

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Case Name

MOTION, APPOINTMENT AND ORDER AUTHORIZING PAYMENT OF DEAF INTERPRETER OR OTHER ACCOMMODATION

G.S. 8B-2; 8B-8; 8C-1, Rule 604

MOTION

The undersigned requests the Court to appoint an interpreter/accommodation to serve in this proceeding as follows.

Type Of Interpreter/Accommodation: Deaf Other

Name Of Person In Need Of Interpreter/Accommodation

Table with 2 columns: AUCOSE, Amount. Values: 1230, 1240.

Date Signature Prosecutor Defendant's Counsel Clerk Public Defender Special Counsel Magistrate Other

APPOINTMENT

- The Court finds that a sufficient showing has been made for the appointment of the type of interpreter/accommodation requested above.
The Court does not find that a sufficient showing has been made for the appointment of the type of interpreter/accommodation requested above. The motion is denied.

Name Of Person Appointed Date Signature Superior Court Judge Asst/CSC District Court Judge Magistrate

CERTIFICATION

I, the undersigned, certify that I served as appointed above and I request payment for professional services and travel expenses as set out below. I understand that I am requesting payment from the North Carolina Administrative Office of the Courts and therefore I will not request or accept money from another source for these services and expenses.

Table with columns: Beginning Date, Ending Date, No. Hours, Hourly Rate, Total Mileage, Travel Expenses, Total. Includes dollar signs and a large arrow pointing to the total.

NOTE: If payment is to be made to person individually, write "same" under payee and give person's own taxpayer ID No. (either Social Security No. or Federal Employer ID as used by person).

Name And Address Of Individual Providing Service (Type Or Print)

Payee (see note) Taxpayer ID No. (see note) Date Signature Of Individual Providing Service

ORDER FOR PAYMENT

It is ORDERED that the named individual be awarded the total shown below for professional services and travel expenses.

Date Signature SC Judge DC Judge Asst/CSC Magistrate Total \$

INSTRUCTIONS: File the original with the clerk. The clerk shall mail a certified copy of the completed form to: Administrative Office of the Courts, Attn: Interpreter Services, Financial Services Division, Courier Box 56-10-50, Raleigh, NC, OR if courier not available, mail to P.O. Box 2448, Raleigh, NC 27602.