| STATE OF NORTH CAROLINA<br>_____ COUNTY | ►*File No(s).* |
|---|---|
| *Name Of Indigent Client* | In The General Court Of Justice<br>☐ District ☐ Superior Court Division |

**IDS FEE DEADLINE WAIVER FORM**

***Instructions:*** An appointed attorney who has missed the IDS deadline for submission of a fee application must complete Part I of this form to apply for a waiver of the deadline in accordance with IDS Rule 1.9(a)(1a), 2A.4(a), 2B.3(a), 2C.3(a), or 3.3(b) (Aug. 13, 2007) and policies and procedures approved by the IDS Commission. *See* www.ncids.org. **For cases not billed using the OASIS system** the appointed attorney must mail this deadline waiver application, the completed fee application form, and itemized time sheets to the IDS Director at: 123 W. Main St., Suite 400, Durham, NC 27701. The IDS Director will then complete Part II to approve or deny a fee and will mail a copy to the attorney. If the IDS Director approves a fee, he or she will also mail a copy of this form, the fee application form, and all other supporting documentation to IDS Financial Services. IDS Financial Services will then issue payment to the payee named on the attached fee application.

**I. ATTORNEY APPLICATION FOR A WAIVER OF THE FEE DEADLINE**

| *Date Of Case Disposition* | *If A Criminal Judgment Was Entered Against Your Client, You MUST Provide A Current Mailing Address For The Client Or Check The Box Below* |
|---|---|
| *If The Attached Fee Petition Was Previously Submitted To A Judge, Date Of Original Submission* | ☐ I certify that I have expended reasonable efforts, but have been unable to obtain a current mailing address for this indigent client. |

*Showing Of Cause For Late Fee Submission* (Attach Additional Pages If Necessary)

*By signing my name below, I certify that I was appointed as counsel of record in this case and that the information provided above and in any attachments to this application is correct to the best of my knowledge.*

| *Date* | *Name Of Attorney* | *Signature Of Attorney* |
|---|---|---|
| | | |

## II. IDS DIRECTOR'S APPROVAL OR DENIAL OF WAIVER APPLICATION

☐ The IDS Director hereby finds good cause for the late submission of the attached fee application, reduces the total award by **_____%**, and directs payment in the total amount shown below and on the attached fee application form; or

**► Total Payment Amount:**

☐ The IDS Director hereby finds no good cause for the late submission of the attached fee application and denies payment in full; or

☐ The attached fee application is no longer eligible for a waiver of the deadline under the applicable IDS policy because it was postmarked more than 90 days after the one-year deadline expired, and payment is denied in full.

| *Date* | *IDS Director*<br>Mary S. Pollard | *Signature of IDS Director* |
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