STATE OF I	NORTH CAR	OLINA			File No.		
	County			In The General Court Of Justice ☐ District ☐ Superior Court Division			
STATE VERSUS Name Of Defendant			IN-STATE AND OUT-OF-STATE WITNESS ATTENDANCE CERTIFICATE AND ORDER TO PAY OUT-OF-STATE WITNESS				
Date Of Session				AND OR	DEK 10 F	G.S. 7A-314	
	certify that I was sub		d over, or rec	ognized, or w	as an out-of-s	tate witness in the above case during the	
•	this is a true and accurate ind trip as shown be		t of the total r	number of day	ys I attended o	court and the total mileage and expenses	
Dates Of Attendance/Trav	rel			Total No. Of Da	ys Of Attendance	Defense Counsel Name, If Appearing For Defense	
lame Of City And State Traveled From			Total Mileage For One Round Trip				
SWORN/AFFIRM	IED AND SUBSC	RIBED TO BE	FORE ME	Signature Of Wi	itness		
Date	Signature			Name And Address Of Witness (type or print)			
Deputy CSC	Assistant CSC	Clerk Of Supe	erior Court				
SEAL Nota	Date My Commission	Expires		Telephone Num	nber Of Witness	Email Address Of Witness	
			ORI	DER			
The Court finds that Carolina. The Court		above was a ne	cessary witneed from his/h	ess in this criner place of re	ninal action ar sidence and a	c). nd resides in a state other than North ppeared for the purpose of testifying in	
	t this witness receive			sement for ac	tual expenses	incurred, in the amounts set out as total	
Date	Signature Of Jud	Signature Of Judge			Name Of Judge (type or print)		
	This form may be use	ed for in-state an			Record witnes	(type or print) s' Social Security number or Taxpay m; the order portion is not required	

INSTRUCTIONS: This form may be used for in-state and out-of-state witnesses. Record witness' Social Security number or Taxpayer ID on Side Two of AOC-CR-382. For in-state witnesses, complete only the top portion of this form; the order portion is not required if the witness resides in the state of North Carolina. If the witness resides in a state other than North Carolina, the form must be submitted to the presiding judge for entry of the order. All signatures must be originals. A copy of this completed form should be delivered to the clerk at the conclusion of this matter. Please send completed original to:

Financial Services Division - Accounts Payable
North Carolina Administrative Office of the Courts
PO Box 2448
Raleigh, NC 27602

A witness (not a law enforcement officer) who resides outside the county of appearance, but within seventy-five (75) miles of pla of appearance. 1	RUCTIONS: Check which applies and complete the accompanying blocks. If selecting (c) or (e), please should only be used for non-expert witnesses appearing to testify. A witnesse (not a law enforcement officer) who recides within the county of appearance.	see NOTE below. This fori
of appearance. 1. Days in Court X \$ /day (statutory rate for witness appearance rate as listed in G.S. 7A-314(a)). 2. Total Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) \$	1 Days in Court X \$/day (statutory rate for witness appearance	1. \$
rate as listed in G.S. 7A-314(a)). 2. Total Mileage		enty-five (75) miles of place
3. TOTAL COMPENSATION (add blocks 1 and 2) 3. \$		1. \$
A witness (not a law enforcement officer) who resides outside the county of appearance, and more than seventy-five (75) miles of place of appearance. 1	2. Total Mileage X AOC or IDS approved Mileage Rate/mile (see NOTE)	2. \$
place of appearance. 1	3. TOTAL COMPENSATION (add blocks 1 and 2)	3. \$
rate as listed in G.S. 7A-314(a)). 2. Roundtrip Mileage		n seventy-five (75) miles of
		1. \$
Mile (see NOTE) +		2. \$
1. A witness who is a law enforcement officer and who resides outside the county of appearance, but within seventy-five (75) miles place of appearance. 1. Total Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) 1. \$		3. \$
place of appearance. 1. Total Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) 1. \$	3. TOTAL COMPENSATION (add blocks 1 and 2 OR add boxes 1 and 3)	4. \$
miles of place of appearance. 1. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) X Days in Court OR 2. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) + Total Subsistence Amount (see NOTE below) 2. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) + /day (statutory rate for witness appearance rate as listed in G.S. 7A-314(a)). 2. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) X Days in Court OR 3. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) + Total Subsistence Amount (see NOTE below) OR 4 Total Rental Car Fee + Total Subsistence Amount + Total Other, if any Describe "Other" here (see NOTE below) 4. \$ (see NOTE below)	place of appearance.	1. \$
		e than seventy-five (75)
/mile (see NOTE) + Total Subsistence Amount (see NOTE below) A witness who reside in a state other than North Carolina. NOTE: This requires the Order on the reverse side to be completed by judge. 1 Days in Court X \$ /day (statutory rate for witness appearance rate as listed in G.S. 7A-314(a)). 2. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) X Days in Court OR 3. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) + Total Subsistence Amount (see NOTE below) OR 4 Total Rental Car Fee + Total Subsistence Amount + Total Other, if any Describe "Other" here (see NOTE below)		1. \$
NOTE: This requires the Order on the reverse side to be completed by judge. 1 Days in Court X \$ /day (statutory rate for witness appearance rate as listed in G.S. 7A-314(a)). 2. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) X Days in Court OR 3. Roundtrip Mileage X AOC or IDS approved Mileage Rate /mile (see NOTE) + Total Subsistence Amount (see NOTE below) OR 4 Total Rental Car Fee + Total Subsistence Amount + Total Other, if any Describe "Other" here (see NOTE below)		2. \$
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/mile (see NOTE) + Total Subsistence Amount (see NOTE below) OR 4 Total Rental Car Fee + Total Subsistence Amount + Total Other, if any Describe "Other" here (see NOTE below) 4. \$		2. \$
+ Total Other, if any Describe "Other" here (see NOTE below) 4. \$		3. \$
	+ Total Other, if any Describe "Other" here	4. \$
	5. TOTAL COMPENSATION (add blocks 1 and 2, 1 and 3 OR add boxes 1 and 4)	5. \$

NOTE: If witness is appearing on behalf of the prosecution, NCAOC approved mileage rate should be used. If witness is appearing on behalf of defense, IDS approved mileage rate should be used. If selecting (c) or (e), please note, if a witness is required to appear for more than one day for the purposes of testifying, that witness is entitled to either roundtrip mileage each day of appearance or mileage for one roundtrip and subsistence. Subsistence includes breakfast, lunch, and dinner as allowed by "NCAOC" Witness Attendance Policy, not to exceed "NCAOC" rates. Lodging may be included for total subsistence if costs are borne by IDS and lodging was not direct billed. A witness appearing for the purposes of testifying only for one day is not entitled to subsistence. If selecting (f), the witness must select either mileage or reimbursement for rental car. Any "Other" expense" must be an approved reimbursable expense under the NCAOC travel policies.