

STATE CONTROLLER'S OFFICE-CIMO 101 E. WILSON STREET, 5<sup>TH</sup> FL PO BOX 7932 MADISON, WI 53707-7932 (608) 267-0324

## MUNICIPAL COURT MONTHLY FINANCIAL REPORT

See mondictions on page 2.				
County Name MILWAUKEE		1		eport for Month/Year
				EC 10
Municipal Name (Indicate if Town, Village or City) WEST ALLIS		Municipal Code Number 292	Telephone Number (414) 3028030	
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected	Share to be retained by Municipality	Share to be s	
Forfeitures for Municipal Ordinance Violations     (Except for Municipal Ordinances in     Conformity with Ch 348, Stats.)	54,915.73	100%		
Comornity with on 540, Otals.)	34,913.73	54,915.73		
Municipal Court Costs     (Chapter 814, Subchapter II, s. 814.65, Stats.)	13,159.80	of \$5.00 for each forfeiture	\$5.00 for each forfeitu	
3. Penalty Surcharges		10,554.00		2,165.00
(s. 757.05, Stats.)	10,541.27		10,541.2	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	4,330.00		100% 4,330.00	
5. Driver Improvement Surcharges (s. 346.655, Stats.)			60%	40%
	6,205.00		3,723.00	
6. Crime Lab and Drug Enforcement Surcharges			3,723.00	100%
(s. 165.755(4), Stats.)	5,489.00			
7. Domestic Abuse Surcharges	2,103.00			5,489.00
(s. 973.055(2)(b), Stats.)				
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. Ignition Interlock Device Surcharge (s. 343.301(5), Stats.)	200.00		100%	
Adjustments     (Attach Explanation)				
11. Totals				Pay This Amount
	94,840.80	65,910.53	8,253.00	20,677.27
I. CERTIFICATION OF MUNICIPAL COURT OF	FFICIAL			
I hereby certify that this report reflects a the month designated.	all actions requiring	forfeitures court costs an	nd surcharges	collected during
Name: Paul M. Murphy	Signature:	AMMAN M	1/4/11 Date: 1/4/11	
II. TREASURER'S CERTIFICATION				
I hereby certify that the above amount will be returned to the signer of this report of Administration with this report.	oort as a receipt and	peen received. After so ce d the stated amount will b	ertifying a cop	y of this report the Department
Treasurer:	elle_		D	rate: <u>//////</u>
In the event the Department of Administ	ration has question	s about this report and pa	ayment, who s	should we contact?
Name:	Telephone Number Email Address			
Ann M. Drosen	(414) 302-8030 adrosen@ci west-allic wing			