STATE O	F NOF	RTH CAROLI	INA In The Genera ☐ District	l Court Of Justice	File No. include appellate and trial court File Numbers				
		Cou		Court Division	Additional File No.(s)				
Check Here If This Fee Application Covers Multiple Convictions									
Name And Address C	Of Indigent, J	uvenile, Or Dependent Ad	dult	NON-CAPITAL CRIMINAL OR NON-CRIMINAL APPEALS FEE APPLICATION ORDER FOR PAYMENT JUDGMENT AGAINST INDIGENT OR PARENT/GUARDIAN					
				G.S. Ch. 7A, Art. 36; G.S. 122C-268(d), -286(d); IDS Rule 3					
Indigent Person's Full Social Security No Only Complete If Judgment For Fees Has Been Entered (required by G.S. 7A-455(d))									
Responsible Person's Full Social Security No Only Complete If Judgment For Fees Has Been Entered (required by G.S. 7A-455(d))									
-			Has No Social S	ecurity No. Un	able to obtain Social Security No. despite reasonable efforts				
NOTE: Per G.S. 7A-455(d), the fee application must include the social security number (SSN) of a party against whom a judgment for attorney's or GAL's fees has been entered under G.S. 7A-450.1 - 450.3 or 7A-455 (or certify that the SSN cannot be obtained with reasonable efforts). These SSNs are expressly required by law and therefore exempt from filers' redaction requirements in G.S. 132-1.10(d). When filing electronically, select the "Public Not Portal" security setting so that unredacted fee applications are not available on Portal.									
NOTE: DO NOT use this form for capital cases or for non-capital criminal or non-criminal cases at the trial level. INSTRUCTIONS: Applicant completes and signs Section I, and mails to: Office of Indigent Defense Services, 123 W. Main St., Suite 400, Durham, NC 27701. If this is an application for interim payment, the IDS Office will complete Section II and forward a copy of this form to the IDS Financial Services Office for payment. If this is an application for final payment, the IDS Office will complete Sections II and III, and forward the original form to the trial judge, and copies of the form to the defendant or respondent and the IDS Financial Services Office for payment. The trial judge then completes Sections IV and V. The Clerk dockets the judgment.									
			I. APPL	ICATION					
I, the undersigned assigned counsel public defender appellate defender 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.									
NATURE OF MOS			PROCEEDING THAT WAS	,	T				
Criminal Trial; or Guilty Plea Revocation Felony (most serious conviction): Class: Name Of Offense:			Juvenile Delinquency Class Of Offense: Abuse/Neglect/Dependency (Parent or Custodian)		Special Proceedings Incompetency Involuntary Commitment Other				
Misdemeanor (most serious conviction): Name Of Offense:			☐ Termination Of Parental Rights (Parent) DSS Private ☐ A/N/D or TPR (Guardian Ad Litem for Parent or Custodian)		Court Court of Appeals Supreme Court				
	Beginning Date <u>This</u> Fee Request		Ending Date <u>This</u> Fee Request		Prior Total Fees And Expenses Allowed				
COMPLETE FOR THIS FEE:	This Fee Application Is:		Check here to indicate you have attached detailed time sheets. See Sec. 10.1 of S.L. 2020-83. (Time must be reported in decimals, not minutes.)		Total Time Claimed <u>This</u> Fee				
	Travel \$		Copying \$	Other \$	Total Expenses \$				
COMPLETE IF THIS IS A	Name Of Presiding Judge At The Trial Level Date Of Last Appellate Ruling								
FINAL FEE:	The suit of Tappear			nviction Vacated w Sentencing Hearing	New Trial Appeal Withdrawn G Other:				
Payee. If payment North Carolina Sub	is to be ma estitute W-9	nde to applicant's firm, I Form on file with IDS	give firm name as Payee.	Per United States tax la 2448, Raleigh, NC 27602	made to individual applicant, write "same" under w and State policy, the Payee must have a State of 2. See www.osc.nc.gov/state-north-carolina-sub-w-9. skup withholding tax.				
Name Of Applicant			Applicant Bar No.	Address					
Payee (see Note)			'						
Telephone No.		Email Address		Date	Signature Of Applicant				



	II AWADD	OE DAV	IENT OD DETERMINAT	ION OF VALUE OF SERVICES						
II. AWARD OF PAYMENT OR DETERMINATION OF VALUE OF SERVICES The Parent Defender FINDS that the "Total Amount" stated on Line 3 holes he:										
The Parent Defender FINDS that the "Total Amount" stated on Line 3 below be: (Assigned Counsel/GAL) paid by the State of North Carolina to the payee named above.										
