

### Recoupment Job Aid

Recoupment is the process by which the state recovers some of the public funds used to pay for appointed counsel, including attorney fees and expenses. The court is required under §N.C.G.S. 7A-455(b) to order repayment of attorney fees and expenses directly from persons who are convicted of criminal offenses.

For Managed Assigned Counsel (“MAC”), upon final disposition of a case, the fee application for an adult criminal matter, [AOC-CR-225](#), is used *exclusively* as the vehicle for recoupment through the court, and is not used to seek payment.

The chart below describes the sections of an adult criminal fee app, and what the purposes of each section are:

| <b>Purpose:</b>  | <b>Section:</b> | <b>Completed By:</b> |
|--|-----------------|----------------------|
| An application for payment of attorney fees by the attorney  | I.              | Attorney             |
| A court order for attorney fees  | II.             | Judge                |
| A docketing order of a civil judgment against the defendant for the attorney fees and of the appointment fee (“ <i>recoupment</i> ”)<br><br>To be eligible for recoupment the defendant:<br>i. Must have been convicted of a crime (not an infraction); <i>and</i><br>ii. Must have had a hearing on attorney fees as required by <i>State v. Friend</i> , 257 N.C. App 516, 809 S.E.2d, 902 (2018). | III.<br>IV.     | Judge                |
| A record of the docketing of the civil judgment  | V.              | Clerk                |

Only Private Assigned Counsel (“PAC” or “Assigned Counsel”) need to file the AOC-CR-225 for the purposes of seeking payment by the attorney, because Managed Assigned Counsel (“MAC”, or “IDS Contract Counsel”, or “Contractors”), have their fees fixed by IDS<sup>1</sup>, not by the court.

However, if an adult criminal matter has been finally disposed *and* is recoupment eligible then MAC must complete and file the AOC-CR-225 for recoupment purposes.

MAC will check the box, “IDS Contract Counsel” at the top of “Section I. Application” (see below). This will advise the court, the clerk, and IDS that the AOC-CR-225 is being used only for recoupment purposes. In addition, in the final part of “Section I. Application”, the attorney need only complete the “Name of Applicant” box (see below).

The judge, in Section II. will check “Public Defender/IDS Contract Counsel” to indicate that the court is fixing the value of services for recoupment purposes, not ordering payment of those services” <sup>2</sup>.

The judge and clerk will process the AOC-CR-225 for recoupment, and, if the “IDS Contract Counsel” box is checked they will not forward it to IDS Financial for payment.

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<sup>1</sup> Public Defenders also do not need to complete the AOC-CR-225 for purposes of payment, however, like MAC, if a case is finally disposed and recoupment eligible, Public Defenders do need to complete the AOC-CR-225 for purposes of recoupment.

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<sup>2</sup> Based on local rule some judges may request that attorneys enter information in some sections of the fee app that are designed for the judge to complete, if the judge requests the attorney enter data in “Section II.” the attorney should check the “Public Defender/IDS Contract Counsel” box.

MAC should check "IDS Contract Counsel" to advise that the form is being used for recoupment only.

In this section MAC need only enter their name when using the form for recoupment not payment.

The judge should check "Public Defender/IDS Contract Counsel" to indicate that the court is fixing the value of services for recoupment, not ordering payment to attorney.

