FOR PAYMENT: *An OASIS invoice must be submitted after your fee application is e-filed and served.*
For OASIS access and information, visit https://ncids.org/oasis/.

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

In The General Court Of Justice
District Court Division

NC-JOIN No.

File No.

Additional File No.(s)

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

*Responsible Person 1'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*

*Responsible Person 2'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). Fee applications in juvenile cases will not be available on Portal.*

NOTE: ***Use this form ONLY for juvenile delinquency cases at the trial level. Complete name and address 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. In a county not yet converted to Odyssey, 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. Send to IDS for payment **only** if application is by "assigned counsel."*

I. APPLICATION

I, the undersigned ☐ **assigned counsel** ☐ **public defender** ☐ **IDS contract counsel** make application for payment and reimbursement of necessary expenses incurred. 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.

ORIGINAL PROCEEDING AND DISPOSITION: ***Check a box in either Column 1.a or 1.b. In both columns 2 and 3, check the one box that describes the most recent resolution and disposition.***

1.a Original Charge *(most serious)*
- ☐ Felony Offense
  Must indicate Class: _____
- ☐ Misdemeanor Offense
  Must indicate Class: _____
- ☐ Detention Hearing (Limited Appear.)
- ☐ Treatment Court
- ☐ Other: _____
  _____
  _____
- ☐ Check if reverse waiver
- ☐ Check if prosecutor declined to transfer
- ☐ Disposition Transferred from
  _____
  County *(if checked, skip to Disposition section)*

OR

1.b Review Proceeding

Motion For Review
- ☐ Probation Violation - Misdemeanor
- ☐ Probation Violation - Felony
- ☐ Violation of Post-Release Supervision
- ☐ Extension of Probation
- ☐ Other: _____
  _____
  _____
- ☐ Judge-Ordered Review

Contempt
- ☐ Juvenile
- ☐ Parent

2. Resolution Of Charges *(most serious)*

Admission
- ☐ Most Serious Original Charge
- ☐ Other Offense ☐ Felony ☐ Misdemeanor

Adjudicatory Hearing: Responsible
- ☐ Most Serious Original Charge
- ☐ Other Offense ☐ Felony ☐ Misdemeanor
- ☐ Adjudicatory Hearing: Not Responsible
- ☐ Probation Violation Found
- ☐ Probation Violation Not Found
- ☐ Court Review: No Change
- ☐ Transferred To Superior Ct: Waiver
- ☐ Transferred To Superior Ct: Contested
- ☐ Transferred To Superior Ct: Indicted
- ☐ Disposition Only
- ☐ Deferred Prosecution
- ☐ Dismissed Without Leave
- ☐ Dismissed With Leave
- ☐ Attorney Withdrew
- ☐ Other: _____

3. Disposition *(most serious outcome)*
- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ No Disposition Entered
- ☐ Transfer to Superior Ct.
- ☐ None: Not Responsible or Dismissed
- ☐ None: Deferral Successful
- ☐ Court Review: No Change
- ☐ Probation Ext: Not Extended
- ☐ Probation Ext: Extended
- ☐ PV Found: Raise Level
- ☐ PV Found: Confinement Activated
- ☐ PV Found: Unmodified/Modified
- ☐ Probation Terminated
- ☐ Attorney Withdrew
- ☐ Disposition Transferred to _____ County

COMPLETE FOR THIS FEE:

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

☐ Check here if the juvenile was in secure custody at date of first substantive client contact.

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*
$	$	$	$

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.osc.nc.gov/state-north-carolina-sub-w-9. 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*

(Over)

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 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 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

Name And Address Of Responsible Person 2

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*	*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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