

# 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.	<b>PROCESS FEE DUE COUNTY</b>	# SERVED	AMOUNT	22500 <input type="checkbox"/> Waived
	_____ Co.	_____	\$ _____	295_
	_____ Co.	_____	\$ _____	
	<b>JAIL FEE DUE COUNTY</b>	# DAYS	AMOUNT	22600 <input type="checkbox"/> Waived
	_____ Co.	_____	\$ _____	296_
	_____ Co.	_____	\$ _____	
	<b>PRE-TRIAL RELEASE FEE DUE THIS COUNTY</b>		AMOUNT	22610 <input type="checkbox"/> Waived
			\$ _____	
	<b>JAIL FEE DUE COUNTY (Post-Trial)</b>	# DAYS	AMOUNT	22620 <input type="checkbox"/> Waived
	_____ Co.	_____	\$ _____	297_
	_____ Co.	_____	\$ _____	
	<b>PROCESS FEE DUE CITY</b>	# SERVED	AMOUNT	23500 <input type="checkbox"/> Waived
	_____	_____	\$ _____	2350_
	_____	_____	\$ _____	
	<b>JAIL FEE DUE CITY</b>	# DAYS	AMOUNT	2360_ <input type="checkbox"/> Waived
_____	_____	\$ _____	236_	
_____	_____	\$ _____		
<b>JAIL FEE DUE CITY (Post-Trial)</b>	# DAYS	AMOUNT	2362_ <input type="checkbox"/> Waived	
_____	_____	\$ _____		
<b>COSTS DUE STATE</b>	EHA Fee	\$ _____	24325	
	EHA Daily Fee	\$ _____	24326	
	Community Service Fee	\$ _____	24202	
	SBM Sex Offender Fee	\$ _____	24330	
	Limited Driving Privilege Fee	\$ _____	24335	
	Chapter 20 Violation	\$ _____	21820	
	Chapter 20 Violation (CRDA)	\$ _____	21821	
	Impaired Driving Fee	\$ _____	21830	
	Impaired Driving Fee (CRDA)	\$ _____	21835	
	Improper Equipment Fee	\$ _____	21560	
	Improper Equipment Fee (CRDA)	\$ _____	21565	
	Failure To Appear Fee	\$ _____	<input type="checkbox"/> District 21211 <input type="checkbox"/> Superior 21111	
	Failure To Comply Fee	\$ _____	<input type="checkbox"/> District 21213 <input type="checkbox"/> Superior 21113	
	Installment Plan Set-up Fee	\$ _____	21810	
	DNA, Bodily Fluid, Cont. Sub. Analysis	\$ _____	<input type="checkbox"/> State 24320 <input type="checkbox"/> County 22915 <input type="checkbox"/> City 23915	
	Digital Forensic Analysis	\$ _____	<input type="checkbox"/> State 24324 <input type="checkbox"/> County 22917 <input type="checkbox"/> City 23917	
	Lab Analyst Expert Witness	\$ _____	<input type="checkbox"/> State 24321 <input type="checkbox"/> County 22916 <input type="checkbox"/> City 23916	
	Private Hosp. Toxicological Testing	\$ _____	21583	
	Private Hosp. Expert Witness	\$ _____	21584	
		\$ _____		
			<b>TOTAL COST DUE</b>	
<b>FINES DUE THE COUNTY</b>		\$ _____	22700	
<b>REIMBURSE ATTORNEY FEES</b>		\$ _____	24610	
<b>ATTORNEY APPT. FEES</b> <input type="checkbox"/> Fee Assessed		\$ _____	70.00 - 24612 / 5.00 - 24615	
<b>OTHER MISC. COSTS</b>	Recovery of Blood Test Payment:	\$ _____	24630	
	Recovery of Expert Witness Fee:	\$ _____	2464_	
	Pre-Trial Release to County _____	\$ _____	295_	
	Other: _____	\$ _____	_____	
	Other: _____	\$ _____	_____	

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

**TOTAL RESTITUTION DUE**

**TOTAL DUE**

\$ \_\_\_\_\_

Date \_\_\_\_\_ Name Of Clerk \_\_\_\_\_

Deputy CSC  Assistant CSC  Clerk Of Superior Court

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