| STATE OF NORTH CAROLINA In The General Court Of Justice  |  | File No. _____  | Provide all case numbers resolved on the same day in the same court before the same judge. |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|--|--|---|--|------------------------------------|------------------------------|--|--|--|-------------------|----------------------------|---------------|--|--|---------------|------|--|------------------------|--|--|
| <div style="display: flex; justify-content: space-between;"> <span>County _____</span> <span> <input type="checkbox"/> District<br/> <input type="checkbox"/> Superior Court Division                 </span> </div> <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Check Here If This Fee Application Covers Multiple Charges                 </div>   |  | Additional File No(s) _____   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Name And Address Of Indigent Client<br>_____<br>_____<br>_____   |  | <b>NON-CAPITAL CRIMINAL CASE TRIAL LEVEL<br/>FEE APPLICATION<br/>ORDER FOR PAYMENT<br/>JUDGMENT AGAINST INDIGENT</b>  |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Date Attorney Appointed _____<br>Full Social Security No. (required by G.S. 7A-455(d)) _____ <input type="checkbox"/> Has No Social Security No.   |  | G.S. Ch. 7A, Art. 36; G.S. 122C-268(d), -286(d)   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>NOTE:</b> Use this form ONLY for non-capital criminal cases at the trial level.<br><b>INSTRUCTIONS:</b> Applicant completes all applicable portions of Section I. The trial judge completes Sections II and III and signs Section IV to award payment or fix value of services and enter the appropriate judgment. If no judgments are to be entered, the trial judge must so indicate in Section III. Clerk mails private appointed counsel fee applications to: IDS Financial Services Office, Courthouse 45-10-50, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602.  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>I. APPLICATION</b>  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| I, the undersigned <input type="checkbox"/> assigned counsel, <input type="checkbox"/> public defender, <input type="checkbox"/> IDS contract counsel, make application for payment and reimbursement of necessary expenses incurred, or for determination of value of services rendered for the indigent. I certify that this information is correct to the best of my knowledge.   |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>MOST SERIOUS ORIGINAL CHARGE AND MOST SERIOUS DISPOSITION: Check ONE box in each of the three following columns.</b>  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>1. Original Charge (most serious offense)</b><br><input type="checkbox"/> Felony Offense<br>Must Indicate Felony Class: _____<br>Name Of Offense: _____<br><input type="checkbox"/> Felony Probation Violation<br><input type="checkbox"/> Misdemeanor Offense (Non-Traffic)<br>Must Indicate Misd. Class: _____<br>(If Class 3, attach Order Of Assignment)<br><input type="checkbox"/> Misdemeanor Probation Violation<br><input type="checkbox"/> DWI<br><input type="checkbox"/> Other Traffic<br>Must Indicate Misd. Class: _____<br>(If Class 3, attach Order Of Assignment)<br><input type="checkbox"/> Criminal Contempt<br><input type="checkbox"/> Treatment Court (in columns 2 and 3, check Other)<br><input type="checkbox"/> Satellite-Based Monitoring Hearing (in columns 2 and 3, check Other)<br><input type="checkbox"/> Non-Capital Motion For Appropriate Relief (in columns 2 and 3, check Other)<br><input type="checkbox"/> Other*: _____<br>*(Check only if none of the above) | <b>2. Disposition (most serious disposition)</b><br><input type="checkbox"/> Guilty Plea Before Trial: Most Serious Original Charge<br><input type="checkbox"/> Guilty Plea Before Trial: Other Offense<br>Name Of Offense: _____<br><input type="checkbox"/> Guilty Plea During Trial: Other Offense<br>Name Of Offense: _____<br><input type="checkbox"/> Trial: Guilty Most Serious Original Charge<br><input type="checkbox"/> Trial: Guilty Other Offense<br>Name Of Offense: _____<br><input type="checkbox"/> Trial: Acquitted<br><input type="checkbox"/> Probation Violation Found<br><input type="checkbox"/> Dismissed <u>With</u> Leave <input type="checkbox"/> Dismissed <u>Without</u> Leave<br><input type="checkbox"/> FTA/OFA <u>Without</u> Dismissal<br><input type="checkbox"/> Deferred/Diverted<br><input type="checkbox"/> Held In Criminal Contempt<br><input type="checkbox"/> No Probable Cause<br><input type="checkbox"/> Attorney Withdrawn (reason): _____<br><input type="checkbox"/> None (Interim Fee)<br><input type="checkbox"/> Other*: _____<br>*(Check only if none of the above) | <b>3. Judgment &amp; Sentencing (most serious)</b><br><input type="checkbox"/> Active Sentence<br>Length of Sentence: _____<br><input type="checkbox"/> Split Sentence<br><input type="checkbox"/> Supervised Probation<br><input type="checkbox"/> Unsupervised Probation<br><input type="checkbox"/> Probation Terminated<br><input type="checkbox"/> PJC<br><input type="checkbox"/> Fines And Costs Only<br><input type="checkbox"/> None (Acquitted/Dismissed)<br><input type="checkbox"/> None (Deferred/Diverted)<br><input type="checkbox"/> None (Attorney Withdrawn)<br><input type="checkbox"/> None (Interim Fee)<br><input type="checkbox"/> Other*: _____<br>*(Check only if none of the above) |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>FINAL FEES ONLY:</b> <input type="checkbox"/> Check here if you were appointed to represent this defendant in another case(s) at the time of the appointment to this case(s) and you already submitted a fee application for that case(s) in which the attorney appointment fee was charged.  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th style="width: 20%;">Beginning Date This Fee Request</th> <th style="width: 20%;">Ending Date This Fee Request</th> <th style="width: 20%;">Date First Substantive Client Interview</th> <th style="width: 40%;">Prior Total Fees And Expenses Allowed \$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |   |  | Beginning Date This Fee Request    | Ending Date This Fee Request | Date First Substantive Client Interview    | Prior Total Fees And Expenses Allowed \$ |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Beginning Date This Fee Request  | Ending Date This Fee Request   | Date First Substantive Client Interview   | Prior Total Fees And Expenses Allowed \$   |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th style="width: 20%;">Name Of Judge Setting Fee</th> <th style="width: 20%;">Time In Court</th> <th style="width: 20%;">Time In Court Waiting</th> <th style="width: 20%;">Time Out Of Court</th> <th style="width: 40%;">Total Time Claimed This Fee</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |   |  | Name Of Judge Setting Fee          | Time In Court                | Time In Court Waiting                      | Time Out Of Court                        | Total Time Claimed This Fee                      |                   |                            |               |  |  |               |      |  |                        |  |  |
| Name Of Judge Setting Fee  | Time In Court  | Time In Court Waiting   | Time Out Of Court  | Total Time Claimed This Fee        |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th style="width: 20%;">Travel \$</th> <th style="width: 20%;">(no. of miles)</th> <th style="width: 20%;">Copying \$</th> <th style="width: 20%;">(if in-house, no. of copies)</th> <th style="width: 20%;">Other (attach receipts if &gt; \$ 25)</th> <th style="width: 40%;">Total Expenses \$</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>   |  |   |  | Travel \$                          | (no. of miles)               | Copying \$                                 | (if in-house, no. of copies)             | Other (attach receipts if > \$ 25)               | Total Expenses \$ |                            |               |  |  |               |      |  |                        |  |  |
| Travel \$  | (no. of miles)   | Copying \$  | (if in-house, no. of copies)   | Other (attach receipts if > \$ 25) | Total Expenses \$            |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>NOTE:</b> In assigned counsel cases, the applicant is always the individual attorney. If payment is to be made to individual applicant, 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.  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 50%;">Name Of Applicant</td> <td style="width: 50%;">Address</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Payee (see Note)</td> <td> </td> </tr> <tr> <td>Taxpayer ID No. (see Note)</td> <td>Telephone No.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Email Address</td> <td>Date</td> </tr> <tr> <td> </td> <td>Signature Of Applicant</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |  |   |  | Name Of Applicant                  | Address                      |  |  | Payee (see Note)                                 |                   | Taxpayer ID No. (see Note) | Telephone No. |  |  | Email Address | Date |  | Signature Of Applicant |  |  |
| Name Of Applicant  | Address  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Payee (see Note)   |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Taxpayer ID No. (see Note)   | Telephone No.  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Email Address  | Date   |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  | Signature Of Applicant   |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
|  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>II. ORDER TO PAY OR FIX VALUE OF SERVICES</b>   |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| Based on the Findings of Fact set out in Section III, the Court ORDERS that the "Total Amount" stated on Line 4 below be:  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <input type="checkbox"/> (Assigned Counsel) paid by the State of North Carolina to the payee named above.<br><input type="checkbox"/> (Public Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant named above.  |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 80%;">1. Hours Approved By The Court</td> <td style="width: 20%;"> </td> </tr> <tr> <td>2. Fees Allowed/Value Of Services Rendered</td> <td>(Hours Approved x IDS Rate) = \$</td> </tr> <tr> <td>3. Other Necessary Expenses Allowed By The Court</td> <td>\$</td> </tr> <tr> <td><b>4. TOTAL AMOUNT</b></td> <td><b>\$</b></td> </tr> </table>  |  |   |  | 1. Hours Approved By The Court     |                              | 2. Fees Allowed/Value Of Services Rendered | (Hours Approved x IDS Rate) = \$         | 3. Other Necessary Expenses Allowed By The Court | \$                | <b>4. TOTAL AMOUNT</b>     | <b>\$</b>     |  |  |               |      |  |                        |  |  |
| 1. Hours Approved By The Court   |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| 2. Fees Allowed/Value Of Services Rendered   | (Hours Approved x IDS Rate) = \$   |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| 3. Other Necessary Expenses Allowed By The Court   | \$   |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| <b>4. TOTAL AMOUNT</b>   | <b>\$</b>  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| (Over)   |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |
| AOC-CR-225, Rev. 12/20, © 2020 Administrative Office of the Courts   |  |   |  |                                    |                              |  |  |  |                   |                            |               |  |  |               |      |  |                        |  |  |

