

# STATE OF NORTH CAROLINA

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
 District  Superior Court Division**STATE VERSUS**

Name Of Defendant

Date Of Session

**IN-STATE AND OUT-OF-STATE WITNESS  
ATTENDANCE CERTIFICATE  
AND ORDER TO PAY OUT-OF-STATE WITNESS**

G.S. 7A-314

I, the undersigned, certify that I was subpoenaed, bound over, or recognized, or was an out-of-state witness in the above case during the designated session as a witness for the  state.  defendant.

(if applicable) I further certify that I am a **former** State, county, or municipal law enforcement officer.

I further certify that this is a true and accurate statement of the total number of days/hours I attended court and the total mileage and expenses incurred for one round trip as shown below.

Dates Of Attendance/Travel	Total No. Of Days Of Attendance	Defense Counsel Name, If Appearing For Defense
Name Of City And State Traveled From	Total No. Of Hours Of Attendance (if a former law enforcement officer)	
Name And Address Of Witness (type or print)	Total Mileage For One Round Trip	
	Telephone Number Of Witness	Email Address Of Witness
	Signature Of Witness	

**ORDER**

**INSTRUCTION:** Present for entry of order only if witness resides in another state. G.S. 7A-314(c).

The Court finds that the witness shown above was a necessary witness in this criminal action and resides in a state other than North Carolina. The Court further finds that this witness traveled from his/her place of residence and appeared for the purpose of testifying in this case. The witness has proven attendance for the number of days/hours set out above.

It is ORDERED that this witness receive compensation and reimbursement for actual expenses incurred, in the amounts set out as total compensation on Side Two, pursuant to G.S. 7A-314(c).

Date	Signature Of Judge	Name Of Judge (type or print)
------	--------------------	-------------------------------

**INSTRUCTIONS:** This form may be used for in-state and out-of-state witnesses. Record witness' Social Security number or Taxpayer ID on Side Two of AOC-CR-382. For in-state witnesses, complete only the top portion of this form; the order portion is not required if the witness resides in the state of North Carolina. If the witness resides in a state other than North Carolina, the form must be submitted to the presiding judge for entry of the order. All signatures must be originals. A copy of this completed form should be delivered to the clerk at the conclusion of this matter. Please send completed original to:

Fiscal Services Division - Accounts Payable  
North Carolina Administrative Office of the Courts  
PO Box 2448  
Raleigh, NC 27602

(Over)

**INSTRUCTIONS:** Check which item applies and complete the accompanying blocks. If selecting (c) or (e), please see **NOTE** below. This form should only be used for non-expert witnesses appearing to testify.

a. A witness (not a current law enforcement officer) who resides within the county of appearance.

1. _____ Days in Court X \$ _____ /day (statutory rate for witness appearance as listed in G.S. 7A-314(a)) <b>OR</b> _____ Hours in Court X \$ _____ /hour (statutory rate for former law enforcement officer witness appearance as listed in G.S. 7A-314(a1)).	1. \$ _____
---	-------------

b. A witness (not a current law enforcement officer) who resides outside the county of appearance, but within seventy-five (75) miles of place of appearance.

1. _____ Days in Court X \$ _____ /day (statutory rate for witness appearance as listed in G.S. 7A-314(a)) <b>OR</b> _____ Hours in Court X \$ _____ /hour (statutory rate for former law enforcement officer witness appearance as listed in G.S. 7A-314(a1)).	1. \$ _____
2. Total Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> )	2. \$ _____
3. <b>TOTAL COMPENSATION</b> (add blocks 1 and 2)	3. \$ _____

c. A witness (not a current law enforcement officer) who resides outside the county of appearance, and more than seventy-five (75) miles from place of appearance.

1. _____ Days in Court X \$ _____ /day (statutory rate for witness appearance as listed in G.S. 7A-314(a)) <b>OR</b> _____ Hours in Court X \$ _____ /hour (statutory rate for former law enforcement officer witness appearance as listed in G.S. 7A-314(a1)).	1. \$ _____
2. Roundtrip Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> ) X _____ Days in Court <b>OR</b>	2. \$ _____
3. Roundtrip Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> ) + _____ Total Subsistence Amount (see <b>NOTE</b> below)	3. \$ _____
4. <b>TOTAL COMPENSATION</b> (add blocks 1 and 2 <b>OR</b> add boxes 1 and 3)	4. \$ _____

d. A witness who is a current law enforcement officer and who resides outside the county of appearance, but within seventy-five (75) miles of place of appearance.

1. Total Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> )	1. \$ _____
--	-------------

e. A witness who is a current law enforcement officer and who resides outside the county of appearance, and more than seventy-five (75) miles from place of appearance.

1. Roundtrip Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> ) X _____ Days in Court <b>OR</b>	1. \$ _____
2. Roundtrip Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> ) + _____ Total Subsistence Amount (see <b>NOTE</b> below)	2. \$ _____

f. A witness who resides in a state other than North Carolina.

**NOTE:** This requires the Order on the reverse side to be completed by judge.

1. _____ Days in Court X \$ _____ /day (statutory rate for witness appearance as listed in G.S. 7A-314(a)) <b>OR</b> _____ Hours in Court X \$ _____ /hour (statutory rate for former law enforcement officer witness appearance as listed in G.S. 7A-314(a1)).	1. \$ _____
2. Roundtrip Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> ) X _____ Days in Court <b>OR</b>	2. \$ _____
3. Roundtrip Mileage _____ X AOC or IDS approved Mileage Rate _____ /mile (see <b>NOTE</b> ) + _____ Total Subsistence Amount (see <b>NOTE</b> below) <b>OR</b>	3. \$ _____
4. _____ Total Rental Car Fee + _____ Total Subsistence Amount + _____ Total Other, if any Describe "Other" here _____ (see <b>NOTE</b> below)	4. \$ _____
5. <b>TOTAL COMPENSATION</b> (add blocks 1 and 2, 1 and 3 <b>OR</b> add boxes 1 and 4)	5. \$ _____

**NOTE:** If witness is appearing on behalf of the prosecution, NCAOC approved mileage rate should be used. If witness is appearing on behalf of defense, IDS approved mileage rate should be used. If selecting (c) or (e), please note, if a witness is required to appear for more than one day **for the purposes of testifying**, that witness is entitled to **either** roundtrip mileage each day of appearance **or** mileage for one roundtrip and subsistence. Subsistence includes breakfast, lunch, and dinner as allowed by NCAOC Witness Attendance Policy, not to exceed NCAOC rates. Lodging may be included for total subsistence if costs are borne by IDS and lodging was not direct billed. A witness appearing for the purposes of testifying only for one day is not entitled to subsistence. If selecting (f), the witness must select either mileage **or** reimbursement for rental car. Any "Other" expense must be an approved reimbursable expense under the NCAOC travel policies.