

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				Code #	, .	Report for Month/Year		
Municipal Name West Allis Municipal Court			40 Municipal Code # 292		Telephone # 414-302-8030			
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.)	\$	69,296.40	\$	69,296.40				
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	21,186.66	\$	18,339.06			\$	2,847.60
3. Penalty Surcharges (s. 757.05, Stats.)	\$	14,329.49					\$	14,329.49
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	5,698.25			\$	5,698.25		
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	6,500.50	40 11 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -		\$	3,322.80	\$	3,177.70
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	7,408.20					\$	7,408.20
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.)	\$	488.24			\$	488.24		
 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.)	\$.00					\$.00
Adjustments (Attach Explanation) Totals CERTIFICATION OF MUNICIPAL COURT OFF	\$.00	\$.00	\$.00	\$.00
					Pay This Amount			
	\$	124,907.74	\$	87,635.46	\$	9,509.29	\$	27,762.99

I hereby certify that this report reflects all actions requiring forfeitures, court costs and surcharges collected during the month designated.

Name: Signature: M. M. Date: 10-1-1

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: Date: Date

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

Name: Telephone # Email Address

Ann Drosen 414-302-8030 adrosen@westalliswi.gov