STATE OF NORTH CAROLINA In The General Court Of Justice
☐ District Court Division
☐ Superior Court Division
☐ Before The Clerk

_____ County

File No.

Additional File No.(s)

Name Of Indigent Client

Date Attorney Appointed

☐ Indigent Client is Parent
☐ Indigent Client is Non-Parent *(attach AOC-J-211)*

** Complete Name and Address of indigent respondent on Side Two.*

CIVIL CASE TRIAL LEVEL FEE APPLICATION ORDER FOR PAYMENT JUDGMENT AGAINST PARENT/GUARDIAN

G.S. Ch. 7A, Art. 36; G.S. Ch. 7B, Subch. I; G.S. 122C-266(d), -268(d)

Indigent Client's Full Social Security No. - ***Only Complete If Judgment For Fees Has Been Entered*** *(required by G.S. 7A-455(d))*

___ ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ *Has No Social Security No.* ☐ *Unable to obtain Social Security No. despite reasonable efforts*

Respondent's Full Social Security No. - ***Only Complete If Judgment For Fees Has Been Entered*** *(required by G.S. 7A-455(d))*

___ ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ *Has No Social Security No.* ☐ *Unable to obtain Social Security No. despite reasonable efforts*

NOTE: *Per G.S. 7A-455(d), the fee application must include the social security number (SSN) of a party against whom a judgment for attorney's or GAL's fees has been entered under G.S. 7A-450.1 - 450.3 or 7A-455 (or certify that the SSN cannot be obtained with reasonable efforts). These SSNs are expressly required by law and therefore exempt from filers' redaction requirements in G.S. 132-1.10(d). When filing electronically, select the "Public Not Portal" security setting so that unredacted fee applications are not available on Portal.*

NOTE: ***Use this form ONLY for civil cases at the trial level, including child support contempt cases that end in a finding of criminal contempt.***
INSTRUCTIONS: *Applicant completes and signs all applicable portions of Section I. If no judgment is entered, trial judge completes and signs Section II only. If judgment is entered, trial judge completes but does not sign Section II, then completes Section III and signs Section IV.* ***If the Private TPR (Juvenile GAL) box is checked below,*** *Clerk of Superior Court files the original and submits certified copy to the Fiscal Services Division of the North Carolina Administrative Office of the Courts by submitting via the* ***Accounts Payable Queue*** *Task Queue in Enterprise Justice (Odyssey).*

I. APPLICATION

I, the undersigned ☐ **assigned counsel** ☐ **guardian ad litem** make application for payment and reimbursement of necessary expenses incurred.
☐ **public defender** ☐ **IDS contract counsel** make application for determination of value of services rendered for the indigent.
I certify that this information is correct to the best of my knowledge. ☐ and I also certify that I am an NC State Bar-certified Child Welfare Law Specialist.

ORIGINAL PROCEEDING AND DISPOSITION: *In the applicable section below, check ONE box in each of the two columns. In column 2, check the box that describes the most recent disposition.*

A. Appointed Attorneys ONLY *(Complete B below if you are a guardian ad litem.)*

1. Original Proceeding
- ☐ Abuse/Neglect/Dependency
- ☐ TPR ☐ Check here if Private TPR
- ☐ Competency
- ☐ Modification of Guardianship (Incompetent Ward)
- ☐ Civil Commitment
- ☐ Child Support Contempt
- ☐ Other Civil Contempt
- ☐ Other: _____

→ 2. Disposition *(most recent disposition)*
- ☐ Adjudicated Abused, Neglected, or Dependent
- ☐ Initial Disposition Entered
- ☐ Review Order Entered
- ☐ Permanency Planning Order Entered
- ☐ Parental Rights Terminated
- ☐ Declared Incompetent
- ☐ Guardianship Modified
- ☐ Other: _____
- ☐ Involuntary Commitment Upheld
- ☐ Voluntary Commitment
- ☐ Held in Civil Contempt
- ☐ Held in Criminal Contempt
- ☐ Dismissed
- ☐ Discharged
- ☐ None (Attorney Withdrew)

B. Guardians Ad Litem

1. Original Proceeding
- ☐ Abuse/Neglect/Dependency (Respondent GAL)
- ■ Abuse/Neglect/Dependency (Juvenile GAL, Program Conflict)
  (Use "Request for Payment of GAL Conflict Attorney Services" form)
- ☐ TPR (Respondent GAL)
- ■ DSS Initiated TPR (Juvenile GAL, Program Conflict)
  (Use "Request for Payment of GAL Conflict Attorney Services" form)
- ☐ Private TPR (Juvenile GAL) *(charge to AOC, Clerk submits via Task Queue)*
- ☐ Competency (Respondent GAL)
- ☐ Modification of Guardianship (Incompetent Ward)
- ☐ Other: *(specify)* _____

→ 2. Disposition *(most recent disposition)*
- ☐ Adjudicated Abused, Neglected, or Dependent
- ☐ Initial Disposition Entered
- ☐ Review Order Entered
- ☐ Permanency Planning Order Entered
- ☐ Parental Rights Terminated
- ☐ Declared Incompetent
- ☐ Guardianship Modified
- ☐ Other: _____
- ☐ Dismissed
- ☐ None (Attorney Withdrew)

