PINAL • COUNTY
Wide open opportunity

HEARING OFFICE

REQUEST FOR WITNESS FEES

Pursuant to Rule 17

This form is to be completed by an individual who appeared for testimony before the Hearing Office pursuant to a subpoena issued pursuant to Rule 17. Payment includes $12.00 for each day's attendance and twenty cents per mile (one way) from witness' place of residence (in the state of Arizona) to the Pinal County Civil Hearing Office.

Today's Date:	Complaint Number:
Respondent's Name:	Date Appeared for Testimony:
Requesting Party:	
Requesting Party's Residential Address: (In Arizona)	
Number of Miles Traveled From Residence to Hearing Office:	
VERIFICATION: I hereby request witness fees pursuant to A.R.S. § 12-303.	
Requesting Party: (Print Name)	Date:
Signature:	Phone:

(Mileage is calculated at .20 per mile, one way)

Appearance Fee: $12.00
Mileage Fee: _____
Total Due:

The party requesting the subpoena is responsible to pay the total due to the witness within thirty (30) days of receipt of this request.

I certify that a copy of the foregoing was mailed/delivered this _____ day of _____, 2011, to the party requesting the subpoena.

By: _____
Hearing Office Clerk

Contact the Hearing Office at 520-866-6244 or 520-866-6292 for additional information or access the Pinal County Civil Hearing Office Rules of Procedure online at www.pinalcountyaz.gov