

File No. _____ CRIMINAL BILL OF COSTS 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. Court Date _____ STATE VS. Name Of Defendant _____ <input type="checkbox"/> Full Payment By Date _____ <input type="checkbox"/> Partial Payment Name(s) & Case No.(s) Of Other Defendant(s) Jointly Liable _____ J&S # _____ <input type="checkbox"/> Surrender License <input type="checkbox"/> Assessment	STATE OF NORTH CAROLINA _____ County <input type="checkbox"/> CRDC \$180 <input type="checkbox"/> CRD _____ \$180 <input type="checkbox"/> CRSC \$205 <input type="checkbox"/> CRDS \$352.50 <input type="checkbox"/> CRDA \$372.50 PROBATION SUPERVISION <input type="checkbox"/> B - Supervised Probation <input type="checkbox"/> U - Unsupervised <input type="checkbox"/> N - Not Collecting Fee REMARKS _____ COSTS DUE THIS COUNTY Fac Fee-Magistrate \$ 12.00 22310 Fac Fee-District \$ 12.00 22210 Fac Fee-Superior \$ 30.00 22110 Proc Fee To: _____ #Ser: _____ \$ _____ 22500 Jail Fee _____ #Days: _____ \$ _____ 22600 Jail Fee (Post-Trial) _____ #Days: _____ \$ _____ 22620 Pre-Trial Release \$ 15.00 22610 DNA, Bodily Fluid, Contr. Subs. Analysis/Digital Forensics Local Lab, non-dig. forensics (max. \$600.00) \$ _____ 22915 Local Lab, digital forensics (max. \$600.00) \$ _____ 22917 Lab Analyst Exp. Wit (max. \$600.00) \$ _____ 22916 COSTS DUE THE CITY Fac Fee-Magistrate \$ 12.00 2331_ Fac Fee-District \$ 12.00 2321_ Fac Fee-Superior \$ 30.00 2311_ Proc Fee To: _____ #Ser: _____ \$ _____ 2350_ Jail Fee: _____ #Days: _____ \$ _____ 2360_ Jail Fee (Post-Trial) _____ #Days: _____ \$ _____ 2362_ Local Lab, non-dig. forensics (max. \$600.00) \$ _____ 23915 Local Lab, digital forensics (max. \$600.00) \$ _____ 23917 Lab Analyst Exp. Wit (max. \$600.00) \$ _____ 23916 FINES DUE THE COUNTY _____ \$ _____ 22700 COSTS DUE OTHER COUNTIES Proc Fee To: _____ #Ser: _____ \$ _____ 295_ Jail Fee _____ #Days: _____ \$ _____ 296_ Jail Fee (Post-Trial) _____ #Days: _____ \$ _____ 297_ Pre-Trial Release To Co.: _____ \$ 15.00 295_ RESTITUTION <input type="checkbox"/> SEE ATTACHED WORKSHEET <input type="checkbox"/> SEE SIDE TWO Date _____ Name Of Clerk _____	In The General Court Of Justice <input type="checkbox"/> District <input type="checkbox"/> Superior Court Division <input type="checkbox"/> IFC \$178 <input type="checkbox"/> IF _____ \$178 <input type="checkbox"/> IFDA \$368.50 COSTS DUE THE STATE GCJF-Magistrate \$ 146.55 21310 GCJF-District \$ 146.55 21210 GCJF-Superior \$ 153.55 21110 GCJF-Magistrate-LAA \$ 0.95 21314 GCJF-District-LAA \$ 0.95 21214 GCJF-Superior-LAA \$ 0.95 21114 LEOB-RF \$ 7.50 21700 LE Cert. & Training \$ 2.00 21705 Electronic House Arrest Fee (EHA) \$ 90.00 24325 EHA Daily Fee \$ _____ 24326 Community Service Fee \$ 250.00 24202 SBM Sex Offender Fee \$ 90.00 24330 Chapter 20 Violation \$ 10.00 21820 Chapter 20 Violation (CRDA) \$ 20.00 21821 Impaired Driving Fee \$ 100.00 21830 Impaired Driving Fee (CRDA) \$ 200.00 21835 Improper Equipment Fee \$ 50.00 21560 Improper Equipment Fee (CRDA) \$ 100.00 21565 Limited Driving Privilege Fee \$ 100.00 24335 FTA-District \$ 200.00 21211 FTA-Superior \$ 200.00 21111 FTC-District \$ 50.00 21213 FTC-Superior \$ 50.00 21113 Installment Plan Set-up Fee \$ 20.00 21810 DNA, Bodily Fluid, Contr. Subs. Analysis/Digital Forensics State Lab, non-dig. forensics (max. \$600.00) \$ _____ 24320 State Lab, digital forensics (max. \$600.00) \$ _____ 24324 Lab Analyst Exp. Wit. (max. \$600.00) \$ _____ 24321 State DNA Fee (criminal cases only) \$ 2.00 24322 State DNA Fee (criminal cases only) (CRDA) \$ 4.00 24323 Priv. Hosp. Toxicol. Test (max. \$600.00) \$ _____ 21583 Priv. Hosp. Exp. Wit. (max. \$600.00.00) \$ _____ 21584 AOC COSTS Appointment Fee To AOC <input type="checkbox"/> \$ 60.00 (5.00 - 24615 / 55.00 - 24612) _____ \$ _____ _____ \$ _____ Attorney's Fee And Expenses To AOC \$ _____ 24610 Telecom and Data Fee \$ 4.00 24681 Telecom and Data Fee (CRDA) \$ 8.00 24682 OTHER COSTS _____ \$ _____ _____ \$ _____ <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> Clerk Of Superior Court TOTAL \$ _____
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RESTITUTION

26110 (FULL) 26120 (PARTIAL)

REMARKS

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.

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