

O.I.D.S. WITNESS FEE REPORTING FORM

MONTH OF _____, 20____

_____ COUNTY

In the month stated above, the following fees and expenses attributable to Oklahoma Indigent Defense System witnesses were paid from the court fund:

<u>NAME</u>	<u>CASE NUMBER</u>	<u>CASE STYLE</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total paid as Oklahoma Indigent Defense System witness fees and expenses: \$ _____.

CERTIFICATION

State of Oklahoma)
County of _____) **ss.**
)

I, _____, of lawful age and upon oath, certify that:

1. each defendant named above was found indigent by the Court;
2. each defendant named above was represented in the District Court by the Oklahoma Indigent Defense System or its agent pursuant to court order or court minute;
3. the fees and expenses shown above for each case relates to O.I.D.S. witness appearances made on or after September 1, 1994, pursuant to subpoena or other lawful order.

District Court Clerk or Deputy

Subscribed and sworn before me this _____ day of _____, 20____.

(SEAL) _____
Notary Public

My Commission expires: _____