

<p style="text-align: center;">In the General Court Of Justice</p> <p><input type="checkbox"/> District Court      <input type="checkbox"/> Superior Court Division</p> <p><b>STATE OF NORTH CAROLINA</b>  _____ County</p>	<p>► <i>File Nos.</i></p>
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<p><i>Name Of Indigent Defendant</i></p> <p>_____</p> <p><i>Social Security No.</i>  ____ - ____ - ____ <input type="checkbox"/> <i>Has No Social Security No.</i></p>	<p><b>EXPERT WITNESS FEE APPLICATION</b>  <b>AWARD OF PAYMENT</b>  <b>(Capital Cases, Appeals, and Innocence Inquiry Commission Cases)</b>  G.S. 7A-314(d), 7A-454</p>
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**INSTRUCTIONS:** Applicant completes Section I in any case in which the Office of Indigent Defense Services ("IDS Office") is responsible for setting expert fees—i.e., potentially capital cases at the trial level, appeals, capital post-conviction proceedings, and Innocence Inquiry Commission cases. The applicant then submits the original form, along with itemized time sheets and any required receipts, to: Office of Indigent Defense Services, 123 W. Main St., Suite 400, Durham, NC 27701. The applicant submits a copy of this form and the itemized time sheets to the attorney of record, as certified below. The IDS Office completes Section III and forwards a copy of the form to IDS Financial Services for payment, the attorney, and the expert. IDS then issues payment to the payee named below at the address shown below.

**I. APPLICATION**

**Attorney Information:**

Name Of Attorney 1: \_\_\_\_\_ (Check One):  Private Attorney  Public Defender  Capital Defender

Name Of Attorney 2: \_\_\_\_\_ (Check One):  Private Attorney  Public Defender  Capital Defender

**Prior Authorization:** Experts are expected to keep track of the amount of funding that has been pre-authorized for their services.

The following total amount has been pre-authorized for my services: \_\_\_\_\_

<i>This Is An (Check One Below):</i>		<i>Date Work Began For This Requested Fee</i>		<i>Date Work Ended For This Requested Fee</i>	
<input type="checkbox"/> Interim Fee	<input type="checkbox"/> Final Fee				
<i>Time Traveling</i> (required except for investigators/mitigation specialists) hrs	<i>Time Waiting In Court</i> (required except for investigators/mitigation specialists) hrs	<i>All Other Time</i> (required except for investigators/mitigation specialists) hrs	<b>TOTAL TIME</b> (required) hrs	<i>Out-of-Pocket Expenses This Fee</i> \$	

**Payee Information:** If payment is to be made to the applicant individually, write "same" under payee and give applicant's taxpayer ID No. (either SSN or Federal Employer ID No.). If payment is to be made to applicant's business, write business name under payee and give business taxpayer ID No.

<i>Name Of Applicant</i>	<i>Applicants Address:</i>
<i>Payee (see above)</i>	
<i>Taxpayer ID No. (see above)</i>	Is the applicant a current State government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Telephone No.</i>	<i>Applicant's Email Address</i>

**II. CERTIFICATION**

I, the undersigned expert, make application for payment of pre-authorized services rendered for the indigent person named above, and for reimbursement of necessary expenses incurred. I certify that the above information is complete and correct to the best of my knowledge, and that the rate I am charging in this case is the same as or lower than the rate I charge for comparable services provided to private clients or in non-indigent cases. I further certify that I have submitted a copy of this form and my itemized time sheets to the attorney(s) of record listed above.

<i>Date</i>	<i>Signature Of Expert</i>
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**III. AWARD OF PAYMENT (For Use By IDS Office Only)**

Field Of Expertise: \_\_\_\_\_

Amount Previously Paid To This Expert: \_\_\_\_\_ \$

Amount Remaining in Authorization After This Fee Award: \_\_\_\_\_ \$

*The Office of Indigent Defense Services hereby awards payment as follows:*

Hourly Rate \$ \_\_\_\_\_ X Number Of Hours To Be Paid \_\_\_\_\_ = \$ \_\_\_\_\_

Travel/Waiting Rate \$ \_\_\_\_\_ X Number Of Hours To Be Paid \_\_\_\_\_ = \$ \_\_\_\_\_

Other Necessary Expenses Allowed \_\_\_\_\_ = \$ \_\_\_\_\_

**Total Payment Amount** \_\_\_\_\_ = ► \$ \_\_\_\_\_

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