

Appendix 4

Request for Armed Forces or Government-Employee Witness, Form OBD-16

U.S. Department of Justice

Request for Armed Forces or Government-Employee Witness

INSTRUCTIONS: Use for Armed Forces and Government employees OUTSIDE your judicial district. If the witness is for an indigent defendant, attach a copy of the appointing court order.

A minimum of **two weeks** notification is required for **ALL ARMED FORCES** witnesses and is recommended for other Government employee witnesses.

If this request requires special attention, if additional assistance is needed, or if there is any change in the date of appearance of the witness(es) or change in the data concerning the witness(es), call Special Authorizations.

TO: Special Authorizations, Simplified Acquisitions Service, Procurement Services Staff, Justice Management Division

1. Name/Title Requesting Official		1a. Area Code/Tel. No.	2. Date	3. DJ File No.
4. Legal Division or USAO		5. Location	6. Use of Witness Government <input type="checkbox"/> Indigent <input type="checkbox"/>	
7. Case Name and Number		8. Nature of Case (Murder, Tort, etc.)	9. Agency (Other than Department of Justice) Involved in the Litigation	
FIRST WITNESS	10a. Name/Rank of Witness	11a. Social Security No.	13a. Agency/Branch of Service	
		12a. Civilian <input type="checkbox"/> Military <input type="checkbox"/>		
	14a. Current Duty Station and Official Tel and Fax Nos.		15a. Type of Attendance <input type="checkbox"/> Deposition <input type="checkbox"/> Hearing: Type _____ <input type="checkbox"/> Trial Attendance	
	16a. Witness to Report to: (Name and Address)		17a. Hour and Date of Appearance	
			18a. Approximate No. Days Needed	
19a. Gist of Testimony (Describe How Witness is Involved)				
SECOND WITNESS	10b. Name/Rank of Witness	11b. Social Security No.	13b. Agency/Branch of Service	
		12b. Civilian <input type="checkbox"/> Military <input type="checkbox"/>		
	14b. Current Duty Station and Official Tel and Fax Nos.		15b. Type of Attendance <input type="checkbox"/> Deposition <input type="checkbox"/> Hearing: Type _____ <input type="checkbox"/> Trial Attendance	
	16b. Witness to Report to: (Name and Address)		17b. Hour and Date of Appearance	
			18b. Approximate No. Days Needed	
19b. Gist of Testimony (Describe How Witness is Involved)				