

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

County Name Milwaukee			County Code # 40 Municipal Code # 292		Report for Month/Year . : 2015			
Municipal Name West Allis Municipal Court								
I. MUNICIPAL COURT OFFICIAL		tal Amount Collected		to be retained Municipality	Sh	are to be sent to County	Sh	are to be sent to State
1. Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	\$	74,174.87	\$	74,174.87	\$		\$	
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	20,202.56	\$	17,378.36	\$		\$	2,824.20
3. Penalty Surcharges (s. 757.05, Stats.)	\$	17,902.86	\$		\$		\$	17,902.86
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	5,617.10	\$		\$	5,617.10	\$	
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	10,199.90	\$	776	\$	5,388.60	\$	4,811.30
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	7,319.60	\$		\$		\$	7,319.60
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))	\$	431.00	\$		\$	431.00	\$	
10. Adjustments (Attach Explanation)	\$.00	\$.00	\$.00	\$.00
1. Totals							Pay This Amount	
	\$	135,847.89	\$	91,553.23	\$	11,436.70	\$	32,857.96

II. CERTIFICATION OF MUNI			
I hereby certify that this report i	eflects all actions requiring forfeitu	res, court costs, and surchar	ges collected during the mo
Name: Paul M. Muc	pluj Signature: Pall!	MINIA UM	Vate: 6-1-15
III. TREASURER'S CERTIFICA			
I hereby certify that the abo	we amount due the state has been re	ceived. After so certifying,	a copy of this report
will be returned to the signe	er of this report as a receipt, and the	stated amount will be remit	ted to the Department of
Administration with this rep	Sort.		1
Treasurer:		Date:	-3-15
In the event the Department of A	Administration has questions about t	his report and payment, who	o should we contact?
Name:	Telephone #	Ema	il Address
Ann Drosen	414-302-8030	adros	en@westalliswi gov