

**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  
SIGN LANGUAGE INTERPRETER OR OTHER  
COMMUNICATION ACCESS SERVICE PROVIDER**

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

**MOTION**

The undersigned requests the Court to appoint an interpreter/communication access service provider to serve in this proceeding as follows.

Type Of Interpreter/Accommodation: ☐ Sign Language ☐ CDI (Certified Deaf Interpreter) ☐ Other: \_\_\_\_\_

Name Of Person In Need Of Interpreter/Accommodation

**AOC USE**  
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/communication access service provider requested above. The person named below is qualified by knowledge, skill, experience, training and education as required by law, and is appointed.

Name Of Person Appointed

- ☐
- The Court does not find that a sufficient showing has been made for the appointment of the type of interpreter/communication access service provider requested above. The motion is denied.

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.**

Date Of Service	No. Hours	Hourly Rate \$	Total Mileage	Travel Expenses \$	Total	\$
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**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 No. as used by person). If payment is to be made to person's business, give business name under Payee and give the business Taxpayer ID No.

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	<input type="checkbox"/> SC Judge <input type="checkbox"/> DC Judge	<input type="checkbox"/> Asst/CSC <input type="checkbox"/> Magistrate	Total	\$
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**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: Disability Access, Courier Box 56-10-50, Raleigh, NC, OR if courier not available, mail to PO Box 2448, Raleigh, NC 27602.