

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division

_____ County

STATE VERSUS

CRIMINAL BILL OF COSTS

Name Of Defendant _____

SFF 22500 CPD _____ 235 Other _____ 2_5_

Cost Waived \$ _____

Costs Assessed In Each Of The Following Cases

NOTE: This bill of costs does not reflect amounts you may owe outside the criminal judgment, such as a civil revocation fee or an administrative fee owed to another agency.	PROCESS FEE DUE COUNTY _____ Co. # SERVED _____ AMOUNT \$ _____ _____ Co. # SERVED _____ AMOUNT \$ _____	22500 <input type="checkbox"/> Waived 295__
	JAIL FEE DUE COUNTY _____ Co. # DAYS _____ AMOUNT \$ _____ _____ Co. # DAYS _____ AMOUNT \$ _____	22600 <input type="checkbox"/> Waived 296__
	PRE-TRIAL RELEASE FEE DUE THIS COUNTY _____ AMOUNT \$ _____	22610 <input type="checkbox"/> Waived
	JAIL FEE DUE COUNTY (Post-Trial) _____ Co. # DAYS _____ AMOUNT \$ _____ _____ Co. # DAYS _____ AMOUNT \$ _____	22620 <input type="checkbox"/> Waived 297__
	PROCESS FEE DUE CITY _____ # SERVED _____ AMOUNT \$ _____ _____ # SERVED _____ AMOUNT \$ _____	23500 <input type="checkbox"/> Waived 2350_
	JAIL FEE DUE CITY _____ # DAYS _____ AMOUNT \$ _____ _____ # DAYS _____ AMOUNT \$ _____	2360_ <input type="checkbox"/> Waived 236__
	JAIL FEE DUE CITY (Post-Trial) _____ # DAYS _____ AMOUNT \$ _____	2362_ <input type="checkbox"/> Waived
	COSTS DUE STATE EHA Fee \$ _____ EHA Daily Fee \$ _____ Community Service Fee \$ _____ SBM Sex Offender Fee \$ _____ Limited Driving Privilege Fee \$ _____ Chapter 20 Violation \$ _____ Chapter 20 Violation (CRDA) \$ _____ Impaired Driving Fee \$ _____ Impaired Driving Fee (CRDA) \$ _____ Improper Equipment Fee \$ _____ Improper Equipment Fee (CRDA) \$ _____ Failure To Appear Fee \$ _____ Failure To Comply Fee \$ _____ Installment Plan Set-up Fee \$ _____ DNA, Bodily Fluid, Cont. Sub. Analysis \$ _____ Digital Forensic Analysis \$ _____ Lab Analyst Expert Witness \$ _____ Private Hosp. Toxicological Testing \$ _____ Private Hosp. Expert Witness \$ _____	24325 24326 24202 24330 24335 21820 21821 21830 21835 21560 21565 <input type="checkbox"/> District 21211 <input type="checkbox"/> Superior 21111 <input type="checkbox"/> District 21213 <input type="checkbox"/> Superior 21113 21810 <input type="checkbox"/> State 24320 <input type="checkbox"/> County 22915 <input type="checkbox"/> City 23915 <input type="checkbox"/> State 24324 <input type="checkbox"/> County 22917 <input type="checkbox"/> City 23917 <input type="checkbox"/> State 24321 <input type="checkbox"/> County 22916 <input type="checkbox"/> City 23916 21583 21584
	_____ AMOUNT \$ _____	TOTAL COST DUE
	FINES DUE THE COUNTY _____ AMOUNT \$ _____	22700
	REIMBURSE ATTORNEY FEES ATTORNEY APPT. FEES <input type="checkbox"/> Fee Assessed	24610 55.00 - 24612 / 5.00 - 24615
	OTHER MISC. COSTS Recovery of Blood Test Payment: \$ _____ Recovery of Expert Witness Fee: \$ _____ Pre-Trial Release to County _____ \$ _____ Other: _____ \$ _____ Other: _____ \$ _____	24630 2464_ 295_ _____ _____

RESTITUTION SEE ATTACHED WORKSHEET SEE SIDE TWO
 Restitution Jointly & Severally Due with Co-Defendants Listed on Reverse \$ _____

PROBATION SUPERVISION
 B - Supervised U - Unsupervised N - Not Collecting Fee SURRENDER LICENSE
 ASSESSMENT

Date _____ Name Of Clerk _____
 Deputy CSC Assistant CSC Clerk Of Superior Court

TOTAL RESTITUTION DUE
TOTAL DUE
 \$ _____

By Date: _____
 FULL PAYMENT PARTIAL PAYMENT

RESTITUTION

Full Payment 26110

Partial Payment 26120

REMARKS

J&S # _____

NOTE: For each victim or aggrieved party to receive restitution, record the SSN OR Taxpayer ID number on the AOC-CR-382 for the bookkeeping department. **Do not** place the AOC-CR-382 in the public case file, and **do not** give a copy to the defendant with this bill of costs.

Name	Address	City	St.	Zip	Amount