

<b>STATE OF NORTH CAROLINA</b> _____ County	Form IDS-045 (Rev. 10/21)  ▶ File Nos.
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<i>Name Of Indigent Defendant</i>	<b>OUT-OF-STATE TRAVEL EXPENSE REQUEST POTENTIALLY CAPITAL CASE AT TRIAL LEVEL</b> IDS Rules, Part 2D
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**INSTRUCTIONS:** Do NOT use this form to request funding for expert services; use form IDS-028 to request funding for expert services in potentially capital cases at the trial level. To request approval of out-of-state travel expenses in a potentially capital case at the trial level, counsel completes Parts I. through III. of this form and submits it to the Office of the Capital Defender, by facsimile to (919) 354-7221 or by email to CapitalForms@nccourts.org. Submit one form per traveler. The Office of the Capital Defender will then complete Part IV., provide a copy of the form to the requesting attorney, and maintain the original form in a confidential file. If you have questions, call (919) 354-7220.

I. CASE INFORMATION		
<i>Has Rule 24 Hearing Been Held?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Has Prosecutor Declared Case Capital?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Has IDS Declared Case "Exceptional"?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<i>Has IDS Set Pretrial Budget?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Trial Date (n/a if no date set)</i>
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II. REQUESTER INFORMATION	
<i>Attorney Name</i>	<i>Attorney Email Address</i>

<i>Attorney Phone Number</i>	<i>Attorney Fax Number</i>	<i>Date Of Request</i>
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III. TRAVELER INFORMATION		
<i>Name Of Traveler</i>	<i>Role Of Traveler</i>	<i>Destination Of Traveler</i>

Travel Item	Rate	Days	Miles	Amount
Airline Tickets *				\$
Hotel (actual + taxes) *	\$105.20 + tax/night			\$
Car Rental				\$
Private Vehicle Mileage	\$0.625/mile			\$
Meals Per Diem	\$49.70/overnight stay			\$
Other:				\$

*Reasons For Travel* (must be extraordinary for more than one team member to travel outside North Carolina)

**\* NOTE:** If the travel expenses marked with an asterisk are approved and the requesting attorney wants IDS to pay them directly, rather than the traveler seeking reimbursement, the attorney must submit the IDS Travel Request Form. Go to [www.ncids.org](http://www.ncids.org) and click on "Information for Counsel" and then "Forms & Applications."

IV. OFFICE OF CAPITAL DEFENDER APPROVAL OR DENIAL	
<i>Approval Or Denial</i> <input type="checkbox"/> Approved in the Amount of \$ _____ <input type="checkbox"/> Denied	

<i>Date</i>	<i>Capital Defender</i> Robert E. Sharpe., Jr.	<i>Signature</i>
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