____

Date:



Appointed Attorney

Claim Verification: Based upon the attached information and receipts furnished by the witness or travel companion, I verify the attached information is true and correct to the best of my knowledge.

Printed Name:

Signature: _____

Date:



Appointed Attorney

Instructions: Complete the attached "Fact Witness Voucher" and the "Attorney Certification of Fact Witness Voucher". Submit the completed and signed forms to the Clerk, U.S. District Court.

**NOTE: THE DOJ-3 MUST NOT BE HANDLED BY THE FACT WITNESS
OTHER THAN FOR SIGNATURE PURPOSES**

PART I - GENERAL INFORMATION

This Voucher is for: Fact Witness Travel Companion

Please answer each question below.

The Fact Witness/Travel Companion:

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. **Advance Amount:** \$ _____ **From:** _____

Witness Name: _____

Travel Companion Name (if applicable): _____

For U.S. Citizen or Legal Resident - Social Security Number: _____ - _____ - _____

For Non-U.S. Citizen - Passport/Visa No.: _____ **Alien Registration Record No.:** _____

Address: _____ **City:** _____

State: _____ **Country:** _____ **ZIP:** _____

Phone No.: _____ **E-Mail Address:** _____

Court Doc. No.: _____ **Case Name/No.:** _____

District: _____ **Court Location:** _____

GTA: N/A Transportation Lodging

PART II - ATTENDANCE CERTIFICATION

NOTE: Retention of these fees is considered taxable income and reportable to IRS.

A. Attendance Fees	OBJECT CLASS UFMS/FMIS	AMOUNTS (Dollars)
Deposition Dates: _____ to _____ \$40 @ _____ Days	11804 / 1126	
Grand Jury / Trial Attendance Date (Including Travel): _____ to _____ \$40 @ _____ Days	11804 / 1156	
Civil Investigative Demand: _____ to _____ \$40 @ _____ Days	11804 / 1156	
Pretrial Attendance Dates (Including Travel): _____ to _____ \$40 @ _____ Days	11804 / 1194	
Detained Dates - Citizen/Visitor in Custody: _____ to _____ \$40 @ _____ Days	11804 / 1193	
Detained Dates - Deportable Alien in Custody: _____ to _____ \$1 @ _____ Days	11804 / 1195	
TOTAL FEES:		

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.

Printed Name **Signature** **Date**

Title of Authorized Federal Government Official

USAO must ensure a copy of Form USM-376A, *Signature/Designation Form for Approving Officer* is on file with the USMS office (also required to provide new signature card as updates occur).

PART III - ALLOWANCES

	OBJECT CLASS UFMS / FMIS	AMOUNTS (Dollars)
C. Travel by Carrier (Receipts over \$75.00 required if paid by witness or travel companion. DO NOT claim if paid by Government.) Check One: <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Airplane	21011 / 2191 2108	
D. Travel by Privately Owned Vehicle: Round Trip Mileage: _____ @ \$ _____ Per Mile Total Number of Trips: _____ Less Advance Received: _____	21015 / 2192	
E. Local Transportation & Other Expenses (e.g. subway, bus, taxi, tolls, parking, baggage fees, etc.) ** All expenses over \$75.00 must have a receipt. If receipts are not provided for expenses over \$75.00, a Verification Without Receipt Form must be submitted. List Expenses and Value of the Expenses Authorized to be Paid:	21001 / 2193 2133	
F. Meals and Lodging: 1. Travel Days (1/2 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 GTA) *The Actual Cost of Lodging cannot be greater than the Not to Exceed lodging amount.	21013 / 2194 21013 / 2194 21012	
NET AMOUNT PAID (Fees plus totals of Sections C, D, E, and F minus Advance Received from top of Page 1):		

PART IV - CERTIFICATION

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.

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).

CERTIFICATION: 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.

Signature Date

PART V - CLAIM VERIFICATION

VERIFICATION: Based upon the above information and receipts furnished by the witness or travel companion, I verify the above information is true and correct to the best of my knowledge.