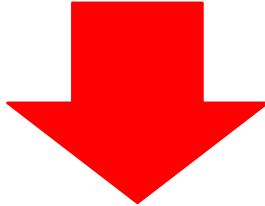
## Is my case recoupment eligible?

Yes  
Guilty Plea before or during trial to  
the original or lesser charge  
Guilty verdict original or lesser  
charge  
Probation violation found  
Held in criminal contempt



Attorney should request  
recoupment of attorney's fees by  
submitting an AOC-CR-225 form to  
the Judge for consideration.

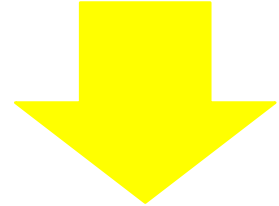
No  
Acquitted  
Dismissed without leave  
No probable cause



Attorney should NOT request  
recoupment of attorney's fees.

- ⇒ If the case is a MAC case,  
attorney should submit hours to  
IDS for approval and payment.
- ⇒ If the case is not a MAC case,  
attorney should submit AOC-CR-  
225 to judge for approval and  
payment but judge should NOT  
order recoupment

Not Yet  
Dismissed with leave  
FTA/ OFA without dismissal  
Deferred/ diverted  
Withdrawal



Attorney should NOT request  
recoupment of attorney's fees  
until the case is disposed.

- ⇒ If the case is a MAC case,  
attorney should submit  
hours to IDS for approval  
and payment.
- ⇒ If the case is not a MAC case,  
attorney should submit AOC-  
CR-225 to judge for approval  
and payment but judge  
should NOT order  
recoupment