



MUNICIPAL COURT MONTHLY FINANCIAL REPORT

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|---|--|-------------------------------------|---|--|
| County Name Milwaukee | | County Code Number 40 | Report for Month/Year May, 2018 | |
| Municipal Name West Allis Municipal Court | | Municipal Code Number 292 | Telephone Number 414-302-8181 | |

| 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.) | \$ 56,269.04 | \$ 56,269.04 | | |
| 2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.) | \$ 14,729.11 | \$ 12,783.11 | | \$ 1,946.00 |
| 3. Penalty Surcharges (s. 757.05, Stats.) | \$ 10,849.86 | | | \$ 10,849.86 |
| 4. County Jail Surcharges (s. 302.46(1)(a), Stats.) | \$ 3,901.52 | | \$ 3,901.52 | |
| 5. Driver Improvement Surcharges (s. 346.655, Stats.) | \$ 6,381.28 | | \$ 3,423.18 | \$ 2,958.10 |
| 6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.) | \$ 5,058.83 | | | \$ 5,058.83 |
| 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), Stats.) | \$ 150.00 | | \$ 150.00 | |
| 10. GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or s.813.125, Stats.) | \$.00 | | | \$.00 |
| 11. Safe Ride Program (s. 85.55, Stats.) | \$ 498.00 | | | \$ 498.00 |
| 12. Adjustments (Attach Explanation) | \$ -87.30 | \$ -73.00 | \$ -6.50 | \$ -7.80 |
| 13. Totals | \$ 97,750.34 | \$ 68,979.15 | \$ 7,468.20 | Pay This Amount \$ 21,302.99 |

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: 6-1-18

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: Peppia Steens Date: 6/11/18

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

Name: Ann Drosen Telephone #: 414-302-8181 Email Address: adrosen@westalliswi.gov