

File No. **STATE OF NORTH CAROLINA**  
In The General Court Of Justice  
 District  Superior Court Division

**CRIMINAL BILL OF COSTS** \_\_\_\_\_ County  IFC \$181  IF \_\_\_\_\_ \$181  IFDA \$374.50

**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.**

CRDC \$183  CRD \_\_\_\_\_ \$183  CRSC \$208  CRDS \$355.50  CRDA \$378.50

PROBATION SUPERVISION		COSTS DUE THE STATE	
<input type="checkbox"/> B - Supervised Probation	<input type="checkbox"/> U - Unsupervised	GCJF-Magistrate	\$ 146.55 21310
<input type="checkbox"/> N - Not Collecting Fee		GCJF-District	\$ 146.55 21210
REMARKS		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
COSTS DUE THIS COUNTY			
Fac Fee-Magistrate	\$ 12.00 22310	Indigent Defense Fee	\$ 5.00 24617
Fac Fee-District	\$ 12.00 22210	Indigent Defense Fee (CRDA)	\$ 10.00 24618
Fac Fee-Superior	\$ 30.00 22110	Electronic House Arrest Fee (EHA)	\$ 90.00 24325
Proc Fee To: _____ #Ser: _____	\$ _____ 22500	EHA Daily Fee	\$ _____ 24326
Jail Fee _____ #Days: _____	\$ _____ 22600	Community Service Fee	\$ 250.00 24202
Jail Fee (Post-Trial) _____ #Days: _____	\$ _____ 22620	SBM Sex Offender Fee	\$ 90.00 24330
Pre-Trial Release	\$ 15.00 22610	Chapter 20 Violation	\$ 10.00 21820
LEO Fee (seatbelt/moped/motorcycle only)	\$ 1.50 22507	Chapter 20 Violation (CRDA)	\$ 20.00 21821
DNA, Bodily Fluid, Contr. Subs. Analysis/Digital Forensics		Impaired Driving Fee	\$ 100.00 21830
Local Lab, non-dig. forensics (max. \$600.00)	\$ _____ 22915	Impaired Driving Fee (CRDA)	\$ 200.00 21835
Local Lab, digital forensics (max. \$600.00)	\$ _____ 22917	Improper Equipment Fee	\$ 50.00 21560
Lab Analyst Exp. Wit (max. \$600.00)	\$ _____ 22916	Improper Equipment Fee (CRDA)	\$ 100.00 21565
COSTS DUE THE CITY			
Fac Fee-Magistrate	\$ 12.00 2331_	FTA-District	\$ 200.00 21211
Fac Fee-District	\$ 12.00 2321_	FTA-Superior	\$ 200.00 21111
Fac Fee-Superior	\$ 30.00 2311_	FTC-District	\$ 50.00 21213
Proc Fee To: _____ #Ser: _____	\$ _____ 2350_	FTC-Superior	\$ 50.00 21113
Jail Fee: _____ #Days: _____	\$ _____ 2360_	Installment Plan Set-up Fee	\$ 20.00 21810
Jail Fee (Post-Trial) _____ #Days: _____	\$ _____ 2362_	DNA, Bodily Fluid, Contr. Subs. Analysis/Digital Forensics	
LEO Fee (seatbelt/moped/motorcycle only)	\$ 1.50 237_	State Lab, non-dig. forensics (max. \$600.00)	\$ _____ 24320
Local Lab, non-dig. forensics (max. \$600.00)	\$ _____ 23915	State Lab, digital forensics (max. \$600.00)	\$ _____ 24324
Local Lab, digital forensics (max. \$600.00)	\$ _____ 23917	Lab Analyst Exp. Wit. (max. \$600.00)	\$ _____ 24321
Lab Analyst Exp. Wit (max. \$600.00)	\$ _____ 23916	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
FINES DUE THE COUNTY		AOC COSTS	
	\$ _____ 22700	Appointment Fee To AOC <input type="checkbox"/>	\$ 75.00
		(5.00 - 24615 / 70.00 - 24612)	
COSTS DUE OTHER COUNTIES			
Proc Fee To: _____ #Ser: _____	\$ _____ 295_	Attorney's Fee And Expenses To AOC	\$ 24610
Jail Fee _____ #Days: _____	\$ _____ 296_	Telecom and Data Fee	\$ 4.00 24681
Jail Fee (Post-Trial) _____ #Days: _____	\$ _____ 297_	Telecom and Data Fee (CRDA)	\$ 8.00 24682
Pre-Trial Release To Co.: _____	\$ 15.00 295_		
RESTITUTION		OTHER COSTS	
<input type="checkbox"/> SEE ATTACHED WORKSHEET	<input type="checkbox"/> SEE SIDE TWO		\$ _____
			\$ _____
			\$ _____

J&S # \_\_\_\_\_

Surrender License  Assessment

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

Deputy CSC  Asst. CSC  Clerk Of Superior Court

**TOTAL** \$ \_\_\_\_\_

**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.

Name	Address	City	State	Zip	Amount
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