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  Municipal Name West Allis Municipal Court				Code #		Report for Month/Year July, 2015				
				Municipal Code # 292		Telephone # 414-302-8030				
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected		Share to be retained by Municipality		,	are 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.)	\$	60,112.48	\$	60,112.48	\$		\$			
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	20,930.82	\$	18,131.82	\$		\$	2,799.00		
3. Penalty Surcharges (s. 757.05, Stats.)	\$	13,705.13	\$		\$		\$	13,705.13		
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	5,631.20	\$		\$	5,631.20	\$			
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	11,610.50	\$		\$	5,512.40	\$	6,098.10		
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	7,287.40	\$		\$		\$	7,287.40		
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))	\$	769.00	\$		\$	769.00	\$			
10. Adjustments (Attach Explanation)	\$	.00	\$	.00	\$	.00	\$	.00		
11. Totals			<del></del>				Pay This Amount			

Comornity with Cir 340, Stats.)			ı				· ·	
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, St	tats.) \$	20,930.82	\$	18,131.82	\$	1	\$	2,799.00
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9. Ignition Interlock Device Surcharge (s. 343.301(5) s. 343.301(1))	\$	769.00	\$		\$	769.00	\$	
10. Adjustments (Attach Explanation)	\$	.00	\$	.00	\$	.00	\$	.00
11. Totals	\$	120,046.53	\$	78,244.30	\$	11,912.60	Pay \$	This Amount 29,889.63
II. CERTIFICATION OF MUNICIPAL COUR I hereby certify that this report reflects all act Name: (Manufacture) (Manufacture) III. TREASURER'S CERTIFICATION I hereby certify that the above amount du will be returned to the signer of this report Administration with this report.  Treasurer:	ions requiring  Signature:	been received.	After samount	Date:	opy of the D	3-15 his report	onth de	signated.
n the event the Department of Administration	has questions	about this repo	ort and p	payment, who sho	ould we	contact?		
	Telephone #			Email Address				
Ann Drosen 4	414-302-8030			adrosen@				

adrosen@westalliswi.gov