In the General Court Of Justice ☐ District Court Division ☐ Superior Court Division STATE OF NORTH CAROLINA _____ County	►*File No.* ►*Additional File Nos.*
Name Of Indigent Juvenile/Defendant *Social Security No.* ☐ *Has No SSN* _____ - ___ - _____ ☐ *Unable to Obtain SSN Despite Reasonable Efforts*	**EXPERT WITNESS FEE APPLICATION** **AWARD OF PAYMENT** **(Juvenile First Degree Murder Cases for Youth Ages 13-17)** G.S. 7A-314(d), 7A-454

INSTRUCTIONS: *Applicant completes Sections I and II in Juvenile First Degree Murder Cases for Youth Ages 13-17, where the Office of the Juvenile Defender is responsible for setting fees. The applicant then submits the original form, along with itemized time sheets and any required receipts, via fax to 9198901927@efax.nccourts.org. The applicant submits a copy of this form and the itemized time sheets to the attorney of record, as certified below. The Office of the Juvenile Defender completes Section III and forwards a copy of the form to IDS Financial Services for payment, the attorney, and the expert. IDS then issues payment to the payee named below at the address shown below.*

Attorney Information:

Name Of Attorney 1: _____ (*Check One*): ☐ Private Attorney ☐ CDPL ☐ Public Defender

Name Of Attorney 2: _____ (*Check One*): ☐ Private Attorney ☐ CDPL ☐ Public Defender

Prior Authorization and Applications: *Experts are expected to keep track of the amount of funding that has been pre-authorized for their services.*

The following total amount has been pre-authorized for my services: _____

☐ This is an initial application for payment.

☐ This is a subsequent application for payment. Amount previously submitted: _____

This Is An (Check One Below): ☐ Interim Fee ☐ Final Fee	*Date Work Began For This Requested Fee*	*Date Work Ended For This Requested Fee*

Time Traveling (required except for investigators/mitigation specialists)	*Time Waiting In Court* (required except for investigators/mitigation specialists)	*All Other Time* (required except for investigators/mitigation specialists)	*TOTAL TIME* (required)	*Out-of-Pocket Expenses This Fee* (attach all necessary receipts)
hrs	*hrs*	*hrs*	*hrs*	$

Payee Information: *If payment is to be made to the applicant individually, write "same" under payee and give applicant's taxpayer ID No. (either SSN or Federal Employer ID No.). If payment is to be made to applicant's business, write business name under payee and give business taxpayer ID No.*

Name Of Applicant	*Applicants Address:*
Payee (see above)	
Taxpayer ID No. (see above)	Is the applicant a current State government employee? ☐Yes ☐ No
Telephone No.	*Applicant's Email Address*

II. CERTIFICATION

I, the undersigned expert, make application for payment of pre-authorized services rendered for the indigent person named above, and for reimbursement of necessary expenses incurred. I certify that the above information is complete and correct to the best of my knowledge, and that the rate I am charging in this case is the same as or lower than the rate I charge for comparable services provided to private clients or in non-indigent cases. I further certify that I have submitted a copy of this form and my itemized time sheets to the attorney(s) of record listed above.

Date	*Signature Of Expert*

III. AWARD OF PAYMENT *(For Use By IDS Office Only)*

Field Of Expertise: _____

Amount Previously Paid To This Expert: $_____

Amount Remaining in Authorization After This Fee Award: $_____

The Office of Indigent Defense Services hereby awards payment as follows:

Hourly Rate $_____ **X** Number Of Hours To Be Paid _____ = $_____

Travel/Waiting Rate $_____ **X** Number Of Hours To Be Paid _____ = $_____

Other Necessary Expenses Allowed = $_____

Total Payment Amount = ► **$**_____

Date	*IDS Director or Designee*	*Signature*
	Eric J. Zogry	