COMPLETE FOR THIS FEE:
☐ Check here if judge required time sheet. See Note on Side Two. *(Time must be reported in* ***decimals****, not minutes.)*

Beginning Date This Fee Request	*Ending Date This Fee Request*	*Disposition Date (if final fee)*	*Prior Total Fees And Expenses Allowed By Judge*
			$

On beginning date, was at least one child of your client in DSS' custody? (**NOTE:** *Applicant must indicate yes or no.*) ☐ Yes ☐ No

At the start of the last proceeding, was at least one child of your client in DSS' custody? (**NOTE:** *Applicant must indicate yes or no. You should indicate yes even if the court removed custody from DSS.*) ☐ Yes ☐ No

Name Of Judge Setting Fee	*Time In Court*	*Time In Court Waiting*	*Time Out Of Court*	*Total Time Claimed This Fee*
	__ __ __ . __ __	__ __ __ . __ __	__ __ __ . __ __	__ __ __ . __ __

Travel (no. of miles)	*Copying (if in-house, no. of copies)*	*Other (attach receipts if > $25)*	*Total Expenses*
$	$	$	$

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. If payment is to be made to applicant's firm, give firm name as Payee. Per United States tax law and State policy, the Payee must have a State of North Carolina Substitute W-9 Form on file with IDS Fiscal Services, PO Box 2448, Raleigh, NC 27602. See www.ncosc.gov/state-suppliers/substitute-w-9-form. Failure to provide this form could prevent or delay payment or require the State to withhold 24% for backup withholding tax.*

Name Of Applicant	*Applicant Bar No.*	*Address*
Payee (see Note)		

Telephone No.	*Email Address*	*Date*	*Signature Of Applicant*

II. ORDER TO PAY OR FIX VALUE OF SERVICES

Based on the Findings of Fact set out in Section III, the Court ORDERS that the "Total Amount" stated on Line 4 below be:

☐ *(Assigned Counsel/GAL)* paid by the State of North Carolina to the payee named above.
☐ *(Public Defender/IDS Contractor)* fixed as the value of legal services and other expenses of representation rendered by the applicant named above.

1. Hours Approved By The Court	
2. Fees Allowed/Value Of Services Rendered (**Hours Approved x IDS Rate of $ /hr.) =**	$
3. Other Necessary Expenses Allowed By The Court	$
4. TOTAL AMOUNT	$

Date	*Name Of Judge (type or print)*	*Signature Of Judge*

Note To Judge: *You do not need to sign here if you enter judgment and sign Section IV below.*

III. FINDINGS OF FACT AND JUDGMENT

To enter judgment against the respondent named below, the Court must make one of the following three findings and sign below:

☐ 1. This is a juvenile abuse, neglect or dependency proceeding, the applicant is an attorney appointed under G.S. 7B-602, and the juvenile has been adjudicated abused, neglected or dependent.

☐ 2. This is a proceeding on a motion or petition for termination of parental rights, the applicant is an attorney appointed under G.S. 7B-1101.1, and the parental rights of one or both of the juvenile's parents have been terminated.

☐ 3. This is a child support contempt proceeding, the applicant is an attorney appointed to represent the respondent in this proceeding, and the respondent has been held in criminal contempt.

After due notice to the respondent named below, and opportunity to be heard, the Court finds that the indigent client named on the reverse requested and has been provided counsel and other necessary expenses of representation; that the applicant named on the reverse provided services and incurred expenses of which the money value is that stated in Section II on Line 4, plus any interim fees listed in the box in Section I labeled "Prior Total Fees And Expenses Allowed By Judge;" and that the respondent is financially able to pay the fees and expenses set out above, and should be held responsible for reimbursing the State for the same.

Therefore, it is ORDERED that the respondent shall reimburse the State the TOTAL AMOUNT stated in Section II on Line 4, plus any interim fees listed in the box in Section I labeled "Prior Total Fees And Expenses Allowed By Judge," by paying the same to the Clerk of Superior Court for transmittal to the State Treasurer. If that amount is not paid in full at the time of disposition, this judgment shall be docketed and the State of North Carolina shall then recover from the respondent that amount, together with interest at the legal rate from the date of docketing until paid.

Name And Address Of Respondent

IV. SIGNATURE OF JUDGE

The foregoing ORDER TO PAY APPLICANT OR FIX VALUE OF SERVICES, FINDINGS and JUDGMENT 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*

V. DOCKETING - CSC USE ONLY

NOTE: *Do not docket this judgment if, at the time of disposition, the respondent named above pays to the Clerk of Superior Court the "Total Amount" stated in Section II on Line 4, plus any interim fees listed in the box in Section I labeled "Prior Total Fees And Expenses Allowed By Judge." Docket this judgment at disposition if the respondent does not make such payment.*

Date	*Time*	*Judgment Abstract No.*	*Amount Docketed*
	☐ AM ☐ PM		$

NOTE TO ATTORNEY: *In compliance with Sec. 10.1 of S.L. 2020-83, please attach itemized time sheet.*

Scan with camera phone for rates by case type

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