

STATE OF NORTH CAROLINA _____ County	Form IDS-041 (Rev. 1/18) ▶ File Nos.
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Name Of Indigent Defendant/Respondent	INDIGENT DEFENSE SERVICES REQUEST FOR EXTRAORDINARY PAY OR EXTRAORDINARY EXPENSE RFP § 3.11; Contract §§ 7.6, 7.8
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INSTRUCTIONS: Attorneys who are handling indigent cases pursuant to a contract with the Office of Indigent Defense Services (IDS) should complete Parts I, II, and IV of this form to request additional compensation outside of the contract or for RFP Contract Attorneys, a reduction in the required number of dispositions for an extraordinary case. The completed form must be submitted no later than 120 days after the case is finally disposed at the trial level and must be accompanied by itemized time sheets. Time sheets must be computer generated and must include meaningful details about the quantity and quality of services rendered. At a minimum, time sheets must reflect attorney time broken down according to date, description of activity, and amount of time in tenths of an hour.

Attorneys who are handling high-level felony cases and who are seeking advance approval to receive additional hourly compensation or a caseload reduction for time in excess of 50 hours on one case should **NOT** use this form and should instead complete form IDS-042. Attorneys (including high-level felony Attorneys) should complete Parts I, III, and IV of this form to request reimbursement of extraordinary expenses, which must be claimed in compliance with the applicable IDS billing policies. Receipts or documentation must be attached if required by those policies. **Completed forms should be sent via email to (Judicial.IDS.Contractor.Forms@nccourts.org).** IDS will approve or deny request on at least a quarterly basis. .

	I. CONTRACT & CASE INFORMATION	
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Case Category (check one)	
<input type="checkbox"/> Adult High-Level Felony (use form IDS-042 for advance approval of time over 50 hours) <input type="checkbox"/> Child Support Contempt (eligible for extraordinary expenses only) <input type="checkbox"/> Treatment Courts (eligible for extraordinary expense only) <input type="checkbox"/> Other Per Session Courts (eligible for extraordinary expense only) <input type="checkbox"/> Juvenile Delinquency (Felony, Misdemeanor and 5A Contempt Cases) <input type="checkbox"/> Abuse/Neglect/Dependency and Termination of Parental Rights	<input type="checkbox"/> Adult Misdemeanor <input type="checkbox"/> Adult Low Level Felony <input type="checkbox"/> Civil Commitment <input type="checkbox"/> 35A Guardianship

Disposition Date:	Case Type (describe the nature of the case, including the class of offense):
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	II. ATTORNEY INFORMATION	
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Date	Name of Attorney Completing This Form	Signature of Attorney Completing This Form
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	III. REQUEST FOR EXTRAORDINARY PAY OR CASELOAD REDUCTION	
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Request For (check one or both) <input type="checkbox"/> Extraordinary Pay <input type="checkbox"/> Caseload Reduction (RFP Only)	Time In Court	Time Waiting In Court	Time Out Of Court	➔	Total Time
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Description Of Factors That Attorney Believes Make Case Extraordinary (e.g., extensive pretrial litigation or extended jury trial)

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

IV. REQUEST FOR EXTRAORDINARY EXPENSES

Type And Amount Of Extraordinary Expense (attach receipts if required by IDS billing policies)

Case-Related Out-of-State Travel (specify amount claimed and reason for travel):

Case-Related Out-of-County Travel (specify amount claimed and reason for travel):

Other Necessary Case-Related Expenses that Cumulatively Exceed \$100 in One Contract Case (specify amount claimed and describe nature of expense):

V. IDS OFFICE USE ONLY

Recommendation Of Area Defender:

Approve (specify amount of additional pay or reduction in caseload, or amount of reimbursable expenses, and reason for recommending approval):

Deny (specify reason for recommending denial):

Date	Name Of Area Defender	Signature Of Area Defender
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Decision Of IDS Executive Director

Approved

Modified (specify):

Denied

Date	Name Of IDS Executive Director Thomas K. Maher	Signature Of IDS Executive Director
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NOTE TO AREA DEFENDER Once complete, provide original form to IDS Contracts Administrator.