

(TYPE OR PRINT IN BLACK INK)  
**STATE OF NORTH CAROLINA**

NC-JOIN No.

File No.

In The General Court Of Justice  
District Court Division

Additional File No.(s)

County

Name And Address Of Juvenile

**JUVENILE DELINQUENCY TRIAL LEVEL  
FEE APPLICATION  
ORDER FOR PAYMENT  
JUDGMENT AGAINST PARENT/GUARDIAN**

Date Attorney Appointed

\*Complete name, address and SSN of responsible person(s) on Side Two.

G.S. Ch. 7A, Art. 36; G.S. Ch. 7B, Subch. II

**NOTE:** Use this form ONLY for juvenile delinquency cases at the trial level. DO NOT use this form for criminal cases, or appeals to the Court of Appeals or Supreme Court. Attorneys should consult IDS Rule 1.9(a)(1a) for deadlines on the submission of final fee applications.

**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. Clerk mails private appointed counsel fee applications to: Administrative Office of the Courts, Attn: Indigent Program, Financial Services Division, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602.

**I. APPLICATION**

I, the undersigned  assigned counsel  public 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.

**ORIGINAL PROCEEDING AND DISPOSITION:** Check ONE box in each of the following 3 columns. In columns 2 and 3, check the one box that describes the most recent resolution and disposition.

<p><b>1. Original Charge (most serious offense)</b></p> <p><input type="checkbox"/> Felony Offense <i>Must indicate Felony Class:</i> _____ <i>Name of Offense:</i> _____</p> <p><input type="checkbox"/> Misdemeanor Offense <i>Must indicate Misd. Class:</i> _____ <i>Name of Offense:</i> _____</p> <p><input type="checkbox"/> Motion For Review (Probation Viol.)</p> <p><input type="checkbox"/> Motion For Review (Other) (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Status Review (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Detention Hearing (Limited Appear.) (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Drug Treatment Court (in columns 2 and 3, check Other)</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>2. Resolution Of Charges (most serious resolution)</b></p> <p><input type="checkbox"/> Admission: Most Serious Original Charge</p> <p><input type="checkbox"/> Admission: Other Offense <i>Name of Offense:</i> _____</p> <p><input type="checkbox"/> Adjudicatory Hearing: Responsible - Most Serious Original Charge</p> <p><input type="checkbox"/> Adjudicatory Hearing: Responsible - Other Offense <i>Name of Offense:</i> _____</p> <p><input type="checkbox"/> Adjudicatory Hearing: Not Responsible</p> <p><input type="checkbox"/> Probation Violation Found</p> <p><input type="checkbox"/> Case Transferred To Superior Court (Waiver)</p> <p><input type="checkbox"/> Case Transferred To Superior Court (Contested)</p> <p><input type="checkbox"/> Dismissed With Leave</p> <p><input type="checkbox"/> Dismissed Without Leave</p> <p><input type="checkbox"/> Continued Adjudication (Admission)</p> <p><input type="checkbox"/> None (Attorney Withdrew)</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>3. Disposition (most serious disposition)</b></p> <p><input type="checkbox"/> Commitment To YDC</p> <p><input type="checkbox"/> Out-Of-Home Placement</p> <p><input type="checkbox"/> DSS Custody</p> <p><input type="checkbox"/> Detention/Intermittent Confinement <i>Number of days:</i> _____</p> <p><input type="checkbox"/> Probation</p> <p><input type="checkbox"/> None (Transferred To Superior Court)</p> <p><input type="checkbox"/> None (Not Responsible/Dismissed)</p> <p><input type="checkbox"/> None (Continued Adjudication)</p> <p><input type="checkbox"/> None (No Disposition Entered)</p> <p><input type="checkbox"/> None (Attorney Withdrew)</p> <p><input type="checkbox"/> Other: _____</p>
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<b>COMPLETE FOR THIS FEE:</b> (Attach detailed time sheets when required by judge. Time must be reported in decimals, not minutes.)	Disposition Date	Time In Court	Time In Court Waiting	Time Out Of Court	Total Time Claimed This Fee
	Name Of Judge Setting Fee	Travel (no. of miles) \$	Copying (if in-house, no. of copies) \$	Other (attach receipts if > \$25) \$	Total Expenses \$
<b>NOTE:</b> 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. (either Federal Employer ID No. or, if no Federal Employer ID No., 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. 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) paid by the State of North Carolina to the payee above.
- (Public Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant above.

1. Hours Approved By The Court	_____ . _____
2. Fees Allowed/Value Of Services Rendered	<b>(Hours Approved x IDS Rate) =</b> \$
3. Other Necessary Expenses Allowed By The Court	\$
<b>4. TOTAL AMOUNT</b>	<b>\$</b>

Date	Name Of Judge (type or print)	Signature Of Judge
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**Note To Judge:** You do not need to sign here if you enter judgment and sign Section IV on the reverse.

(Over)

### III. FINDINGS OF FACT AND JUDGMENT

**To enter judgment against a responsible person(s), the Court must make the following finding and sign below:**

This is a juvenile delinquency proceeding; the applicant is an attorney appointed to represent the juvenile in this proceeding under G.S. 7B-2000; and the juvenile has been adjudicated delinquent.

After service of a summons on the responsible person(s) named below, and opportunity to be heard, the Court finds that the indigent juvenile 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; and that the responsible person(s) named below is the parent, guardian or trustee of the juvenile, is financially able to pay the fees and expenses set out on the reverse, and should be held responsible for reimbursing the State for the same.

Therefore, it is ORDERED that the responsible person(s) shall reimburse the State the TOTAL AMOUNT stated in Section II on Line 4, 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 responsible person(s) that amount together with interest at the legal rate from the date of docketing until paid.

Name And Address Of Responsible Person 1	Social Security No.       -
	<input type="checkbox"/> Has No Social Security No.
Name And Address Of Responsible Person 2	Social Security No.       -
	<input type="checkbox"/> Has No Social Security No.

### 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 Presiding Judge
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### V. DOCKETING - CSC USE ONLY

**NOTE:** Do not docket this judgment if, at the time of disposition, the responsible person(s) named above pays to the Clerk of Superior Court the "Total Amount" stated in Section II on Line 4. Docket this judgment at disposition if the responsible person(s) does not make such payment.

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