



Party/Witness – Claim for attending an employment tribunal

Notes

- Please claim **within one month** of the hearing
- See our Expenses and Allowances payable leaflet.
- Attach all receipts.
- Please print details clearly in CAPITAL letters and sign part 3.
- Initial any alterations you make.
- Send your completed form to the address in Section 10.

1. Your details

Surname

First name(s)

Home address

Postcode

Phone number

2. The hearing

Case number or names of the parties

Where was the hearing held?

On what date(s) did you attend?

Were you summoned to attend by a witness order?

3. Total claim and declaration

After completing each section overleaf please transfer the total here:

Net travel expenses (<i>see Section 6</i>)	£
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Overnight expenses (<i>see Section 7</i>)	£
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Other (<i>see Section 8</i>)	£
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Lost earnings (<i>see Section 9</i>)	£
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Total claim	£
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I declare that to the best of my knowledge all the information provide is correct and that any expenses claimed were actually and necessarily incurred by me.

Signed
Date

Warning: False claims may lead to prosecuton on a criminal charge.

4. Method of payment

How do you wish to receive payment?

Direct to my bank (*give details at Section 5*)

By crossed payable order

5. Bank details

Complete this section **only** if you want payment made to a Bank or Building Society.

Name of Bank/Building Society

Address

Postcode

Name of account

Account number

Sort code

 — —

FOR HM COURTS & TRIBUNALS SERVICE OFFICIAL USE ONLY

I have delegated authority to approve this claim and confirm that:

- the claim is in accordance with the relevant HMCTS instruction;
- no item has previously been passed for payment; and
- the claim for expenses relates to an Employment Tribunal claim made **prior to 6 April 2012**

	Charge	£
BEC		NAC 226410
Signed	Date	
PRINT NAME		

For completion by Liberata

Amount paid	£
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6. Travel expenses

We will pay only travel costs in **excess of £5** unless the tribunal ordered your attendance in which case you can claim the full amount.

Travel costs may normally only be claimed for journeys within the UK and Eire.

Travel by public transport is limited to **standard class fares**.

Taxi fares will only be paid in exceptional circumstances and when accompanied by a valid receipt and reasons for this choice.

If you travelled by **car or motorcycle a mileage rate of 15p** will be paid. We do not pay car parking, toll fees, congestion charges or passenger supplement.

				Travel by car or motorcycle	
From	To	Method of travel	Fares (£)	No. of miles	Mileage claim(£)

Total cost of your journeys _____

Parties and witnesses, not under an order, must always pay the first £5, unless you were ordered to attend by the tribunal

Now deduct £5 _____

Net Claim £ _____

Transfer to Section 3

7. Overnight expenses

If you had to be away from home overnight to attend the hearing we may be able to pay your expenses. **Claims for overnight accommodation must be accompanied by receipts and are subject to limits.** Ask a tribunal clerk for details.

Did you have to be away from home overnight? Yes If Yes, give details below No If No, go to Section 8

When did you start your journey? Date / / Time :

When did you get back home/to work? Date / / Time :

How much do you claim towards the cost of your overnight stay? _____

£

Transfer to Section 3

8. Other expenses

HMCTS can reimburse certain specified expenses, e.g. essential medical reports directed by an Employment Judge or registered child minder fees. Please consult the tribunal clerk for details of any limits.

Nature of expenses

£

Transfer to Section 3

9. Loss of earnings

Our maximum is £45 a day. You can claim if you are an employee or self employed but onnly if you can show that you lost money. Do not claim if the loss was made good before or after the hearing.

If you are employed ask your employer to sign the statement below.

If self employed ask the tribunal clerk for a statement form.

Did you lose earnings by attending the hearing?

Yes If Yes, give details below No

What is your occupation?

How much time did you lose from work? _____

 :

What is your hourly rate? _____

£

How much do you claim in lost earnings? _____

£

Transfer to Section 3

Statement for completion by your employer

I confirm the above information and that

(employee) _____

attended the tribunal on (dates) _____

they did not receive payment for those days from this company, nor was paid leave taken.

Signed

Date

Position in company

Company Stamp (If no stamp, attach company letterhead paper)

10. Please return your completed form to:

General Data Protection Regulations

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address

<https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>.

To receive a paper copy of this privacy notice, please call 0300 323 0196.

If calling from Scotland, please call 0300 790 6234.