State of Wisconsin Department of Administration
Div of Executive Budget and Finance
DOA-2778 (R03/2008)

County Name



MUNICIPAL COURT MONTHLY FINANCIAL REPORT

County Code#

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

Report for Month/Year

County Name Milwaukee			County Code #			March, 2012			
Municipal Name West Allis Municipal Court			Municipal Code # 292			Telephone #			
I. MUNICIPAL COURT OFFICIAL	T	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.)	\$	76,068.43	\$	76,068.43	\$		\$, -100	
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	19,734.15	\$	16,255.15	\$		\$	3,479.00	
3. Penalty Surcharges (s. 757.05, Stats.)	\$	17,903.00	\$		\$		s	17,903.00	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	7,034.10	\$		\$	7,034.10	\$	*****	
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	7,881.50	\$	***	\$	4,985.63	\$	2,895.87	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	9,036.98	\$		\$.,	\$	9,036.98	
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)	\$.00	\$		\$		\$.00	
8. Truck Weight Restrictions (Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c))	\$.00	\$.00	\$		\$.00	
9. Ignition Interlock Device Surcharge (s. 343.301(5) s. 343.301(1))	\$	300.00	\$	· · · · · · · · · · · · · · · · · · ·	\$	300.00	\$	-	
10. Adjustments (Attach Explanation)	\$.00	\$.00	\$.00	\$.00	
11. Totals	_		-	······································			Pay '	This Amount	
	\$	137,958.16	\$	92,323.58	\$	12,319.73	\$.	33,314.85	
II. CERTIFICATION OF MUNICIPAL COURT OF I hereby certify that this report reflects all actions. Name: Paul M. Murphy Sign III. TREASURER'S CERTIFICATION I hereby certify that the above amount due the will be returned to the signer of this report as Administration with this report. Treasurer: Treasurer:	s requiring ature: \(\int \frac{1}{2} \) The state has a receipt \(\int \frac{1}{2} \)	s been received, and the stated	Mu.	Date: Date:	copy of to the $\frac{3}{3}$	This report Department of	ï.	esignated.	
	Telephone #			Email Address					
	х стерионе н								
Ann Drosen	adrosen@westalliswi.gov								