

STATE OF NORTH CAROLINA _____ County	Form IDS-041 (Rev. 05/16)
	▶ File Nos.

<i>Name Of Indigent Defendant</i>	CRIMINAL CASE AND PER SESSION CONTRACTOR REQUEST FOR EXTRAORDINARY PAY OR EXTRAORDINARY EXPENSE RFP § 3.11; Contract §§ 7.6, 7.8
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INSTRUCTIONS: Attorneys who are handling indigent criminal cases pursuant to a contract with the Office of Indigent Defense Services (IDS) should complete Parts I, II, and IV of this form to request additional compensation outside of the contract or a reduction in the required number of dispositions for an extraordinary case. The completed form must be submitted no later than 120 days after the case is finally disposed at the trial level and must be accompanied by itemized time sheets. Time sheets must be computer generated and must include meaningful details about the quantity and quality of services rendered. At a minimum, time sheets must reflect attorney time broken down according to date, description of activity, and amount of time in tenths of an hour.

Contractors who are handling high-level felony cases and who are seeking advance approval to receive additional hourly compensation or a caseload reduction for time in excess of 50 hours on one case should NOT use this form and should instead complete form IDS-042. Contractors (including high-level felony contractors) should complete Parts I, III, and IV of this form to request reimbursement of extraordinary expenses, which must be claimed in compliance with the applicable IDS billing policies. Receipts or documentation must be attached if required by those policies. **Completed forms should be sent via email or facsimile to the Regional Defender in the contractor's area.** Go to www.ncids.org and click on "IDS Staff" for contact information. IDS will approve or deny requests on at least a quarterly basis.

	I. CONTRACT & CASE INFORMATION	
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<i>Case Contract Category</i> (check one) <input type="checkbox"/> Adult Misdemeanor <input type="checkbox"/> Adult Low-Level Felony <input type="checkbox"/> Adult High-Level Felony (<i>use form IDS-042 for advance approval of time over 50 hours</i>) <input type="checkbox"/> Child Support Contempt (<i>eligible for extraordinary expense only</i>) <input type="checkbox"/> Treatment Courts (<i>eligible for extraordinary expense only</i>) <input type="checkbox"/> Other Per Session Courts (<i>eligible for extraordinary expense only</i>)	<i>Case Type</i> (describe the nature of the case, including the class of offense)
<i>Disposition Date</i>	

	II. REQUEST FOR EXTRAORDINARY PAY OR CASELOAD REDUCTION	
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<i>Request For</i> (check one or both) <input type="checkbox"/> Extraordinary Pay <input type="checkbox"/> Caseload Reduction	<i>Time In Court</i>	<i>Time Waiting In Court</i>	<i>Time Out Of Court</i>	➔	<i>Total Time</i>
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Description Of Factors That Contractor Believes Make Case Extraordinary (e.g., extensive pretrial litigation or extended jury trial)

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

III. REQUEST FOR EXTRAORDINARY EXPENSES

Type And Amount Of Extraordinary Expense (attach receipts if required by IDS billing policies)

- Case-Related Out-of-State Travel (specify amount claimed and reason for travel):

- Out-of-County Lodging Necessitated by Case-Related Travel (specify amount claimed and reason for lodging):

- Other Necessary Case-Related Expenses that Cumulatively Exceed \$100 in One Contract Case (specify amount claimed and describe nature of expense):

IV. CONTRACTOR INFORMATION

<i>Date</i>	<i>Name Of Contractor Completing This Form</i>	<i>Signature Of Contractor Completing This Form</i>
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V. IDS OFFICE USE ONLY

Recommendation Of Regional Defender

- Approve (specify amount of additional pay or reduction in caseload, or amount of reimbursable expenses, and reason for recommending approval):

- Deny (specify reason for recommending denial):

<i>Date</i>	<i>Name Of Regional Defender</i>	<i>Signature Of Regional Defender</i>
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Decision Of IDS Executive Director

- Approved
- Modified (specify):
- Denied

<i>Date</i>	<i>Name Of IDS Executive Director</i> Thomas K. Maher	<i>Signature Of IDS Executive Director</i>
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NOTE TO REGIONAL DEFENDER: Once complete, provide original form to IDS Contracts Administrator.