

STATE OF NORTH CAROLINA In The General Court Of Justice

_____ County District Court Division
 Superior Court Division
 Before The Clerk

File No. _____

Additional File No.(s) _____

Name Of Indigent Client _____

Date Attorney Appointed _____

* Complete Name, Address, and SSN 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)

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. 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, guardian ad litem, 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: 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.)

<p>1. Original Proceeding</p> <input type="checkbox"/> Abuse/Neglect/Dependency <input type="checkbox"/> TPR <input type="checkbox"/> Check here if Private TPR <input type="checkbox"/> Competency <input type="checkbox"/> Modification of Guardianship (Incompetent Ward) <input type="checkbox"/> Civil Commitment <input type="checkbox"/> Child Support Contempt <input type="checkbox"/> Other Civil Contempt <input type="checkbox"/> Other: _____	<p>2. Disposition (most recent disposition)</p> <input type="checkbox"/> Adjudicated Abused, Neglect, or Dependent <input type="checkbox"/> Initial Disposition Entered <input type="checkbox"/> Review Order Entered <input type="checkbox"/> Permanency Planning Order Entered <input type="checkbox"/> Parental Rights Terminated <input type="checkbox"/> Declared Incompetent <input type="checkbox"/> Guardianship Modified <input type="checkbox"/> Other: _____	<input type="checkbox"/> Involuntary Commitment Upheld <input type="checkbox"/> Voluntary Commitment <input type="checkbox"/> Held in Civil Contempt <input type="checkbox"/> Held in Criminal Contempt <input type="checkbox"/> Dismissed <input type="checkbox"/> Discharged <input type="checkbox"/> None (Attorney Withdrew)
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B. Guardians Ad Litem

<p>1. Original Proceeding</p> <input type="checkbox"/> Abuse/Neglect/Dependency (Respondent GAL) <input checked="" type="checkbox"/> Abuse/Neglect/Dependency (Juvenile GAL, Program Conflict) <small>(Use "Request for Payment of GAL Conflict Attorney Services" form)</small> <input type="checkbox"/> TPR (Respondent GAL) <input checked="" type="checkbox"/> DSS Initiated TPR (Juvenile GAL, Program Conflict) <small>(Use "Request for Payment of GAL Conflict Attorney Services" form)</small> <input type="checkbox"/> Private TPR (Juvenile GAL) (charge to AOC) <input type="checkbox"/> Competency (Respondent GAL) <input type="checkbox"/> Modification of Guardianship (Incompetent Ward) <input type="checkbox"/> Other: (specify) _____	<p>2. Disposition (most recent disposition)</p> <input type="checkbox"/> Adjudicated Abused, Neglect, or Dependent <input type="checkbox"/> Dismissed <input type="checkbox"/> Initial Disposition Entered <input type="checkbox"/> None (Attorney Withdrew) <input type="checkbox"/> Review Order Entered <input type="checkbox"/> Permanency Planning Order Entered <input type="checkbox"/> Parental Rights Terminated <input type="checkbox"/> Declared Incompetent <input type="checkbox"/> Guardianship Modified <input type="checkbox"/> Other: _____
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<p>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.)</p>	Beginning Date <u>This Fee Request</u>	Ending Date <u>This Fee Request</u>	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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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 and give applicant's taxpayer ID No. (Federal Employer ID No. or, if no Federal Employer ID, 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/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) =	\$ _____
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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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 on the reverse, 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

Social Security No.

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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 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

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.