STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice

STATE VERSUS	
Name Of Defendant	**CERTIFICATION OF IDENTITY (VICTIMS' RESTITUTION)**

NOTE TO PREPARER: *Use this form to provide the Social Security number or Tax ID number for all victims and aggrieved parties to whom restitution was awarded in Parts II - IV on the Restitution Worksheet, Notice And Order (AOC-CR-611) in this case. Provide this form to the clerk with the restitution worksheet at sentencing.*

TO THE CLERK OF SUPERIOR COURT:

The victims and/or aggrieved parties below have been awarded restitution to be paid by the defendant in the above-captioned criminal proceeding. The individual victims' and parties' Social Security numbers or federal Tax ID numbers are provided below for disbursement purposes, as needed.

VICTIMS AND AGGRIEVED PARTIES

Name	Listed On AOC-CR-611:	Social Security No./Taxpayer ID No.
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	
	☐ Part II ☐ Part III ☐ Part IV	

Date	Name Of Preparer (type or print)	Signature Of Preparer

☐ DA/ADA ☐ VWLA/DA Staff ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Other: _____

NOTE TO CLERK: *This form is for bookkeeping purposes only. Do **not** place this form in the public case file.*

NOTE TO FINANCE: *Refer to the AOC-CR-611 or AOC-CR-612 in this case for victims' and aggrieved parties' contact information.*

© 2015 Administrative Office of the Courts

STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice

STATE VERSUS	
Name Of Defendant	**CERTIFICATION OF IDENTITY (WITNESS ATTENDANCE)**

NOTE TO PREPARER: *Use this form to provide the Social Security number or Tax ID number for all witnesses in this case to whom payment is directed on the Witness Attendance Certificate (AOC-CR-235) or Application For Expert Witness Fee In Criminal Cases (AOC-CR-230).* ***If witness refuses to provide a Social Security number or a Tax ID number, witness will not receive compensation.***

TO THE CLERK OF SUPERIOR COURT:

The witnesses below are entitled to compensation for their attendance in the above-captioned criminal proceeding. The individual witnesses' Social Security numbers or federal Tax ID numbers are provided below for disbursement purposes, as needed.

WITNESSES	
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.
Name	Social Security No./Taxpayer ID No.

Date	Name Of Preparer (type or print)	Signature Of Preparer

☐ DA/ADA ☐ VWLA/DA Staff ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Other: _____

NOTE TO PREPARER: *This form should be mailed to Financial Services Division - Accounts Payable, North Carolina Administrative Office of the Courts, P.O. Box 2448, Raleigh, NC 27602.*

NOTE TO CLERK: *This form is for bookkeeping purposes only. Do* ***not*** *place this form in the public case file.*

NOTE TO FINANCIAL SERVICES DIVISION: *Refer to the AOC-CR-235 or AOC-CR-230 for witnesses' contact information.*

© 2015 Administrative Office of the Courts