

STATE OF NORTH CAROLINA

File No.(s)

County

In The General Court Of Justice

District Superior Court Division

Name Of Indigent Defendant Or Respondent

Highest Original Charge (Criminal) Or Nature Of Proceeding (Civil)

APPLICATION AND ORDER FOR DEFENSE EXPERT WITNESS FUNDING IN NON-CAPITAL CRIMINAL AND NON-CRIMINAL CASES AT THE TRIAL LEVEL

G.S. 7A-314(d), 7A-454, 7A-498.5(f), 15A-905(c)(2)

INSTRUCTIONS: Use this form only if you are representing an indigent person at state expense, or if you have been retained but the Court has entered an Order finding your client indigent for purposes of obtaining expert assistance...

The attorney for the defendant or respondent completes Section I and submits the form and a supporting motion justifying the requested expert services to the Court. If permitted by case law, the attorney for the defendant or respondent may submit this form and the supporting motion ex parte.

I. DEFENSE REQUEST

Based on the factual showing in the attached supporting motion as required by Ake v. Oklahoma and its progeny, the undersigned attorney for the defendant or respondent named above requests funding for the following expert services. The attorney certifies that the information provided below is true and accurate.

Check here if request and motion are being submitted ex parte.

Name And Address Of Expert

Is the expert a current State government employee? Yes No If Yes, Name And Address Of Employing Government Agency

Total Amount Of Funding Requested (time and expenses)

\$

Prior Total Funds Approved For This Expert

\$

Type Of Expert (check one; if none apply, skip to expert's highest education level or area of expertise)

- Paralegal Licensed Private Investigator Attorney Serving As Expert Transcriptionist (English Language) Mitigation Expert/Social Worker

If None Of The Above, Expert's Highest Level Of Education Or Area Of Expertise

- High School or GED Associate's Degree Linguist (Federally Certified) Bachelor's Degree Master's Degree Crime Scene and Related CPA/Financial Expert Pharmacy/Pharm.D. Information Technology Ph.D./Psy.D. Medical Doctor MD With Specialty

NOTE: The IDS Director may grant deviations from the hourly rates in Section III when necessary and appropriate based on case-specific needs. To request a deviation, complete form AOC-G-310. If a deviation has been approved, attach a copy to this form.

Expert's Years Of Experience (check one if applicable)

- Expert has more than 10 years of experience in the field in which he/she is providing services. Start date of experience: Expert has more than 20 years of experience in the field in which he/she is providing services. Start date of experience:

Date

Name Of Attorney Requesting Expert Funding

Telephone Number Of Attorney

Signature Of Attorney

II. COURT ORDER

The Court finds that the expert identified in Section I would materially assist in the preparation of the defense in this case and that the denial of such expert assistance would deprive the defendant or respondent of a fair trial or other case resolution. Therefore, it is ORDERED that the defendant or respondent named above is entitled to \$ in funds appropriated to the Office of Indigent Defense Services (IDS) to employ the expert witness named in Section I; that the expert's fees and expenses shall not exceed this amount except by further Order of the Court; and that the expert witness named in Section I shall be compensated at the hourly rate specified in Section III and the applicable IDS policy.

The Court finds that the expert identified in Section I would not materially assist in the preparation of the defense in this case. Therefore, it is ORDERED that this motion is denied.

It is ORDERED that (check one only):

- The motion submitted by counsel and this Order shall be sealed in the court file and only opened upon further order of the Court. The motion submitted by counsel and this Order shall be sealed, and counsel shall retain the sealed motion and Order while this case is pending and file both in the court file within 30 days of final disposition at the trial level.

The motion and Order shall not be distributed beyond the defense team and IDS.

