

STATE OF NORTH CAROLINA In The General Court Of Justice

- District
 Superior Court Division

_____ County

Check Here If This Fee Application Covers Multiple Charges

File No.

Additional File No(s).

Provide all case numbers resolved on the same day in the same court before the same judge.

Name And Address Of Indigent Client

**NON-CAPITAL CRIMINAL CASE TRIAL LEVEL
 FEE APPLICATION
 ORDER FOR PAYMENT
 JUDGMENT AGAINST INDIGENT**

Date Attorney Appointed

G.S. Ch. 7A, Art. 36; G.S. 122C-268(d), -286(d)

Indigent Defendant's Full Social Security No. - **Only Complete If Judgment For Fees Has Been Entered** (required by G.S. 7A-455(d))

____-____-____

Has No Social Security No.

Unable to obtain Social Security No. despite reasonable efforts

NOTE: Per G.S. 7A-455(d), the fee application must include the social security number (SSN) of a party against whom a judgment for attorney's or GAL's fees has been entered under G.S. 7A-450.1 - 450.3 or 7A-455 (or certify that the SSN cannot be obtained with reasonable efforts). These SSNs are expressly required by law and therefore exempt from filers' redaction requirements in G.S. 132-1.10(d). When filing electronically, select the "Public Not Portal" security setting so that unredacted fee applications are not available on Portal.

NOTE: Use this form **ONLY** for non-capital criminal cases at the trial level.

INSTRUCTIONS: Applicant completes and signs all applicable portions of Section I. The trial judge completes Sections II and III and signs Section IV to award payment or fix value of services and enter the appropriate judgments. If no judgments are to be entered, the trial judge must so indicate in Section III. In a county not yet converted to Odyssey, Clerk mails private appointed counsel fee applications to: IDS Financial Services Office, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602.

I. APPLICATION

I, the undersigned assigned counsel, public defender, IDS contract counsel, make application for payment and reimbursement of necessary expenses incurred, or for determination of value of services rendered for the indigent. I certify that this information is correct to the best of my knowledge.

MOST SERIOUS ORIGINAL CHARGE AND MOST SERIOUS DISPOSITION: Check **ONE** box in each of the three following columns.

<p>1. Original Charge (most serious offense)</p> <p><input type="checkbox"/> Felony Offense <i>Must Indicate Felony Class:</i> _____ <i>Name of Offense:</i> _____</p> <p><input type="checkbox"/> Felony Probation Violation</p> <p><input type="checkbox"/> Misdemeanor Offense (Non-Traffic) <i>Must Indicate Misd. Class:</i> _____ <i>(if Class 3, attach Order Of Assignment)</i></p> <p><input type="checkbox"/> Misdemeanor Probation Violation</p> <p><input type="checkbox"/> DWI</p> <p><input type="checkbox"/> Other Traffic <i>Must Indicate Misd. Class:</i> _____ <i>(if Class 3, attach Order Of Assignment)</i></p> <p><input type="checkbox"/> Criminal Contempt</p> <p><input type="checkbox"/> Treatment Court (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Satellite-Based Monitoring Hearing (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Non-Capital Motion For Appropriate Relief (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Other*: *(Check only if none of the above)</p>	<p>2. Disposition (most serious disposition)</p> <p><input type="checkbox"/> Guilty Plea Before Trial: Most Serious Original Charge</p> <p><input type="checkbox"/> Guilty Plea Before Trial: Other Offense <i>Name Of Offense:</i> _____</p> <p><input type="checkbox"/> Guilty Plea During Trial: Other Offense <i>Name Of Offense:</i> _____</p> <p><input type="checkbox"/> Trial: Guilty Most Serious Original Charge</p> <p><input type="checkbox"/> Trial: Guilty Other Offense <i>Name Of Offense:</i> _____</p> <p><input type="checkbox"/> Trial: Acquitted</p> <p><input type="checkbox"/> Probation Violation Found</p> <p><input type="checkbox"/> Dismissed <u>With</u> Leave <input type="checkbox"/> Dismissed <u>Without</u> Leave</p> <p><input type="checkbox"/> FTA/OFA <u>Without</u> Dismissal</p> <p><input type="checkbox"/> Deferred/Diverted</p> <p><input type="checkbox"/> Held In Criminal Contempt</p> <p><input type="checkbox"/> No Probable Cause</p> <p><input type="checkbox"/> Attorney Withdrew (reason): _____</p> <p><input type="checkbox"/> None (Interim Fee)</p> <p><input type="checkbox"/> Other*: *(Check only if none of the above)</p>	<p>3. Judgment & Sentencing (most serious)</p> <p><input type="checkbox"/> Active Sentence <i>Length of Sentence:</i> _____</p> <p><input type="checkbox"/> Split Sentence</p> <p><input type="checkbox"/> Supervised Probation</p> <p><input type="checkbox"/> Unsupervised Probation</p> <p><input type="checkbox"/> Probation Terminated</p> <p><input type="checkbox"/> PJC</p> <p><input type="checkbox"/> Fines And Costs Only</p> <p><input type="checkbox"/> None (Acquitted/Dismissed)</p> <p><input type="checkbox"/> None (Deferred/Diverted)</p> <p><input type="checkbox"/> None (Attorney Withdrew)</p> <p><input type="checkbox"/> None (Interim Fee)</p> <p><input type="checkbox"/> Other*: *(Check only if none of the above)</p>
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FINAL FEES ONLY: Disposition Date Check here if you were appointed to represent this defendant in another case(s) at the time of the appointment to this case(s) and you already submitted a fee application for that case(s) in which the attorney appointment fee was charged.

