STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION
DIVISION OF EXECUTIVE BUDGET AND FINANCE DOA-2778 (R08/2010)

See Instructions on page 2.



STATE CONTROLLER'S OFFICE-CMO 101 E. WILSON STREET, $\mathbf{5}^{\text{TH}}$ FL PO BOX 7932 MADISON, WI 53707-7932 (608) 267-0324

MUNICIPAL COURT MONTHLY FINANCIAL REPORT

County Name		1		•	Report for Month/Year	
MILWAUKEE		40		NOV 10		
Municipal Name (Indicate if Town, Village or City)		711411111111111111111111111111111111111		Telephone Number		
WEST ALLIS		292		(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	
Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	56,700.70	100% 56,700.70				
Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	14,699.83	100% of amount in excess of \$5.00 for each forfeiture 12,074.43			\$5.00 for each forfeiture 2,625.40	
3. Penalty Surcharges (s. 757.05, Stats.)	13,541.17				100% 13,541.17	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	6,639.00		100% 6,639.00			
5. Driver Improvement Surcharges (s. 346.655, Stats.)	7,830.78		60% 4,698.47		40% 3,132.31	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	6,039.00				100% 6,639.00	
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. Ignition Interlock Device Surcharge (s. 343.301(5), Stats.)	150.00		100° 150.0			
10. Adjustments (Attach Explanation)						
11. Totals	106,200.48	68,775.13	11,487	7.47	Pay This Amount 25,937.88	
II. CERTIFICATION OF MUNICIPAL COURT O	OFFICIAL					
I hereby certify that this report reflects the month designated.	all actions requiring	forfeitures court costs a	ind surchar	ges colle	ected during	
Name: Paul M. Murphy	Signature:	Paulin M	12/02/2010 12/02/2010			
III. TREASURER'S CERTIFICATION				· Salar		
I hereby certify that the above amour will be returned to the signer of this rof Administration with this report.	nt due the state has eport as a receipt ar	been received. After so and the stated amount will	certifying a I be remitte	copy of d to the	this report Department	
Treasurer: Treasurer:	M. Jeller		Date: 12/6//0			
In the event the Department of Admini					lia we contact?	
Name: Ann M. Drosen	Telephone Nu (414) 302-		Email Address			
AIIII W. DIUSCII	(717 / 204	adrosen@ci.west-allis.wi.us				