



MUNICIPAL COURT MONTHLY FINANCIAL REPORT

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|--|------------------------------|--|
| County Name Milwaukee | County Code Number 40 | Report for Month/Year <i>January 2019</i> |
| Municipal Name West Allis Municipal Court | Municipal Code Number 292 | Telephone Number 414-302-8181 |

| MUNICIPAL COURT OFFICIAL | Total Amount Collected | Share to be retained by Municipality | Share to be sent to County | Share to be sent to State |
|--|------------------------|--------------------------------------|----------------------------|--|
| Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.) | \$ 40,708.15 | \$ 40,708.15 | | |
| Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.) | \$ 12,179.52 | \$ 10,548.90 | | \$ 1,630.62 |
| Penalty Surcharges (s. 757.05, Stats.) | \$ 8,267.81 | | | \$ 8,267.81 |
| County Jail Surcharges (s. 302.46(1)(a), Stats.) | \$ 3,276.82 | | \$ 3,276.82 | |
| Driver Improvement Surcharges (s. 346.655, Stats.) | \$ 8,928.27 | | \$ 4,977.10 | \$ 3,951.17 |
| Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.) | \$ 4,252.05 | | | \$ 4,252.05 |
| Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.) | \$.00 | | | \$.00 |
| Truck Weight Restrictions (Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c)) | \$.00 | \$.00 | | \$.00 |
| Ignition Interlock Device Surcharge (s. 343.301(5), Stats.) | \$ 400.00 | | \$ 400.00 | |
| GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or s.813.125, Stats.) | \$.00 | | | \$.00 |
| Safe Ride Program (s. 85.55, Stats.) | \$ 740.43 | | | \$ 740.43 |
| Adjustments (Attach Explanation) | \$.00 | \$.00 | \$.00 | \$.00 |
| Totals | \$ 78,753.05 | \$ 51,257.05 | \$ 8,653.92 | Pay This Amount \$ 18,842.08 |

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.

Paul M. Murphy Signature: Paul M. Murphy Date: 2-5-19

TREASURER'S CERTIFICATION
 I hereby certify that the above amount due the state has been received. After so certifying, a copy of this report will be returned to the signer of this report as a receipt, and the stated amount will be remitted to the Department of Administration with this report.

By: Reagan Jensen Date: 2/9/19

In the event the Department of Administration has questions about this report and payment, who should we contact?

Name: _____ Telephone # 414-302-8181 Email Address adrosen@westalliswi.gov