STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF EXECUTIVE BUDGET AND FINANCE
DOA-2778 (R07/2015)



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				County Code #			(608) 267- Report for Month/Year		
Milwaukee				40			Oct. 2016		
Municipal Name West Allis Municipal Court			Municipal Code # 292			Telephone #	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.)	\$	66,248.25	\$	66,248.25					
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	18,394.02	\$	15,959.82			\$	2,434.20	
3. Penalty Surcharges (s. 757.05, Stats.)	\$	14,963.96					\$	14,963.96	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	4,887.80			\$	4,887.80		30	
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	12,044.60			\$	6,422.20	\$	5,622.40	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	6,306.60					\$	6,306.60	
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)	\$	.00					\$	.00	
B. 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), Stats.).	\$	400.00	A		\$	400.00			
GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or s.813.125, Stats.)	\$	.00					\$	,00	
1. Safe Ride Program (s. 85.55, Stats.)	\$	1,150.00					\$	1,150.00	
2. Adjustments (Attach Explanation)	\$	.00	\$	.00	\$	.00	\$	.00	
. Totals  CERTIFICATION OF MUNICIPAL COURT OFFI							Pay This Amount		
	\$	124,395.23	\$	82,208.07	\$	11,710.00	\$	30,477.16	

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

Name: M. Murphy Signature: M. Murphy Signature: 1/-/-/6

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.

Deputy Date: 10/14/16

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

Name:Telephone #Email AddressInn Drosen414-302-8030adrosen@westalliswi.gov