

STATE OF NORTH CAROLINA In The General Court Of Justice

Capital Charge File No.

- District
 Superior Court Division

Additional File No(s).

County

Check Here If This Fee Application Covers Multiple Charges

**CAPITAL CASE FEE APPLICATION
ORDER FOR PAYMENT
JUDGMENT AGAINST INDIGENT**

G.S. Ch. 7A, Art. 36, Art. 37; Ch. 15A

Name And Address Of Indigent Defendant

Full Social Security No. (required by G.S. 7A-455(d))

Has No Social Security No.

NOTE: Use this form for potentially capital cases at the provisional or trial level, and for capital appeals or post-conviction proceedings. Attorneys should consult IDS Rules 2A.4(a), 2B.3, and 2C.3 for deadlines on the submission of final fee applications, as well as IDS' billing policies, available at www.ncids.org.
INSTRUCTIONS: Applicant completes and signs Section I, and mails to: Office of Indigent Defense Services, 123 W. Main St., Suite 400, Durham, NC 27701. If this is an application for interim payment, the IDS Office will complete Section II and forward a copy of this form to the IDS Financial Services Office for payment. If this is an application for final payment, the IDS Office will complete Sections II and III, and forward the original form to the trial judge, and copies of the form to the defendant and the IDS Financial Services Office for payment. The trial judge then completes Sections IV and V. The Clerk docket the judgment(s).

I. APPLICATION

I, the undersigned, am private assigned counsel public defender capital defender appellate defender provisional counsel in this capital case, and make application for payment and reimbursement of necessary expenses incurred, or for determination of value of services rendered for the indigent. I certify that this information is complete and correct to the best of my knowledge.

NATURE OF PROCEEDING:

- Trial Stage (if checked, complete (a) below) Resentencing Only (if checked, complete (a) below)
 Direct Appeal (if checked, complete (b) below) Other: (specify) _____
 Motion for Appropriate Relief (MAR) (if checked, complete (c) below)

CASE STATUS/TYPE OF DISPOSITION: Complete ONLY the one section below applicable to the fees now being requested:

(a) Trial Court, Disposed by Trial, Dismissal or Guilty Plea: (check all that apply)

- Case Pending (Interim Fee) Jury Impaneled Jury Death Qualified
 Jury Verdict Mistrial Guilty Plea

RESULT:

- Death Sentence
 Life, 1st Degree Murder: Jury sentencing hearing? Yes No
 2nd Degree murder Vol. Manslaughter Invol. Manslaughter
 Acquitted Dismissed Not Guilty By Reason Of Insanity
 Guilty Other Offense(s): (list) _____
 Other Result: (explain) _____

(b) Capital Appeals:

- Case Pending (Interim Fee)
 No Error
 Guilt Affirmed, Resentencing
 New Trial (Conviction Reversed)
 Other: (specify) _____

(c) Post-Conviction Or Other:

- Case Pending (Interim Fee)
 MAR: Denied New Trial Resentencing
 Other: _____
 Certiorari Denied Certiorari Granted
 Other: (specify) _____

FINAL FEES ONLY: Disposition Date _____ Name Of Presiding Judge _____ Check here if you were appointed to represent this defendant in another case(s) at the time of the appointment to this case(s) and you already submitted a fee application for that case(s) in which the attorney appointment fee was charged.

IF ATTORNEY IS WITHDRAWING, indicate reason: Applicant was assistant counsel, case no longer capital Conflict of interest
 Defendant retained private counsel Other: (specify) _____

COMPLETE FOR THIS FEE:

(Attach detailed time sheet. Time must be reported in decimals, not minutes.)

Beginning Date <u>This Fee Request</u>	Ending Date <u>This Fee Request</u>	Prior Total Fees And Expenses Allowed \$	Prior Total Hours Allowed
Time In Court	Time In Court Waiting	Time Out Of Court	Total Time Claimed This Fee
Travel \$	Copying \$	Other \$	Total Necessary Expenses This Fee \$

NOTE: In assigned counsel cases, the applicant is always the individual attorney appointed in the case. If payment is to be made to individual applicant, write "same" under Payee and give applicant's taxpayer ID No. (Federal Employer ID No. or, if no Federal Employer ID, SSN). If payment is to be made to applicant's firm, give firm name as Payee and firm's taxpayer ID No.

