

State Controller's Office-CMO 101 E. Wilson Street, 5<sup>th</sup> FI PO Box 7932 Madison, WI 53707-7932 (608) 267-7984

## MUNICIPAL COURT MONTHLY FINANCIAL REPORT

See Instructions on reverse side.

County Name		County Code #		Report for Month/Year		
MILWAUKEE		40 FEI		FEB 10	EB 10	
Municipal Name (Indicate if Town, Village or City) WEST ALLIS		1 '		Telephone # (414 ) 3028030		
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected	Share to be retained by Municipality	Share to b		Share to be Sent to State	
Forfeitures for Municipal Ordinance Violations     (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	74,970.69	100% 74,970.69				
Municipal Court Costs     (Chapter 814, Subchapter II, s. 814.65, Stats.)	19,791.20	100% of amount in excess of \$5.00 for each forfeiture 16,216.20			\$5.00 for each forfeiture 3,575.00	
3. Penalty Surcharges (s. 757.05, Stats.)	15,828.28				100% 15,828.28	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	7,161.76		100% 7,161.76			
5. Driver Improvement Surcharges (s. 346.655, Stats.)	9,492.60		60% 5,695.56		40% 3,797.04	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	8,124.20				100% 8,124.20	
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. Adjustments (Attach Explanation)						
10. Totals	135,368.73	91,186.89	12,857.	32	Pay This Amount 31,324.52	
II. CERTIFICATION OF MUNICIPAL COURT C	FFICIAL	ale and a second a			The little state of the state o	
I hereby certify that this report reflects all actions r	equiring forfeitures, c	ourt costs and surcharges	collected du	ring the	month designated.	
Name: Paul M. Murphy	Signature: Va	MM.Mu	pu	Date:	03/25/2010	
III. TREASURER'S CERTIFICATION						
I hereby certify that the above amount report will be returned to the signer of Department of Administration with this	this report as a rece					
Treasurer: Jawth Lie	flec	Date:	3/3	0/10	7	
In the event the Department of Administration has	as questions about	this report and payment,	who should	we cont	tact?	
Name: Ann M. Drosen	Telephone # (414 ) 3028	030	Email Address adrosen@ci.west-allis.wi.us			