



IWEBVISIT ATTORNEY ATTESTATION

Full Name: _____ North Carolina Bar Number: _____

Email Address: _____

I have read and understand the iWebVisit Video Teleconference Policy and am requesting from IDS access to a code that will be used to conduct secure, confidential video teleconference services through iWebVisit, billed directly to IDS.

I hereby certify that I will use the code to conduct teleconferences **only** with clients that I am representing in court-appointed cases.

I will **not** use the code for any teleconferences conducted for non-court appointed cases and **will not share the code with anyone.**

I understand that only the approved attorney is authorized to use the code and that any charges billed to IDS by anyone other than the approved attorney on one of the attorney's court appointed cases is subject to full repayment to IDS.

I understand that any iWebVisit video teleconference services used by an attorney for non-court appointed cases using the IDS billing code are prohibited, unauthorized, constitute a misuse of state funds, and are subject to **full repayment to IDS and loss of access to the direct billing service.**

I understand that use of this code is subject to audit.

I will notify IDS immediately once I am no longer employed by a North Carolina Public Defender Office or have been removed from the court appointed attorney list.

Signature: _____ Date: _____

submit signed attestation to IDS via email to Chadwick.E.Boykin@nccourts.org or via mail to:

INDIGENT DEFENSE SERVICES
123 West Main Street, Suite 400
Durham, NC 27701

Note: Each attorney must obtain confidential status from the detention facility and designate their account as confidential per the iWebVisit instructions prior to scheduling a conference. Instructions are available [here](#).