



MUNICIPAL COURT MONTHLY FINANCIAL REPORT

See Instructions on reverse side.

County Name Milwaukee		County Code # 40		Report for Month/Year Nov 09	
Municipal Name (Indicate if Town, Village or City) City of West Allis		Municipal Code # 292		Telephone # (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 (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)		49,558.31	100% 49,558.31		
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)		13,516.32	100% of amount in excess of \$5.00 for each forfeiture 11,086.32		\$5.00 for each forfeiture 2,430.00
3. Penalty Surcharges (s. 757.05, Stats.)		10,722.00			100% 10,722.00
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)		4,880.90		100% 4,880.90	
5. Driver Improvement Surcharges (s. 346.655, Stats.)		2,968.00		60% 1,780.80	40% 1,187.20
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)		5,357.60			100% 5,357.60
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		87,003.13	60,644.63	6,661.70	Pay This Amount 19,696.80

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: 12/3/09

III. 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.

Treasurer: *Paul H. Zeller*

Date: 12/9/09

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

Name:
Ann M. Drosen

Telephone #
(414) 3028030

Email Address
adrosen@ci.west-allis.wi.us