

STATE OF NORTH CAROLINA _____ County	Form IDS-042 (New 09/15)
	▶ File Nos.

<i>Name Of Indigent Defendant</i>	HIGH-LEVEL FELONY CONTRACTOR REQUEST FOR CONSULTATION AND ADVANCE APPROVAL OF HOURLY COMPENSATION OR CASELOAD REDUCTION RFP § 3.11; Contract § 7.6
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INSTRUCTIONS: Attorneys who are handling high-level felony cases pursuant to a contract with the Office of Indigent Defense Services (IDS) and who believe they will spend more than 50 hours on one case should complete Parts I. and II. of this form to request a consultation with the Regional Defender in their area, and to seek prior approval to be compensated for a certain amount of time in excess of 50 hours at \$60 per hour or for a caseload reduction. Completed forms should be sent via email or facsimile to the applicable Regional Defender. Go to www.ncids.org and click on "IDS Staff" for contact information. If additional hourly compensation or a caseload reduction is approved, the contractor should claim the additional compensation or caseload reduction after the case has been finally disposed at the trial level by submitting form IDS-043 and itemized time sheets for all time in excess of 50 hours to the IDS Director no later than 120 days after the case is finally disposed at the trial level. If the client is convicted, the contractor shall report all time expended on the case in the online Contractor Case Reporting System and shall print a recoupment application for the Court that reflects all time expended.

	I. CASE INFORMATION	
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<i>Case Type (describe the nature of the proceeding, including the class of offense)</i>

<i>Time In Court To Date</i>	<i>Time Waiting In Court To Date</i>	<i>Time Out Of Court To Date</i>	➔	<i>Total Time To Date</i>
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<i>Description Of Work Done To Date</i>

<i>Description Of Work Remaining To Be Done</i>

Description Of Any Other Factors Contractor Believes Are Pertinent (e.g., extensive litigation in other contract cases)

II. REQUEST FOR EXTRAORDINARY PAY OR CASELOAD REDUCTION

Request For (check one or both)

Extraordinary Pay

Caseload Reduction

Total Amount Of Time Contractor Believes Necessary To Resolve Case (including time shown above)

Date

Name Of Contractor Completing This Form

Signature Of Contractor Completing This Form

III. IDS OFFICE USE ONLY

Decision Of Regional Defender

Approve (specify number of hours in excess of 50 approved or reduction in caseload, reason(s) for approval, and any condition(s) of approval):

Deny (specify reason(s) for denial):

Date

Name Of Regional Defender

Signature Of Regional Defender

NOTE TO REGIONAL DEFENDER: Once complete, provide original form to IDS Contracts Administrator.