Signature Date

Title of Authorized Federal Government Official E-mail Address (To receive final DOJ-3 from USMS)

PART VI - CERTIFICATION / DISBURSEMENT (For USMS Use Only)

CERTIFICATION: This voucher is certified correct and proper for payment.

Printed Name Signature Date

Title of Authorized Certifying Official

INSTRUCTIONS FOR COMPLETING FORM DOJ-3

PART I - GENERAL INFORMATION (To be completed by the Trial Office)

This form shall be completed for a fact witness or an authorized travel companion. The travel companion must complete a separate voucher. Attendance fees are not to be paid to the travel companion.

Answer each question to indicate if:

- Select Fact Witness or Travel Companion.
- The witness or travel companion was/was not a United States citizen at the time he/she appeared to testify. If you are not a citizen, he/she will be required to show proof of his/her resident or visitor status.
- The witness or travel companion was/was not a federal employee at the time he/she appeared to testify. Under current policy, the fees and allowances on this voucher do not apply to federal employees who are out of the district. If the witness or travel companion is a federal employee, please follow the instructions in the Guiding Principles for reimbursement.
- The witness or travel companion did/did not receive a check or cash advance for his/her expenses in traveling to court. If the witness received an advance, enter the amount and issuing office here.
- Include the witness' name when completing the form for a travel companion.

Indicate and/or verify the witness' or travel companion's Name, Social Security Number, Passport/Visa Number (if applicable), Alien Registration Record Number (if applicable), Address, Telephone Number and E-mail Address to ensure that they are correct.

ACCEPTABLE IDENTIFICATION: One or more of the following items is mandatory in order to receive fees and expenses.

- Social Security Number
- Alien Registration Record Number
- Passport Number
- Visa Number
- Court Order Classifying a Deportable Witness and/or Material Witness
- Valid Photo Identification

This information will be used to identify an individual who can be compensated in accordance with 28 U.S.C. 1821, 28 CFR 21 and 18 U.S.C. 3144. Failure to provide this information may result in delay or rejection of compensation.

PART II - ATTENDANCE CERTIFICATION

Section B of Part II must be signed by an employee of the office that requested the appearance of the witness and/or travel companion.

PART III - ALLOWANCES

All receipts for claims made in Part III must be attached to the Form DOJ-3 before it is transmitted to the United States Marshals Service for payment. This claim for reimbursement cannot be processed until the witness or travel companion furnishes all receipts for expenses that he/she is claiming on this Fact Witness Voucher.

- All expenses over \$75.00 must have a receipt. If receipts are not provided for expenses over \$75.00, a Verification Without Receipt Form must be submitted.
- If the witness or travel companion parked at an airport or has not yet paid his/her hotel/motel bill or other item requiring a receipt, it will be necessary for the witness or travel companion to send his/her receipts, a letter requesting reimbursement, and a copy of a valid photo ID to the trial office.
- If the witness or travel companion departs the trial district and does not sign the DOJ-3, a letter requesting reimbursement of expenses and a copy of a valid photo ID must be sent to the trial office.
- Gratuities are limited to taxi and shuttle services up to 15% of the total fare.

PART IV - CERTIFICATION

Verify that all items under Part III are correct. Any changes to Part III must be effected and signed by the Federal government employee assigned to assist the witness. The witness or travel companion must sign his/her full legal name and the date. If the witness or travel companion is not a United States citizen, the witness or travel companion must show proof of his/her resident or visitor status.

PART V - CLAIM VERIFICATION

Part V must be signed by an employee of the requesting office attesting the accuracy and completeness of the expenses claimed by the witness or travel companion 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 the witness or travel companion at the address indicated on the first page of this form. International witnesses and international travel companions are paid prior to their departure from the United States.

FORM DISTRIBUTION:

- Original - USMS Financial System
- Copy 1 - Government Employee Signing in Part V (Claim Verification)
- Copy 2 - USMS District Office in Witness' Location (if applicable)