

STATE OF NORTH CAROLINA _____ County		► <i>File Nos.</i> _____ ► <i>Additional File Nos.</i> _____											
<i>Name of Juvenile</i> _____ <i>NC-JOIN Number:</i> _____		JUVENILE DELINQUENCY TRIAL LEVEL JUDGMENT AGAINST PARENT/GUARDIAN (NCGS 7A-450.1; 7A-450.2; 7A-450.3)											
I. VALUE OF SERVICES													
1. A petition was filed against the above-named juvenile for the delinquent act of _____ (most serious charge). 2. The attorney named below was appointed to represent the juvenile pursuant to Articles 36 and 39B of Chapter 7A of the NC General Statutes and provided services and incurred expenses of which the money value is stated on Line 3.e. below. 3. The value for services rendered by assigned counsel and the sums allowed for other necessary expenses include: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">a. Total Time Approved by IDS</td> <td style="width: 40%; text-align: right;">\$ _____</td> </tr> <tr> <td>b. Travel Approved by IDS</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c. Copying Approved by IDS</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>d. Other Approved Expenses (attach receipts if >\$25)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>e. Total Value of Services Rendered</td> <td style="text-align: right;">\$ _____</td> </tr> </table>				a. Total Time Approved by IDS	\$ _____	b. Travel Approved by IDS	\$ _____	c. Copying Approved by IDS	\$ _____	d. Other Approved Expenses (attach receipts if >\$25)	\$ _____	e. Total Value of Services Rendered	\$ _____
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<i>Name of Attorney</i> _____		<i>Date</i> _____	<i>Signature of Attorney</i> _____										
II. FINDINGS OF FACT AND JUDGMENTS													
To enter judgment against a responsible person(s), the Court must make the following finding and sign below: After service of a summons on the responsible person(s) named below, and opportunity to be heard, the Court finds that the indigent juvenile named above requested and has been provided counsel and other necessary expenses of representation; that the applicant above provided services and incurred expenses of which the money value is that stated in Section I.3.e.; and that the responsible person(s) named below is the parent, guardian or trustee of the juvenile, is financially able to pay the fees and expenses set out above, and should be held responsible for reimbursing the State for the same.													
<i>Name and Address of Responsible Person 1</i> _____ _____		<i>Social Security No.</i> _____ <input type="checkbox"/> <i>Has No Social Security No.</i>											
<i>Name and Address of Responsible Person 2</i> _____ _____		<i>Social Security No.</i> _____ <input type="checkbox"/> <i>Has No Social Security No.</i>											
III. SIGNATURE OF JUDGE													
By signing below, the Court enters an ORDER TO PAY VALUE OF SERVICES in the amount indicated in Section I.e. above, which shall be entered and filed this day in the office of the Clerk of Superior Court. The Court further Orders that the FINDINGS OF FACT and JUDGMENTS shall be entered and filed this day in the office of the Clerk of Superior Court. The Judgments shall become effective as provided by law. Therefore, it is ORDERED that the responsible person(s) shall reimburse the State the TOTAL AMOUNT stated in Section II on Line 3.e. of Section I, by paying the same to the Clerk of Superior Court for transmittal to the State Treasurer. If that amount is not paid in full at the time of disposition, this judgment shall be docketed and the State of North Carolina shall then recover from the responsible person(s) that amount together with interest at the legal rate from the date of docketing until paid.													
<i>Name of Judge</i> _____		<i>Date</i> _____	<i>Signature of Judge</i> _____										
IV. DOCKETING – CSC USE ONLY													
Note: Do not docket this judgment if, at the time of disposition, the responsible person(s) named above pays to the Clerk of Superior Court the total amount stated in Section I on Line 3.e. Docket this judgment at disposition if the responsible person(s) does not make such payment.													
<i>Date</i> _____	<i>Time</i> <div style="display: flex; align-items: center;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div>	<i>Judgment Abstract No.</i> _____	<i>Amount Docketed</i> \$ _____										