

**STATE OF NORTH CAROLINA** In The General Court Of Justice

County \_\_\_\_\_  
 District  
 Superior Court Division

File No.

Additional File No.(s)

Check Here If This Fee Application Covers Multiple Convictions

Name And Address Of Indigent, Juvenile, Or Dependent Adult

**NON-CAPITAL CRIMINAL OR NON-CRIMINAL APPEALS  
 FEE APPLICATION  
 ORDER FOR PAYMENT  
 JUDGMENT AGAINST INDIGENT  
 OR PARENT/GUARDIAN**

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

Has No Social Security No.

G.S. Ch. 7A, Art. 36; G.S. 122C-268(d), -286(d)

**NOTE: DO NOT use this form for capital cases or for non-capital criminal or non-criminal cases at the trial level. Attorneys should consult IDS Rule 3.3(b) for deadlines on the submission of final appellate fee applications, as well as IDS' billing policies, available at [www.ncids.org](http://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 or respondent and the IDS Financial Services Office for payment. The trial judge then completes Sections IV and V. The Clerk docket the judgment.

**I. APPLICATION**

I, the undersigned  assigned counsel  public defender  appellate defender  IDS contract counsel, 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 correct to the best of my knowledge.

**NATURE OF MOST SERIOUS CONVICTION OR PROCEEDING THAT WAS APPEALED:** (check all that apply)

<p><b>Criminal</b></p> <input type="checkbox"/> Trial; or <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Felony (most serious conviction): Class: _____ Name Of Offense: _____  <input type="checkbox"/> Misdemeanor (most serious conviction): Name Of Offense: _____	<p><b>Juvenile</b></p> <input type="checkbox"/> Delinquency Class Of Offense: _____ <input type="checkbox"/> Abuse/Neglect/Dependency (Parent or Custodian) <input type="checkbox"/> Termination Of Parental Rights (Parent or Custodian) <input type="checkbox"/> A/N/D or TPR (Guardian Ad Litem for Parent or Custodian)	<p><b>Special Proceedings</b></p> <input type="checkbox"/> Incompetency <input type="checkbox"/> Involuntary Commitment <p style="text-align: center;"><b>Other</b></p> <input type="checkbox"/> _____  <p style="text-align: center;"><b>Court</b></p> <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Supreme Court
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<b>COMPLETE FOR THIS FEE:</b>	Beginning Date <u>This Fee Request</u>	Ending Date <u>This Fee Request</u>	Prior Total Fees And Expenses Allowed \$	
	This Fee Application Is: <input type="checkbox"/> Interim <input type="checkbox"/> Final	Total Time Claimed <u>This Fee</u> (Attach detailed time sheets. Time must be reported in <u>decimals</u> , not minutes.) _____ . _____		
	Travel \$	Copying \$	Other \$	Total Expenses \$

<b>COMPLETE IF THIS IS A FINAL FEE:</b>	Name Of Presiding Judge At The Trial Level	Date Of Last Appellate Ruling
	Result On Appeal (check all that apply) <input type="checkbox"/> No Error/Affirmed <input type="checkbox"/> Conviction Vacated <input type="checkbox"/> New Trial <input type="checkbox"/> Appeal Withdrawn <input type="checkbox"/> Reversed And Remanded <input type="checkbox"/> New Sentencing Hearing <input type="checkbox"/> Other: _____	

**NOTE:** In assigned counsel cases, the applicant is always the individual attorney. 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:  
 (Assigned Counsel/GAL) paid by the State of North Carolina to the payee named above.  
 (Public Defender/Appellate Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant named above.

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

Date \_\_\_\_\_ IDS Director **Whitney Bishop Fairbanks** Signature Of IDS Director \_\_\_\_\_

(Over)

**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:**

**SUBTOTAL B** (sum of all amounts incurred throughout the appeal) ..... \$

**GRAND TOTAL A + B** (attorney fees and expenses, plus support services) ..... \$

**IV. FINDINGS OF FACT AND JUDGMENT**

After written notice to the indigent named on the reverse or service of a summons on the responsible person named below, and opportunity to be heard, the Court finds that the indigent, juvenile, or dependent adult named on the reverse has previously been adjudged to be indigent, or is less than 18 years old, or if 18 years old or older, remains dependent on and domiciled with the responsible person named below; 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.

**NOTE:** *To enter judgment against indigent, check Option "A" and sign Section V. To enter judgment against parent, guardian, or trustee of juvenile or dependent adult, check Option "B" and sign Section V.*

**NOTE:** *The trial court may not enter judgment for an amount greater than the Total amount in Section III above.*

**A. (Judgment Against Indigent)** The Court further finds that an order has been entered adjudicating the juvenile to be abused, neglected, or dependent, that an order has been entered terminating the parental rights of one or both of the juvenile's parents, that the respondent has been held in criminal contempt, or that a judgment of conviction has been entered against the indigent, and all of the matters raised on appeal have not been vacated, reversed, or remanded. If the juvenile has been adjudicated abused, neglected, or dependent or parental rights have been terminated, the Court further finds that the respondent is financially able to pay the fees and expenses set out on the reverse and should therefore be held responsible for reimbursing the State for the same. Based on all of the above findings, it is ORDERED that the State of North Carolina recover from the indigent the amount stated below, together with interest at the legal rate from the date the judgment is docketed until paid.

**B. (Order For Payment By Responsible Person and Judgment)** The Court further finds that an order has been entered adjudicating the juvenile to be delinquent, or that a judgment of conviction has been entered against the dependent adult, and all of the matters raised on appeal have not been vacated, reversed, or remanded. The Court further finds that the responsible person named below is the parent, guardian, or trustee of the juvenile or dependent adult and is financially able to pay the fees and expenses set out on the reverse and should therefore be held responsible for reimbursing the State for the same. Based on all of the above findings, it is ORDERED that the responsible person shall reimburse the State the amount stated in Section III above by paying the same to the Clerk of Superior Court. If that amount is not paid in full at the time of disposition of the appeal, the State of North Carolina shall recover from the responsible person the amount stated in Section III above, together with interest at the legal rate from the date the judgment is docketed until paid.

Name And Address Of Responsible Person	Social Security No.     -     -
	<input type="checkbox"/> Has No Social Security No.

**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 JUDGMENT of the Court shall be entered and filed this day in the office of the Clerk of Superior Court. The Judgment 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 Abstract No.	Amount Docketed \$
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