

STATE OF NORTH CAROLINA _____ County	Form IDS-042 (New 1/18) File Nos.
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<i>Name Of Indigent Defendant</i>	HIGH-LEVEL FELONY REQUEST FOR CONSULTATION AND ADVANCE APPROVAL OF HOURLY COMPENSATION OR CASELOAD REDUCTION RFP § 3.11; Contract § 7.6
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INSTRUCTIONS: Attorneys who are handling high-level felony cases pursuant to a contract with the Office of Indigent Defense Services (IDS) and who believe they will spend more than 50 hours on one case should complete Parts I. and II. of this form to request a consultation with the Area Defender in their area, and to seek prior approval to be compensated for a certain amount of time in excess of 50 hours at \$75 per hour or for a caseload reduction. Completed forms should be sent via email to Judicial.IDS.Contractor.Forms@nccourts.org. If additional hourly compensation or a caseload reduction is approved, the attorney should claim the additional compensation or caseload reduction after the case has been finally disposed at the trial level by submitting form IDS-043 and itemized time sheets for all time in excess of 50 hours to the IDS Director no later than 90 days after the case is finally disposed at the trial level. If the client is convicted, the contractor shall report all time expended on the case in the online Contractor Case Reporting System and shall print a recoupment application for the Court that reflects all time expended.

I. REQUEST FOR EXTRAORDINARY PAY OR CASELOAD REDUCTION

<i>Request For (check one or both)</i> <input type="checkbox"/> Extraordinary Pay <input type="checkbox"/> Caseload Reduction	<i>Total Amount Of Time Attorney Believes Necessary To Resolve Case (including time shown above)</i>
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<i>Date</i>	<i>Name Of Attorney Completing This Form</i>	<i>Signature Of Attorney Completing This Form</i>
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II. CASE INFORMATION

Case Type (describe the nature of the proceeding, including the class of offense)

<i>Time In Court To Date</i>	<i>Time Waiting In Court To Date</i>	<i>Time Out Of Court To Date</i>	→	<i>Total Time To Date</i>
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Description Of Work Done To Date

Description Of Work Remaining To Be Done

Description Of Any Other Factors Attorney Believes Are Pertinent (e.g., extensive litigation in other contract cases)

III. IDS OFFICE USE ONLY

Decision Of Area Defender

Approve (specify number of hours in excess of 50 approved or reduction in caseload, reason(s) for approval, and any condition(s) of approval):

Deny (specify reason(s) for denial):

Date

Name Of Area Defender

Signature Of Area Defender

NOTE TO ARA DEFENDER: Once complete, provide original form to IDS Contracts Administrator.