

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

MUNICIPAL COURT MONTHLY FINANCIAL REPORT

See Instructions on page 2.				-	· · · · · · · · · · · · · · · · · · ·	
County Name		1 '			Report for Month/Year	
Milwaukee		1 ' '			June 11	
Municipal Name (Indicate if Town, Village or City)					elephone Number	
West Allis Municipal Court		292			3028030	
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected	Share to be retained by Municipality	Share to to Co		Share to be Sent to State	
Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)		100%				
	62,501.60	62,501.60		·		
Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)		100% of amount in excess of \$5,00 for each forfeiture			\$5.00 for each forfeiture	
	15,306.60	12,571.60			2,735.00	
3. Penalty Surcharges					100%	
(s. 757.05, Stats.)	11,874.48				11,874.48	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)		100%		1%		
	4,950.00		4,950.00			
Driver Improvement Surcharges (s. 346.655, Stats.)			60%		40%	
	6,205.00		3,723.00		2,482.00	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)					100%	
	6,352.03		ļ. 		6,352.03	
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 forfeilure	2		100% of amount in excess of \$150.00	
9. Ignition Interlock Device Surcharge (s. 343.301(5), Stats.)	350.00		100 350.			
10. Adjustments (Attach Explanation)	AMPLIAN AND AND AND AND AND AND AND AND AND A					
1					Pay This Amount	
11. Totals	107,539.71	75,073.20	9,023	.00	23,443.51	
II. CERTIFICATION OF MUNICIPAL COURT O	FFICIAL					
I hereby certify that this report reflects the month designated.	all actions requiring		٨	rges colle	ected during	
Name: Paul M. Murphy	Signature:	Paller 1	14/19	1/2 Date:	7/15/2011	
III. TREASURER'S CERTIFICATION				t		
I hereby certify that the above amoun will be returned to the signer of this re of Administration with this report.	port as a receipt an	peen received. After so od the stated amount will	ertifying a be remitte	copy of ted to the l	this report Department	
Treasurer: // // // // // // // // // // // // //	. SIUX	Ce		_ Date:	7/23/11	
In the event the Department of Adminis	stration has question	ns about this report and p	oayment, v	vho shou	ld we contact?	
Name:	Telephone Number		Email Address			
Ann M. Drosen	(414) 302-8030		adrosen@westalliswi gov			