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



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

MUNICIPAL COURT MONTHLY FINANCIAL REPORT

See Instructions on reverse side.

See Instructions on reverse side. County Name		County Code #		Report for Month/Year NOV 08	
MILWAUKEE Municipal Name (Indicate if Town, Village or City) WEST ALLIS		40 Municipal Code # 292		Telephone # (414) 3028030	
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected	Share to be retained by Municipality	Share to b	,	Share to be Sent to State
Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	38,371.70	100% 38,371.70			
Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	11,290.80	100% of amount in excess of \$5.00 for each forfeiture 9,225.80			\$5.00 for each forfeiture 2,065.00
3. Penalty Surcharges (s. 757.05, Stats.)	8,729.20				100% 8,729.20
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	4,120.00		100% 4,120.00		
5. Driver Improvement Surcharges (s. 346.655, Stats.)	4,236.00		60% 2,541.60		40% 1,694.40
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	3,227.40				100% 3,227.40
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	69,975.10	47,597.50	6,661	.60	Pay This Amount 15,716.00

(Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c))				
Adjustments (Attach Explanation)				
10. Totals	69,975.10	47,597.50	6,661.60	Pay This Amount 15,716.00
II. CERTIFICATION OF MUNICIPAL COURT	OFFICIAL			
I hereby certify that this report reflects all actions	/ /			
Name: PAUL M. MURPHY	Signature: Jal	MAM. Ma	nglagg Date	: 12/22/08
III. TREASURER'S CERTIFICATION				
I hereby certify that the above amoun report will be returned to the signer of Department of Administration with thi	f this report as a rece	een received. After so ipt, and the stated am	certifying, a copy of ount will be remitted	this to the
Treasurer:	war	Date	: <u> </u>	9
In the event the Department of Administration	has questions about	this report and payme	nt, who should we co	ontact?
Name: Ann M. Drosen	Telephone # (414) 3028	3030	Email Address adrosen@ci.west	-allis.wi.us