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:	**JUVENILE DEFENDER ACCOUNTING SUMMARY FOR EXPERT FEE APPLICATIONS** *Completed to Accompany Form IDS-003-J*

I. SUMMARY OF FUNDS

Expert:

Date:	Authorization:	Payment:
Total:	$ 0.00	$ 0.00

Funding remaining: _____

Date	*Juvenile Defender or Designee*	*Signature*