

(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.

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: IDS Financial Services Office, 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.

1. Original Charge (most serious offense)

- Felony Offense
Must indicate Felony Class: _____
Name of Offense: _____
- Misdemeanor Offense
Must indicate Misd. Class: _____
Name of Offense: _____
- Motion For Review (Probation Viol.)
- Motion For Review (Other) (in columns 2 and 3, check Other)
- Status Review (in columns 2 and 3, check Other)
- Detention Hearing (Limited Appear.)
(in columns 2 and 3, check Other)
- Drug Treatment Court (in columns 2 and 3, check Other)
- Other: _____

2. Resolution Of Charges (most serious resolution)

- Admission: Most Serious Original Charge
- Admission: Other Offense
Name of Offense: _____
- Adjudicatory Hearing: Responsible - Most Serious Original Charge
- Adjudicatory Hearing: Responsible - Other Offense
Name of Offense: _____
- Adjudicatory Hearing: Not Responsible
- Probation Violation Found
- Case Transferred To Superior Court (Waiver)
- Case Transferred To Superior Court (Contested)
- Dismissed With Leave
- Dismissed Without Leave
- Continued Adjudication (Admission)
- None (Attorney Withdrew)
- Other: _____

3. Disposition (most serious disposition)

- Commitment To YDC
- Out-Of-Home Placement
- DSS Custody
- Detention/Intermittent Confinement
Number of days: _____
- Probation
- None (Transferred To Superior Court)
- None (Not Responsible/Dismissed)
- None (Continued Adjudication)
- None (No Disposition Entered)
- None (Attorney Withdrew)
- Other: _____

COMPLETE FOR THIS FEE:

Check here if judge required time sheet. See Note on Side Two. (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
	\$	\$	\$	\$	\$

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. (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	(Hours Approved x IDS Rate) = \$
3. Other Necessary Expenses Allowed By The Court	\$
4. TOTAL AMOUNT	\$

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