COMPLETE FOR THIS FEE: <input type="checkbox"/> Check here if judge required time sheet. See Note on Side Two. (Time must be reported in decimals , not minutes.)	Beginning Date <i>This Fee Request</i>	Ending Date <i>This Fee Request</i>	Date First Substantive Client Interview	Prior Total Fees And Expenses Allowed	
	\$				
	Name Of Judge Setting Fee	Time In Court	Time In Court Waiting	Time Out Of Court	Total Time Claimed This Fee
	Travel \$ (no. of miles)	Copying \$ (if in-house, no. of copies)	Other (attach receipts if > \$ 25) \$	Total Expenses \$	

NOTE: In assigned counsel cases, the applicant is always the individual attorney. If payment is to be made to individual applicant, write "same" under Payee. If payment is to be made to applicant's firm, give firm name as Payee. Per United States tax law and State policy, the Payee must have a State of North Carolina Substitute W-9 Form on file with IDS Fiscal Services, PO Box 2448, Raleigh, NC 27602. See www.osc.nc.gov/state-north-carolina-sub-w-9. Failure to provide this form could prevent or delay payment or require the State to withhold 24% for backup withholding tax.

Name Of Applicant	Applicant Bar No.	Address	
Payee (see Note)			
Telephone No.	Email Address	Date	Signature Of Applicant

(Over)

II. ORDER TO PAY OR FIX VALUE OF SERVICES

Based on the Findings of Fact set out in Section III, the Court ORDERS that the "Total Amount" stated on Line 4 below be:

(Assigned Counsel) paid by the State of North Carolina to the payee named above.

(Public Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant named above.

1. Hours Approved By The Court

2. Fees Allowed/Value Of Services Rendered (Hours Approved x IDS Rate) = \$

3. Other Necessary Expenses Allowed By The Court \$

4. TOTAL AMOUNT \$

III. FINDINGS OF FACT AND JUDGMENTS

After due notice to the defendant named on the reverse and opportunity to be heard, the Court finds that the defendant has previously been adjudged to be indigent; that he/she requested and has been provided counsel and other necessary expenses of representation; and that the applicant named on the reverse provided services and incurred expenses of which the money value is that stated in Line 4 of Section II, plus any interim fees listed in the box in Section I labeled "Prior Total Fees And Expenses Allowed."

NOTE: Sign Section IV to enter judgments against the indigent defendant for the full value of attorney fees and expenses plus the attorney appointment fee. If no judgments are to be entered, or judgments are to be entered for a different amount, the trial court must fill in the appropriate blanks below. When entering Judgment #1, the trial court should verify the amount of any interim fees awarded.

NOTE: To enter Judgment #1 against a parent/responsible person pursuant to G.S. 7A-450.1 et seq., a separate order must be entered (may be modeled after Section III of form AOC-G-200).

JUDGMENT #1 (Attorney Fees and Expenses) Based on the above findings, it is ORDERED that the State of North Carolina recover from the indigent defendant the TOTAL AMOUNT stated in Line 4 of Section II, plus any interim fees listed in the box in Section I labeled "Prior Total Fees And Expenses Allowed," together with interest at the legal rate from the date the judgment is docketed until paid, **UNLESS** one of the following boxes is checked:

1. This is an interim fee or this case is still pending, and no judgment shall be entered at this time (this order shall be brought to the attention of the presiding judge at the time of final disposition); or

2. The defendant was not convicted of a criminal offense and no judgment for attorney fees and expenses shall be entered; or

3. Other: _____

JUDGMENT #2 (Attorney Appointment Fee) It is further ORDERED that the State of North Carolina recover from the indigent defendant the attorney appointment fee pursuant to G.S. 7A-455.1, which shall be \$50 for convictions prior to October 1, 2010, \$60 for convictions between October 1, 2010 and November 30, 2020, and \$75 for convictions on or after December 1, 2020, **UNLESS** one of the following boxes is checked:

1. This is an interim fee or this case is still pending, and no judgment shall be entered at this time; or

2. The defendant was not convicted of a criminal offense and no judgment for the attorney appointment fee shall be entered; or

3. The attorney named on the reverse was appointed to represent the defendant in another case(s) at the time of the appointment to this case(s) and he or she already submitted a fee application for that case(s) in which the attorney appointment fee was charged (see Section I, "Final Fees Only," on the reverse).

IV. SIGNATURE OF JUDGE

By signing below, the Court enters an ORDER TO PAY APPLICANT OR FIX VALUE OF SERVICES in the amount indicated in Section II above, which shall be entered and filed this day in the office of the Clerk of Superior Court. Unless no judgment is ordered in Section III above, the Court further Orders that the FINDINGS and JUDGMENTS shall be entered and filed this day in the office of the Clerk of Superior Court. The Judgments shall become effective as provided by law.

Date	Name Of Judge (type or print)	Signature Of Judge
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V. DOCKETING - CSC USE ONLY

NOTE: Docket any judgments immediately on the date on which the defendant's conviction becomes final, unless the defendant is ordered as a condition of supervised or unsupervised probation to pay the State for the costs of his/her representation. If the defendant is so ordered, docket any judgments immediately on the date the defendant's probation is revoked or terminated by the Court, or when the term of probation expires, whichever occurs first; then docket the amounts owed.

Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Judgment #1 Judgment Abstract No.	Amount Docketed \$
		Judgment #2 Judgment Abstract No.	Amount Docketed \$

NOTE TO CLERK: If Judgment #2 has been ordered by the Court, docket \$50 if the Disposition Date on Side One is before October 1, 2010, docket \$60 if the Disposition Date on Side One is on or after October 1, 2010 and prior to December 1, 2020, and docket \$75 if the Disposition Date on Side One is on or after December 1, 2020.

NOTE TO ATTORNEY: In compliance with Sec. 10.1 of S.L. 2020-83, please attach itemized time sheet.

Scan with camera phone
for rates by case type

