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

County Name County Code Number Report for Month/Year Milwaukee Sept. 2018 Municipal Name Municipal Code Number Telephone Number West Allis Municipal Court 414-302-8181 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 \$ 44,536.16 \$ Conformity with Ch 348, Stats.) 44,536.16 2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.) \$ 14,557.48 12,612.48 1,945.00 3. Penalty Surcharges 8 9,325.77 (s. 757.05, Stats.) \$ 9,325.77 4. County Jail Surcharges \$ (s. 302.46(1)(a), Stats.) 3,906.34 \$ 3,906.34 5. Driver Improvement Surcharges (s. 346.655, Stats.) \$ 8,383.58 \$ 4,438.58 3,945.00 6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.) \$ 5,042.34 \$ 5,042.34 7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.) \$.00 .00 8. Truck Weight Restrictions (Municipal Ordinances in Conformity with \$.00 \$ Ch. 348, Stats., s. 66.12(3)(c)) .00 \$.00 9. Ignition Interlock Device Surcharge (s. 343.301(5), Stats.) \$ 500.00 500.00 10. GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or \$.00 s.813.125, Stats.) .0011. Safe Ride Program (s. 85.55, Stats.) \$ 811.00 \$ 811.00 2. Adjustments \$ (Attach Explanation) .00 \$.00 .00 \$ 3. Totals Pay This Amount 87,062.67 57,148.64 \$ 8,844.92 21,069.11 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.

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.

Date:

Date:

Signature://

TREASURER'S CERTIFICATION

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

Drosen Telephone # Email Address

414-302-8181 adrosen@westalliswi.gov