Date

Name Of Judge

Signature Of Judge

III. STANDARDIZED RATE SCHEDULE, EXPERIENCE, ENHANCEMENTS, AND DEFINITIONS

Standardized **Set** Compensation Rates (check one box from this section if any apply; if none apply, skip to base rates below)

- | | | | |
|--|---------------|--|---|
| <input type="checkbox"/> Paralegal | \$15 per hour | <input type="checkbox"/> Mitigation Expert/Social Worker | \$50 per hour |
| <input type="checkbox"/> Transcriptionist (English Language) | \$20 per hour | <input type="checkbox"/> Attorney Serving as Expert | Same rate as the appointed attorney in the case |
| <input type="checkbox"/> Licensed Private Investigator | \$50 per hour | | |

Standardized **Base** Compensation Rates (if no set rates above apply, check one box from this section that represents highest level of education or expertise)

- | | | | |
|---|----------------|---|----------------|
| <input type="checkbox"/> High School or GED | \$30 per hour | <input type="checkbox"/> CPA/Financial Expert | \$100 per hour |
| <input type="checkbox"/> Associate's Degree | \$50 per hour | <input type="checkbox"/> Pharmacy/Pharm.D. | \$125 per hour |
| <input type="checkbox"/> Linguist (Federally Certified) | \$60 per hour | <input type="checkbox"/> Information Technology | \$150 per hour |
| <input type="checkbox"/> Bachelor's Degree | \$70 per hour | <input type="checkbox"/> Ph.D./Psy.D. | \$200 per hour |
| <input type="checkbox"/> Master's Degree | \$85 per hour | <input type="checkbox"/> Medical Doctor | \$250 per hour |
| <input type="checkbox"/> Crime Scene and Related | \$100 per hour | <input type="checkbox"/> MD with Specialty | \$300 per hour |

NOTE: For experts with base compensation rates, Time In Court Waiting and Time Traveling is compensated at 1/2 of the base rate. This reduction does not apply to experts with set compensation rates.

Experience Enhancements (does not apply to experts with set compensation rates; applies only to experts with base compensation rates as identified above)

- For expert with more than 10 years of experience in the field in which he or she is providing services, add \$10 per hour.
- For expert with more than 20 years of experience in the field in which he or she is providing services, add \$20 per hour.

Time In Court: time testifying or observing if asked to observe by the attorney requesting the expert's services.

Time In Court Waiting: time the expert is sitting in court waiting to testify when the expert has been called but not yet sworn in; does not include time spent in court observing if asked to observe by the attorney requesting the expert's services.

Time Out Of Court: time spent reviewing files, documents, or evidence; evaluating the defendant or respondent; preparing for testimony; meeting with the attorney; or advising the defense on the case.

IV. EXPERT COMPENSATION CALCULATOR

Time In Court	
Time Out Of Court	
Time In Court Waiting (divide by 2 for experts with <u>base</u> rates only) NOTE: Do NOT divide by 2 for experts with <u>set</u> rates.	
Time Traveling (divide by 2 for experts with <u>base</u> rates only) NOTE: Do NOT divide by 2 for experts with <u>set</u> rates.	
Total Time (add all time above)	
Hourly Rate (as determined by Section III above or form AOC-G-310)	\$
Total Hourly Compensation (Total Time multiplied by Hourly Rate)	\$
Mileage/Transportation	\$
Meals	\$
Lodging	\$
Other (explain) _____	\$
Total Reimbursable Expenses (based on IDS reimbursement rates)	\$
TOTAL COMPENSATION TO BE PAID EXPERT	\$

NOTE: Total Compensation To Be Paid Expert may not exceed amount preapproved by Judge.

Name And Address Of Expert		Name And Address Of Payee (write "same" if same as expert)	
Telephone Number Of Expert	Email Address Of Expert	Federal Tax ID Or Social Security Number Of Payee	

I, the undersigned expert, make application for payment of pre-authorized services rendered for the indigent defendant or respondent 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. I further certify that I have submitted a copy of this form and my itemized time sheets to the attorney of record listed in Section I.

Date	Signature Of Expert
------	---------------------

**For payment, mail form to IDS Financial Services, P.O. Box 2448, Raleigh, NC 27602.
Attach itemized time sheets and receipts.**