

Before the Innocence Inquiry Commission STATE OF NORTH CAROLINA _____ County	Form IDS-021 (Rev. 08/20) ▶ File No. Most Serious Charge ▶ Other File Nos.
Name And Address Of Indigent Defendant	INNOCENCE INQUIRY COMMISSION FEE APPLICATION AWARD OF PAYMENT G.S. 15A-1467(b), 15A-1469(d)

INSTRUCTIONS: The attorney applicant completes and signs Section I in any case in which the Office of Indigent Defense Services ("IDS Office") appoints a private assigned counsel or public defender to represent an indigent defendant in proceedings pursuant to the North Carolina Innocence Inquiry Commission Act. The applicant then mails the completed form, along with time sheets and any required receipts, to: Office of Indigent Defense Services, 123 W. Main St., Suite 400, Durham, NC 27701. For applications submitted by private counsel, the IDS Office completes Section II and forwards a copy of the form to the attorney and IDS Financial Services. Financial Services then issues payment to the payee named below at the address shown below.

**I. ASSIGNED COUNSEL FEE APPLICATION/
PUBLIC DEFENDER CASE & HOURS REPORTING**

Applicant: (check one)
 I, the undersigned, am a private attorney assigned to this Innocence Inquiry case, and hereby make application for payment and reimbursement of necessary expenses incurred. I certify that this information is complete and correct to the best of my knowledge.
 I, the undersigned, am a public defender assigned to this Innocence Inquiry case, and hereby report the following about the services rendered for the indigent defendant. I certify that this information is complete and correct to the best of my knowledge. (Public defenders must complete all information in Section I of this form, other than expenses incurred. To claim reimbursement of expenses, public defenders should complete form AOC-A-25.)

Case Information: (most serious conviction) (check one) <input type="checkbox"/> Non-Capital Felony Offense <i>Felony Class:</i> _____ <i>Name Of Offense:</i> _____ <input type="checkbox"/> Capital Felony (Death Sentence Imposed)	Attorney Role: (check all that apply to this application for fees) <input type="checkbox"/> Rights Advisement/Execution Of Rights Waiver <input type="checkbox"/> Formal Inquiry By Innocence Inquiry Commission <input type="checkbox"/> Hearing Before 3-Judge Panel
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<i>Start Date This Fee Requested</i>	<i>End Date This Fee Requested</i>	<i>Prior Total Fees And Expenses Allowed For Innocence Inquiry Work</i> \$
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Time Claimed	<i>Travel Time</i>	<i>Time Out Of Court</i>	<i>Time In Court</i>	<i>Total Time Claimed This Fee</i> ▶
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Expenses Claimed (Private Counsel Only)	<i>Travel</i> \$	<i>Long Distance Telephone</i> \$	<i>Copying</i> \$	<i>Other</i> \$	<i>Total Expenses Claimed This Fee</i> ▶ \$
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Payee Information: The applicant is always the individual private attorney or public defender. If payment is to be made to the applicant individually, 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.

<i>Name of Applicant</i>	<i>Address (If Public Defender, MUST Identify Office)</i>		
<i>Payee (see above)</i>			
<i>Taxpayer ID No. (see above)</i>	<i>Telephone No.</i>	<i>Date</i>	<i>Signature Of Applicant</i>

II. ORDER TO PAY ASSIGNED COUNSEL

The IDS Director FINDS that the "Total Amount" stated on Line 4 below shall be paid by the State of North Carolina to the payee named above:

- | | |
|---------------------------------------|-----------------------------------|
| 1. Hours Approved by the IDS Director | _____ |
| 2. Fees Allowed | (Hours Approved x IDS Rate) _____ |
| 3. Other Necessary Expenses Allowed | _____ |
| 4. Total Payment Amount | = ▶ \$ _____ |

<i>Date</i>	<i>IDS Director</i> Mary S. Pollard	<i>Signature</i>
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