Name Of Applicant	Address		
Payee (see Note)			
Taxpayer ID No. (see Note)	Telephone No.		
Email Address	Date	Signature Of Applicant	

II. AWARD OF PAYMENT OR DETERMINATION OF VALUE OF SERVICES

The IDS Director FINDS that the "Total Amount" stated on Line 3 below be:

1. paid by the State of North Carolina to the payee named above.
 2. fixed as the value of the legal services and other expenses of representation rendered by the public defender, capital defender, or appellate defender named above.

1. Fees Allowed/Value Of Services Rendered	\$
2. Other Necessary Expenses Allowed By The IDS Director	\$
3. TOTAL AMOUNT	\$

Date _____ IDS Director **Whitney Bishop Fairbanks** Signature Of IDS Director _____

III. SUM OF ATTORNEY AND SUPPORT SERVICE FEES AND EXPENSES

NOTE: *The Office of Indigent Defense Services completes this section.*

A. Attorney Fees And Necessary Expenses:

SUBTOTAL A (sum of all attorney fees and expenses paid to this attorney, on this and all prior applications)

▶ \$

B. Support Services Fees And Expenses: (sum of ALL amounts incurred throughout the case)

1. Provisional counsel	\$	4. Mitigation, investigation	\$
2. Psychiatrists, psychologists	\$	5. Scientists, forensics, DNA	\$
3. Medical doctors	\$	6. Sum of all other	\$

SUBTOTAL B (sum of all support services/expert fees and expenses)

▶ \$

GRAND TOTAL A + B (attorney fees and expenses, and support services/experts)

▶ \$

IV. FINDINGS OF FACT AND JUDGMENTS

After due notice to the defendant named on the reverse, and opportunity to be heard, the Court finds that the defendant has previously been adjudged to be indigent; that he/she requested and has been provided counsel and other necessary expenses of representation; and that the applicant named on the reverse provided services and incurred expenses of which the money value is that stated in Section III above as to all attorney fees and expenses plus costs for support services and experts incurred in the course of the representation.

NOTE: *After award of a final fee, the trial court should sign Section V to enter judgments against the defendant for the full GRAND TOTAL in Section III plus the attorney appointment fee. To enter judgments for a different amount, the trial court must fill in the appropriate blanks below.*

JUDGMENT #1 (Attorney Fees and Expenses) Based on the above findings, it is ORDERED that the State of North Carolina recover from the indigent defendant the GRAND TOTAL in Section III above, together with interest at the legal rate from the date the judgment is docketed until paid, **UNLESS** one of the following boxes is checked:

- 1. The defendant was not convicted of a criminal offense and no judgment for attorney fees and expenses shall be entered; or
- 2. Other: _____

JUDGMENT #2 (Attorney Appointment Fee) It is further ORDERED that the State of North Carolina recover from the indigent defendant the attorney appointment fee pursuant to G.S. 7A-455.1, which shall be \$50 for convictions prior to October 1, 2010, and \$60 for convictions on or after October 1, 2010, **UNLESS** one of the following boxes is checked:

- 1. The defendant was not convicted of a criminal offense and no judgment for the attorney appointment fee shall be entered; or
- 2. The attorney named on the reverse was appointed to represent the defendant in another case(s) at the time of the appointment to this case(s), and he or she already submitted a fee application for that case(s) in which the attorney appointment fee was charged (see Section I, "Final Fees Only," on the reverse).

V. SIGNATURE OF JUDGE

The foregoing AWARD OF PAYMENT OR DETERMINATION OF VALUE OF SERVICES, as made by the Director of Indigent Defense Services, shall be entered and filed this day in the office of the Clerk of Superior Court. The FINDINGS and JUDGMENTS of the Court shall be entered and filed this day in the office of the Clerk of Superior Court. The Judgments shall become effective as provided by law.

Date	Name Of Judge (type or print)	Signature Of Judge
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VI. DOCKETING - CSC USE ONLY

NOTE: *Docket any judgments immediately on the date on which the defendant's conviction becomes final, unless the defendant is ordered as a condition of supervised or unsupervised probation to pay the State for the costs of his/her representation. If the defendant is so ordered, docket any judgments immediately on the date the defendant's probation is revoked or terminated by the Court, or when the term of probation expires, whichever occurs first; then docket the amounts owed.*

Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Judgment #1 Judgment Abstract No.	Amount Docketed \$
		Judgment #2 Judgment Abstract No.	Amount Docketed \$

NOTE TO CLERK: *If Judgment #2 has been ordered by the Court, docket \$50 if the Disposition Date on Side One is before October 1, 2010, and docket \$60 if the Disposition Date on Side One is on or after October 1, 2010.*