

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

See Instructions on page 2.						
County Name			County Code Number		Report for Month/Year	
Milwaukee		1		Apr 11	=	
Municipal Name (Indicate if Town, Village or City) West Allis		·		ne Number 3028030		
I. MUNICIPAL COURT OFFICIAL	Total Amount Collected	Share to be retained by Municipality	Share to to Cor		Share to be Sent to State	
Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	62,429,71	100% 62,429.71				
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	16,200.73	100% of amount in excess of \$5.00 for each forfeiture 13,340.81			\$5.00 for each forfeiture 2,859.92	
3. Penalty Surcharges (s. 757.05, Stats.)	12,748.88				100% 12,748.88	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	5,711.25		100% 5,711.25			
5. Driver Improvement Surcharges (s. 346.655, Stats.)	5,457.00		60% 3,255.00		40% 2,202.00	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	7,387.50				100% 7,387.50	
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)					100%	
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.)	300.00		1009 300.0			
io. Adjustments (Attach Explanation)						
1. Totals	110,235.07	75,770.52	9,266	25	Pay This Amount 25,198.30	
I. CERTIFICATION OF MUNICIPAL COURT O			***************************************		20,130,00	
I hereby certify that this report reflects the month designated.	all actions requiring	forfeitures court costs ar	nd surchar	ges colle	cted during	
Name: Paul M. Murphy	Signature:	Paum M.	mM	Date:	05/10/2011	
II. TREASURER'S CERTIFICATION			/			
I hereby certify that the above amount will be returned to the signer of this re of Administration with this report.	port as a receipt an	d the stated amount will	ertifying a be remitted	copy of t I to the E	his report Department	
Treasurer: // // // // // Treasurer:	The Ziell	L.	Daté: <u>5 //7///</u>			
In the event the Department of Adminis	tration has question	ns about this report and p	ayment, w	ho shoul	d we contact?	
Name: Ann M. Drosen	Telephone Nu (414) 3028	Email Address adrosen@westalliswi.gov				