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| Name, Vorname | | |  | | Anschrift (Straße, Hausnummer, Postleitzahl, Wohnort) | | | | | | | |
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| An das  **Deutsche Patent- und Markenamt**  **Dienststelle Jena**  **Designabteilung**  **07738 Jena** | | |  | | Bitte reichen Sie den Antrag **innerhalb von drei Monaten** nach Terminende ein, da der Anspruch sonst erlischt | | | | | | | |
|  | | |  | | **Zutreffendes bitte ankreuzen** ⌧ **bzw. ausfüllen** | | | | | | | |
|  | | |  | | **zu Aktenzeichen:** | | | |  | | | |
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| **Antrag auf Entschädigung als Zeuge/Zeugin nach dem**  **Justizvergütungs- und -entschädigungsgesetz (JVEG)** | | | | | | | | | | | | |
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| Anlagen: 1 Ladung |  | 1 Verdienstausfallbescheinigung (A 9192) | | | |  | Sonstige: |  | | | |  |
| **Bitte fügen Sie Kopien der Nachweise für die Angaben unter 1. bis 4. bei.** | | | | | | | | | | | | |
| Zu dem auf beiliegender Ladung angegebenen Termin bin ich um | | | |  | | Uhr erschienen und um | | | |  | Uhr entlassen worden. | |
| Ich beantrage Anweisung der mir zustehenden Entschädigung. Hierzu gebe ich an: | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***wird vom DPMA ausgefüllt*** | | | | | | |
| 1. Anreise vom Wohnort/Aufenthaltsort nach Jena | | | | | | | | | | | | | | | Datum | | | | | | | | | | | | | Abfahrt um       Uhr | | | | | | | | | | | | Ankunft um       Uhr | | | | | | | | | | **Euro** | | **Cent** | | | **Bemerkungen** | |
| Rückreise von Jena zum Wohnort/ Aufenthaltsort | | | | | | | | | | | | | | | Datum | | | | | | | | | | | | | Abfahrt um       Uhr | | | | | | | | | | | | Ankunft um       Uhr | | | | | | | | | |  | |  | | |  | |
|  |  | | Ich habe Verdienstausfall entsprechend beiliegender Bescheinigung: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Stunden à | | | | | | | |  | | | | EUR | |  | |  | | |  | |
|  |  | | Ich habe keinen Verdienstausfall, | | | | | | | | | | |  | | | | jedoch muss ich die versäumte Arbeitszeit von | | | | | | | | | | | | | | | | | | | | | | |  | | | Stunden in meiner | | | | | |  | |  | | |  | |
|  |  | |  | | | | | | | | | | |  | | | | Freizeit nachholen, was ich ausdrücklich versichere; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  |  | |  | | | | | | | | | | |  | | | | aber ich habe einen sonstigen Nachteil erlitten (Begründung hierzu unter 4.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  |  | | Ich bin selbständig und verdiene monatlich | | | | | | | | | | | | | | | | |  | | | | | | | | | | durchschnittlich EUR brutto. | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  |  | | Ich bin nicht erwerbstätig, führe aber einen eigenen Haushalt für drei oder mehr Personen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  |  | | Ich bin teilzeitbeschäftigt und führe daneben einen eigenen Haushalt für drei oder mehr Personen. Der auf der | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  |  | | Ladung angegebene Termin lag außerhalb meiner regelmäßigen Arbeitszeit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
| 2. Fahrt mit | | | | |  | eigenem PKW: | | | | | |  | | | | | | | | | | | km insgesamt. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  | | | | |  | Bahn: | | |  | | | | Klasse | | | | | | = | | | | |  | | | | | EUR | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
|  | | | | |  | Straßenbahn: | | | | |  | | | | | | EUR | | | | |  | | | Bus: | |  | | | | EUR | |  | Taxi: | |  | | | | | | | EUR | | (Notwendigkeit  unter 4. erläutern) | | | | |  | |  | | |  | |
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| 3. An Verzehr- bzw. Übernachtungskosten sind mir laut beiliegenden Belegen entstanden: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | EUR | | | |  | |  | | |  | |
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| 4. Weitere Aufwendungen, z.B. Kosten für notwendige Vertretungen und notwendige Begleitpersonen bzw. Erläuterungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |
| (ggf. durch Belege nachweisen): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | |  | | |  | |
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| Ich habe | | | | keinen | | |  | einen Zuschuss oder Gutschein für Fahrtkosten erhalten. Dieser betrug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | EUR. | |  | |  | | |  | |
|  | | | |  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | **Sachlich und  rechnerisch richtig** | | | | | | |
| Ich bitte um Überweisung | | | | | | | | | |  | | | | | IBAN: | | | | | |  | | | | | | | | | | | | | | BIC: | | | |  | | | | | | | | | |  |  | | | | | | |
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| Ich erkläre, dass die obigen Angaben richtig und vollständig sind. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  |
| **Bitte beachten Sie hinsichtlich der Verarbeitung Ihrer personenbezogenen Daten unser Merkblatt** [**A 9106**](https://www.dpma.de/docs/formulare/allgemein/a9106.pdf) **"Datenschutz bei Schutzrechtsanmeldungen". Dieses finden Sie unter** [**www.dpma.de**](https://www.dpma.de/)**: Service – Formulare – Sonstige Formulare – Hinweise zum Datenschutz.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | |  |
|  |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |  |  | Unterschrift des Sachbearbeiters | | | | |  |
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|  | Datum | | | | | | | | | | | | | | |  | | | | | | | | | | Unterschrift | | | | | | | | | | | | | | | | |  | | | | | |  |  | | | |  | |  |