(Assigned Counsel/GAL) paid by the State of North Carolina to the payee harned above. (Public Defender/Appellate Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant named above.										
1. Fees Allowed/Value Of Services Rendered NC State Bar CW Specialist \$										
Other Necessary Expe				\$						
3. TOTAL AMOUNT				\$						
Date	Parent Defender			Signature Of Parent Defender						
		Wendy So	otolongo							
III. SUM OF ATTORNEY AND SUPPORT SERVICE FEES AND EXPENSES										
NOTE: The Office of Indigent Defense Services completes this section.										
A. Attorney Fees And Necessary Expenses:										
SUBTOTAL A (sum of all attorney fees and expenses paid to this attorney, on this and all prior applications)										
			paid to this attorney, on this	s and an prior applications,	········					
B. Support Services	•									
SUBTOTAL B (sum	of all amounts incurre	ed througho	ut the appeal)		\$					
		GRAN	D TOTAL A + B (attorney	fees and expenses, plus support servi	ces) \$					
		IV. FIN	IDINGS OF FACT AN	D JUDGMENT						
After written notice to t	the indigent named	on the rev	erse or service of a sum	nons on the responsible person n	amed below, and					
				ent adult named on the reverse ha						
	•			er, remains dependent on and dor	. ,					
				and other necessary expenses of						
the applicant named o	n the reverse provi	ded service	es and incurred expenses	s of which the money value is that	stated in Section III above.					
NOTE: To enter judgme	nt against indigent, ch	eck Option	"A" and sign Section V. To e	enter judgment against parent, guardia	n, or trustee of juvenile or					
dependent adult	t, check Option "B" and	d sign Secti	on V.							
NOTE: The trial court m	ay not enter judgmen	for an amo	unt greater than the Total ar	mount in Section III above.						
A. (Judgment Against	t Indigent) The Court	further fin	ds that an order has bee	n entered adjudicating the juvenile	to be abused, neglected,					
				rights of one or both of the juvenil						
				onviction has been entered agains						
of the matters ra	ised on appeal hav	e not been	vacated, reversed, or re	manded. If the juvenile has been	adjudicated abused,					
				court further finds that the respond						
				be held responsible for reimbursi						
				rth Carolina recover from the indig	ent the amount stated					
below, together v	with interest at the l	egal rate f	om the date the judgmer	nt is docketed until paid.						
B. (Order For Paymer	nt By Responsible Pe	rson and Ju	dgment) The Court further	finds that an order has been ente	ered adjudicating the					
				ered against the dependent adult,						
raised on appeal	I have not been vac	ated, reve	rsed, or remanded. The 0	Court further finds that the respons	sible person named below					
				d is financially able to pay the fees						
				e State for the same. Based on a						
				mount stated in Section III above						
Clerk of Superior Court. If that amount is not paid in full at the time of disposition of the appeal, the State of North Carolina shall										
recover from the responsible person the amount stated in Section III above, together with interest at the legal rate from the date the										
judgment is docketed until paid.										
Name And Address Of Responsible Person										
V. SIGNATURE OF JUDGE										
The foregoing AWARE	OF PAYMENT OF	DETERM		SERVICES, as made by the Par	ent Defender, shall he					
entered and filed this o	day in the office of t	ne Clerk of	Superior Court. The FIN	DINGS and JUDGMENT of the C	ourt shall be entered					
and filed this day in the	e office of the Clerk	of Superio	r Court. The Judgment s	hall become effective as provided	by law.					
Date	Name Of Judge (type o	r print)		Signature Of Judge						
		1/I	DOCKETING - CSC I	ISE ONLY						
NOTE: Dooket any inde	mente immediately ex				ident is ordered as a					
NOTE: Docket any judgments immediately on the date on which the defendant's conviction becomes final, unless the defendant is ordered as a condition of supervised or unsupervised probation to pay the State for the costs of his/her representation. If the defendant is so ordered, docket										
any judgments immediately on the date the defendant's probation is revoked or terminated by the Court, or when the term of probation expires,										
	s first; then docket the	amounts o			Amount Decketed					
Date	Time AN	1 ПРМ	Judgment Abstract No.		Amount Docketed					