STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF EXECUTIVE BUDGET AND FINANCE DOA-2778 (R12/2016)



STATE CONTROLLER'S OFFICE-CMO 101 E. WILSON STREET, 5th FL PO BOX 7932 MADISON, WI 53707-7932

(608) 261-7749

MUNICIPAL COURT MONTHLY FINANCIAL REPORT

County Name Milwaukee			County Code Number Report for Month/Year					
Municipal Name West Allis Municipal Court				cipal Code Numb	Telephone N	Telephone Number 414-302-8181		
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	
<ol> <li>Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)</li> </ol>	\$	68,155.44	\$	68,155.44				
<ol> <li>Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)</li> </ol>	\$	21,079.77	\$	18,381.46			\$	2,698.31
3. Penalty Surcharges (s. 757.05, Stats.)	\$	14,156.07					\$	14,156.07
l. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	5,444.96			\$	5,444.96		
. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	9,347.00			\$	4,846.00	\$	4,501.00
Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	7,048.40					\$	7,048.40
. 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), Stats.)	\$	450.00			\$	450.00		
O. GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or s.813.125, Stats.)	\$	.00					\$	.00
. Safe Ride Program (s. 85.55, Stats.)	\$	800.00					\$	800.00
2. Adjustments (Attach Explanation)	\$	.00	\$	.00	\$	.00	\$	.00
3. Totals							Pay T	his Amount
CERTIFICATION OF MUNICIPAL COURT OFF I hereby certify that this report reflects all action	\$ ICIAL ons requ	iring forfeitures,	\$ court of	86,536.90	\$ urges co	10,740.96	\$ he mon	29,203.78
TREASURER'S CERTIFICATION  I hereby certify that the above amount due the s	re: <u> </u>	well (1)	142	Date:	7-	9-18		vooignuiot

e 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.

Treasurer:

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

Name: Telephone # **Email Address** Ann Drosen 414-302-8181 adrosen@westalliswi.gov