STATE OF NORTH CAROLINA _____ COUNTY	▶ *File No(s).*
Name Of Indigent Client	In The General Court Of Justice ☐ District ☐ Superior Court Division

IDS FEE DEADLINE EXTENSION FORM

Instructions: An appointed attorney must complete Part I of this form to apply for an advance extension of the one-year deadline for submission of a fee application in accordance with IDS Rule 1.9(a)(1a), 2A.4(a), 2B.3(a), 2C.3(a), or 3.3(b) (Aug. 13, 2007) and policies and procedures approved by the IDS Commission. *See* www.ncids.org. Regardless of the type of case involved, the appointed attorney must mail this deadline extension application to the IDS Director at: 123 W. Main St., Suite 400, Durham, NC 27701. The IDS Director will then complete Part II to approve or deny an extension of no more than 30 days and will mail a copy of the form back to the attorney. If the IDS Director approves an extension, this form must be attached to the fee application that is submitted to the presiding judge or the IDS Director, as determined by the IDS Rules, and must be forwarded to IDS Financial Services along with the fee application.

I. APPOINTED ATTORNEY'S APPLICATION FOR AN ADVANCE EXTENSION

Date Of Case Disposition

Showing Of Cause For Extension Request (Attach Additional Pages If Necessary)

By signing my name below, I certify that I was appointed as counsel of record in this case and that the information provided above is correct to the best of my knowledge. I understand that if the IDS Director denies this extension request or grants this extension request and I do not submit my fee application within the extended deadline, I will not be eligible to apply for a waiver of the extended deadline.

Date	*Name Of Attorney*	*Signature Of Attorney*
Attorney Telephone Number	*Attorney Facsimile Number*	*Attorney Email Address*

II. IDS DIRECTOR'S APPROVAL OR DENIAL OF EXTENSION REQUEST

☐ The IDS Director hereby finds good cause to extend the one-year deadline in this case by _____ days and approves this request to extend the deadline for submission of a fee application to *(insert date)*_____; or

☐ The IDS Director hereby finds no good cause to extend the one-year deadline in this case and denies this request.

Date	*IDS Director* ~~Mary S. Pollard~~	*Signature Of IDS Director*