

Administrative Form 1.08--Certification of Bailiff.

CERTIFICATION OF BAILIFF
 [Please print or type information]

Date of Trial: _____

PAYEE: _____
 Last Name, First, Middle, Generation (must be separated by commas)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK ONE: COURT TYPE: MAGISTRATE DISTRICT CASE TYPE: CV CR

DISTRICT # (1-13) Name of County _____ DOCKET NUMBER _____
 TOTAL HRS:

I certify that I was a bailiff for the state of New Mexico _____ (town), New Mexico on the date and for the case listed above. If more than one case was heard, please attach a separate sheet with appropriate identifying information for each case.

Per Diem \$ _____ (see, current DFA per diem schedule to calculate).

Miles traveled round trip: _____ x \$.25 a mile = _____ (use current DFA mileage rate)

(Mileage and per diem are paid only for out-of-town travel.)

Odometer Reading if out-of-town mileage exceeds map mileage:

Fill In:

ODOMETER BEGINNING ODOMETER ENDING TOTAL MILEAGE

I further certify that the information contained in this statement, including attachments, is true and correct.

Date _____ Bailiff's Signature _____

| | <u>AMOUNT DUE</u> |
|---------------------------|---|
| <u>MILEAGE</u> | [\$ _____] |
| <u>PER DIEM</u> | [\$ _____] |
| <u>SPANISH LANGUAGE</u> | [\$ _____] |
| <u>SIGN LANGUAGE</u> | [\$ _____] (Attach Copy of RID Certificate) |
| <u>NATIVE AMERICAN</u> | [\$ _____] |
| <u>OTHER LANGUAGE</u> | [\$ _____] SPECIFY: _____ |
| <u>GROSS RECEIPTS TAX</u> | [\$ _____] SSN _____ |

TOTAL AMOUNT DUE (\$ _____) CONTRACT NO. _____
 (NM Tax No. Required to pay gross receipts tax) TAX NO. _____

I certify that the above-named person attended court as a bailiff in the above-captioned case. I have examined the above claim and find it to be true, to the best of my knowledge.

 Judge or Designee Signature