

STATE OF NORTH CAROLINA

In The General Court of Justice

District Superior Court Division

Guilford

County

File No.

97 CrS 39580

Film No.

STATE VERSUS

Defendant

RONNIE LEE KIMBLE

JSR ORDER FOR EXPERT WITNESS FEE

G.S. 7A-314(d)

From the Petition heard in this matter it appears to the Court that the person named below was compelled to attend Court and testify;

And, that he was duly sworn in and gave testimony of such nature and character as to admit him as an expert witness;

It further appears to the Court that the information provided below concerning this witness and his testimony is true and correct.

It is ORDERED that the amount listed below be allowed this witness, to be paid by the State of North Carolina.

Mail this form to:

Controller
Administrative Office of the Courts
P.O. Box 244E
Raleigh, N.C. 27602

Date

6-22-98

Signature of Judge

[Signature]

| Witness Name | | COMPENSATION ALLOWED | |
|---|--|---|-----------|
| Michael D. Ingold | | Hourly Rate | \$ 40.00 |
| Address 1015 Straw Hat Road | | No. Hours To Be Paid | 5 |
| City, State, Zip Greensboro, NC 27410 | | Amount Earned | \$ 200.00 |
| Social Security No./Federal Id. No. 242-84-0348 56-1983243 | | Other Compensation (mileage, lodging etc. please itemize below) | \$ |
| Field of Expertise/Occupation Private Investigator | | Total Compensation | \$ 200.00 |
| XXXXXX behalf of <input type="checkbox"/> Prosecutor <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Indigent Defendant | | | |
| Date Testimony Given | | | |

| Itemization of Other Compensation | | Amount |
|-----------------------------------|--|--------|
| Item Description and Date | | |
| | | \$ |
| | | \$ |
| | | \$ |

For Use By Controller, Administrative Office of the Courts

| DATE | | | JNL | DEPT/DIV | FUND | CONTROL | AMOUNT | C R | FRC | OBJECT | RCC | PROGRAM | | | | | | | | | |
|------|-----|----|-----|----------|------|---------|--------|--------|-----|--------|------|---------|----|----|---------|----|----|----|----|----|----|
| MO | DAY | YR | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 16 | 17 | 20 | 21 | 32 | 33 - 34 | 35 | 38 | 39 | 42 | 43 | 46 |
| | | | 4 | 0 | 2 | 0 | 0 | 0 | | | 7500 | | | | | | | | | | |

| | | | | |
|-------------|------|-------|------------------|----------------|
| Approved by | Date | DIST. | REFERENCE NUMBER | IDENTIFICATION |
| | | 47-48 | 54 | 59 62 |

INGOLD INVESTIGATIVE SERVICES, INC.

4015 STRAW HAT ROAD
GREENSBORO, NORTH CAROLINA 27410
PHONE AND FAX 336-665-6050

SERVICE INVOICE

SERVICE FOR:
JACK HATFIELD ON THE RONNIE KIMBLE CASE

DATE 6/09/98
CASE NAME R. KIMBLE
SUPERVISED BY MICHAEL D. INGOLD, SR.

BILL TO:
HATFIELD AND HATFIELD, ATTY.
219 WASHINGTON STREET
GREENSBORO, NORTH CAROLINA 27401

| DATE | INVESTIGATIVE DESCRIPTION | TIME | RATE | AMOUNT |
|--------------------------------------|--|---------|---------|----------|
| 5/29/98 | MEETING WITH JACK HATFIELD INTERVIEW WITH RONNIE KIMBLE AT JAIL | 5 HOURS | \$40/HR | \$200.00 |
| 1. TOTAL INVESTIGATIVE AMOUNT | | | | \$200.00 |

| DATE | EXPENSES | AMOUNT |
|--------------------------|----------|--------|
| 2. TOTAL EXPENSES | | |

| COMMENTS | | | |
|------------------|--|---|----------|
| | | 1 | \$200.00 |
| | | 2 | |
| TOTAL DUE | | | \$200.00 |

MAKE CHECKS PAYABLE TO:
INGOLD INVESTIGATIVE SERVICES, INC.
4015 STRAW HAT ROAD
GREENSBORO, NORTH CAROLINA
27410

PAYMENT DUE UPON RECEIPT OF INVOICE