

(TYPE OR PRINT IN BLACK INK) STATE OF NORTH CAROLINA _____ County	NC-JOIN No.	File No. Additional File No.(s)
In The General Court Of Justice District Court Division		

Name And Address Of Juvenile Date Attorney Appointed	JUVENILE DELINQUENCY TRIAL LEVEL FEE APPLICATION ORDER FOR PAYMENT JUDGMENT AGAINST PARENT/GUARDIAN G.S. Ch. 7A, Art. 36; G.S. Ch. 7B, Subch. II
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NOTE: Use this form ONLY for juvenile delinquency cases at the trial level. Complete name, address and SSN of responsible person(s) on Side Two. 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 a box in either Column 1 or 2. In both columns 3 and 4, check the one box that describes the most recent resolution and disposition.

1.a Original Charge (most serious) <input type="checkbox"/> Felony Offense <u>Must indicate Class: _____</u> <input type="checkbox"/> Misdemeanor Offense <u>Must indicate Class: _____</u> <input type="checkbox"/> Detention Hearing (Limited Appeal) <input type="checkbox"/> Treatment Court <input type="checkbox"/> Other: _____ <input type="checkbox"/> Check if reverse waiver <input type="checkbox"/> Check if prosecutor declined to transfer <input type="checkbox"/> Disposition Transferred from _____ County (if checked, skip to Disposition section)	OR	1.b Review Proceeding <u>Motion For Review</u> <input type="checkbox"/> Probation Violation <input type="checkbox"/> Violation of Post-Release Supervision <input type="checkbox"/> Extension of Probation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Judge-Ordered Review <u>Contempt</u> <input type="checkbox"/> Juvenile <input type="checkbox"/> Parent	2. Resolution Of Charges (most serious) Admission <input type="checkbox"/> Most Serious Original Charge <input type="checkbox"/> Other Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Adjudicatory Hearing: Responsible <input type="checkbox"/> Most Serious Original Charge <input type="checkbox"/> Other Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Adjudicatory Hearing: Not Responsible <input type="checkbox"/> Probation Violation Found <input type="checkbox"/> Probation Violation Not Found <input type="checkbox"/> Court Review: No Change <input type="checkbox"/> Transferred To Superior Ct: Waiver <input type="checkbox"/> Transferred To Superior Ct: Contested <input type="checkbox"/> Transferred To Superior Ct: Indicted <input type="checkbox"/> Disposition Only <input type="checkbox"/> Deferred Prosecution <input type="checkbox"/> Dismissed Without Leave <input type="checkbox"/> Dismissed With Leave <input type="checkbox"/> Attorney Withdrew <input type="checkbox"/> Other: _____	3. Disposition (most serious outcome) <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> No Disposition Entered <input type="checkbox"/> Transfer to Superior Ct. <input type="checkbox"/> None: Not Responsible or Dismissed <input type="checkbox"/> None: Deferral Successful <input type="checkbox"/> Court Review: No Change <input type="checkbox"/> Probation Ext: Not Extended <input type="checkbox"/> Probation Ext: Extended <input type="checkbox"/> PV Found: Raise Level <input type="checkbox"/> PV Found: Confinement Activated <input type="checkbox"/> PV Found: Unmodified/Modified <input type="checkbox"/> Probation Terminated <input type="checkbox"/> Attorney Withdrew <input type="checkbox"/> Disposition Transferred to _____ County
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COMPLETE FOR THIS FEE: <input type="checkbox"/> Check here if judge required time sheet. See Note on Side Two. (Time must be reported in decimals , not minutes.)	<input type="checkbox"/> Check here if the juvenile was in secure custody at date of first substantive client contact.																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Disposition Date</td> <td style="width:25%;">Beginning Date This Fee Request</td> <td style="width:25%;">Ending Date This Fee Request</td> <td style="width:25%;">Date First Substantive Client Interview</td> </tr> <tr> <td colspan="2">Name Of Judge Setting Fee</td> <td>Time In Court</td> <td>Time In Court Waiting</td> </tr> <tr> <td colspan="2">Time Out Of Court</td> <td colspan="2">Total Time Claimed This Fee</td> </tr> <tr> <td>Travel (no. of miles)</td> <td>Copying (if in-house, no. of copies)</td> <td>Other (attach receipts if > \$25)</td> <td>Total Expenses</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>		Disposition Date	Beginning Date This Fee Request	Ending Date This Fee Request	Date First Substantive Client Interview	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	\$	\$	\$	\$
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\$	\$	\$	\$																		

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
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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 named above.

1. Hours Approved By The Court	
2. Fees Allowed/Value Of Services Rendered	Hours Approved x IDS Rate = (see reverse for QR code for rates)
3. Other Necessary Expenses Allowed By The Court	
4. TOTAL AMOUNT	\$
Date	Signature Of Judge
Name Of Judge (type or print)	

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.

| | | - | | | - | | | | |

☐ Has No Social Security No.

Name And Address Of Responsible Person 2

Social Security No.

| | | - | | | - | | | | |

☐ 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

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

☐ AM ☐ PM

Judgment Abstract No.

Amount Docketed

\$

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