STATE OF NORTH	I CAROLIN	IA		File Nos.		
County			In The General Court Of Justice District Superior Court Division			
Name Of Indigent Defendant Or Respondent			DEFENSE PETITION FOR EXPERT HOURLY RATE DEVIATION IN NON-CAPITAL CRIMINAL AND			
Highest Original Charge (Criminal) Or Nature Of Proceeding (Civil)			NON-CRIMINAL CASES AT THE TRIAL LEVEL AND IDS APPROVAL OR DENIAL			
				G.S. 7A-314	1(d), 7A-454, 7A-498.5(f), 15A-905(c)(2)	
and form AOC-G-309 (Application Level). Do NOT use this form in C	, and you are reque: And Order For Defo case types where co s at the trial level). I	sting a deviation ense Expert Witr ounsel must seel	from ness k pric	the standardized expert hourly rate Funding In Non-Capital Criminal A or approval for expert funding from	pense in a non-capital criminal or les specified in the applicable IDS policy and Non-Criminal Cases At The Trial the Office of Indigent Defense Services ances when they are necessary and	
Durham, NC 27701, by facsimile to Section II to approve or deny the standardized rate is approved, the	o (919) 354-7201, or requested deviation a attorney must attac	r by email to <u>IDS</u> a, and returns the ch this form to fo this form ex pe	NExperie com orm A arte a	rts@nccourts.org The IDS Director of appleted form to the requesting attor OC-G-309 when it is submitted to a and the Court may place this form	oy mail to 123 W. Main St., Suite 400, or his or her designee completes mey. If an hourly rate in excess of the a Court. If permitted by case law, the under seal along with form AOC-G-309	
		I. DEF	ENS	SE PETITION		
Name And Address Of Attorney				Name Of Requested Expert		
				Expert's <u>Highest</u> Level Of Education		
Telephone Number Of Attorney	Email Address Of Attorney			Expert's Area Of Expertise		
Type Of Attorney				Hourly Rate Requested For Expert	Total Amount Of Funding Requested From Court (time and expenses)	
☐ Private Assigned Counsel☐ IDS Contract Counsel				\$	\$	
List All Other Experts Already	Approved For This	s Case (include	type	of expert and total funds approved)	
Justification For Requested Ra The requested expert serv Describe:				tach additional sheets if necessary I area, and there is a limited nu		
☐ The requested expert serve Describe:	rices are so unique	e that there is a	a limi	ited number of available and qu	ualified experts.	
☐ There are other exception Describe:	al circumstances t	that justify a de	eviatio	on from the standardized rates.		
I, the undersigned attorney, certify that the above information is complete and correct to the best of my knowledge.						
Date	Signature Of	Attorney				
	1					

IDS Approval Or Denial (IDS Director checks one box below) The IDS Director hereby grants the requested deviation. An hourly rate of \$ is approved for the expert identify in Section I. Reasons for granting deviation:	ied
	ed
NOTE TO ATTORNEY: This is <u>not</u> an approval of expert funding and is only an approval of a deviation from the standardized expert rates. The still must complete form AOC-G-309 and obtain prior approval from a Court before incurring expert expenses.	attorney
The IDS Director hereby <u>denies</u> the requested deviation. Reasons for denying deviation:	
Date Name Of IDS Director Signature Of IDS Director	
Date Name Of IDS Director Signature Of IDS Director Mary S. Pollard	