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 October, 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 \$ 44,787.73 \$ 44,787.73 Conformity with Ch 348, Stats.) 2. Municipal Court Costs \$ 16,052.91 \$ 13,972.91 (Chapter 814, Subchapter II, s. 814.65, Stats.) \$ 2,080.00 3. Penalty Surcharges \$ 9,483.10 \$ 9,483.10 (s. 757.05, Stats.) 4. County Jail Surcharges \$ 4,210.60 4,210.60 (s. 302.46(1)(a), Stats.) 5. