STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF EXECUTIVE BUDGET AND FINANCE DOA-2778 (R08/2010)

See Instructions on page 2.



STATE CONTROLLER'S OFFICE-CMO 101 E. WILSON STREET, 5TH FL PO BOX 7932 MADISON, WI 53707-7932 (608) 267-0324

Report for Month/Year

MUNICIPAL COURT MONTHLY FINANCIAL REPORT

County Code Number

County Name		1		Report fo JAN 11	ort for Month/Year	
MILWAUKEE		Municipal Code Number		Telephone Number		
Municipal Name (Indicate if Town, Village or City) WEST ALLIS					414) 3028030	
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected	Share to be retained by Municipality	Share to be sent to County		Share to be Sent to State	
1. Forfeitures for Municipal Ordinance Violations		100%				
(Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	65,271.29	65,271.29				
Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	16,124.33	100% of amount in excess of \$5.00 for each forfeiture 13,770.00			\$5.00 for each forfeiture 2,354.33	
3. Penalty Surcharges (s. 757.05, Stats.)	13,218.18		100%		100% 13,218.18	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	5,840.00		5,840.00			
5. Driver Improvement Surcharges (s. 346.655, Stats.)	8,037.00		60% 4,822.20		40% 3,214.80	
6. Crime Lab and Drug Enforcement Surcharges					100%	
(s. 165.755(4), Stats.)	7,609.40				7,609.40	
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)					100%	
8. Truck Weight Restrictions (Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c))		\$150 for each forfeiture			100% of amount in excess of \$150.00	
9. Ignition Interlock Device Surcharge (s. 343.301(5), Stats.)	300.00		100% 300.00			
10. Adjustments (Attach Explanation)						
11. Totals					Pay This Amount	
11. 15.000	116,400.20	79,041.29	10,962	.20	26,396.71	
II. CERTIFICATION OF MUNICIPAL COURT OFFICIAL I hereby certify that this report reflects all actions requiring forfeitures court costs and surcharges collected during the month designated. Name: Paul M. Murphy Signature: Paul M. Murphy Date: 2/10/2011						
Name: Paul M. Murphy	Signature.	June 111.	7			
III. TREASURER'S CERTIFICATION						
I hereby certify that the above amount will be returned to the signer of this roport.	nt due the state has eport as a receipt a	been received. After so nd the stated amount wil	certifying a	copy of I to the	this report Department	
Treasurer: Date: 2/11/11						
In the event the Department of Administration has questions about this report and payment, who should we contact?						
Name:	Telephone Number Email A					
Ann M. Drosen	(414) 302	adrosen@westalliswi.gov				