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 # Report for Month/Year Milwaukee 40 December Municipal Name Municipal Code # Telephone # West Allis Municipal Court 414-302-8030 I. MUNICIPAL COURT OFFICIAL **Total Amount** Share to be retained Share to be sent Share to be sent Collected by Municipality to County to State 1. Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in \$ 48,034.84 Conformity with Ch 348, Stats.) 48,034,84 2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.) \$ 12,631.96 \$ 10,948.16 1,683.80 3. Penalty Surcharges \$ 10,196.37 (s. 757.05; Stats.) 10,196.37 4. County Jail Surcharges (s. 302.46(1)(a), Stats.) \$ 3,341.40 3,341.40 5. Driver Improvement Surcharges \$ (s. 346.655, Stats.) 6,698.00 3,275.80 3,422.20 6. Crime Lab and Drug Enforcement Surcharges \$ (s. 165.755(4), Stats.) 4,324.20 4,324.20 7. Domestic Abuse Surcharges \$ (s. 973.055(2)(b), Stats.) .00 \$ .00 8. Truck Weight Restrictions (Municipal Ordinances in Conformity with \$ .00 .00 Ch. 348, Stats., s. 66.12(3)(c)) \$ .00 9. Ignition Interlock Device Surcharge \$ (s. 343.301(5), Stats.) 450.00 450.00 10. GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or \$ .00 \$ .00 s.813.125, Stats.) 11. Safe Ride Program (s. 85.55, Stats.) \$ 650.00 650.00 12. Adjustments (Attach Explanation) \$ .00 \$ .00 \$ .00 .00 13. Totals Pay This Amount 86,326.77 58,983.00 7,067.20 20,276.57 II. CERTIFICATION OF MUNICIPAL COURT OFFICIAL

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

Name: Paul M. Morphy Signature: Aud M. Mang Date: 1-3-17

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

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

Name:

Telephone #

**Email Address** 

Ann Drosen 414-3

414-302-8030

adrosen@westalliswi.gov