

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				y Code #	Report for Month/Year 2014 Telephone # 414.303-803				
				cipal Code #					
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected		Share to be retained by Municipality		Sh	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.)	\$	72,099.18	\$	72,099.18	\$		\$		
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	18,661.26	\$	15,972.86	\$		\$	2,688.40	
3. Penalty Surcharges (s. 757.05, Stats.)	\$	15,862.92	\$		\$		\$	15,862.92	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	5,393.40	\$		\$	5,393.40	\$		
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	8,148.00	\$		\$	4,815.20	\$	3,332.80	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	6,982.82	\$		\$		\$	6,982.82	
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)	\$.00	\$		\$		\$.00	
Truck Weight Restrictions (Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c))	\$.00	\$.00	\$		\$.00	
Ignition Interlock Device Surcharge (s. 343.301(5) s. 343.301(1))	\$	300.00	\$		\$	300.00	\$		
0. Adjustments (Attach Explanation)	\$.00	\$.00	\$.00	\$.00	
. Totals	\$	127,447.58	\$	88,072.04	\$	10,508.60	Pay \$	This Amount 28,866.94	

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10. Adjustments (Attach Explanation)	\$.00	\$.00	\$.00	\$	
11. Totals	\$	127,447.58	\$	88,072.04	\$	10,508.60	Pay \$	This Amo
II. CERTIFICATION OF MUNICI I hereby certify that this report ref. Name: III. TREASURER'S CERTIFICAT. I hereby certify that the above will be returned to the signer of Administration with this report. Treasurer: In the event the Department of Administration of Administration with this report.	Signature: Signature: ON amount due the state has of this report as a receipt,	been received and the stated	After s	Date:	opy of to the I	this report Department of	nonth de	esignated.
Name:	Telephone#			Email A	ddress			
Ann Drosen		102-803						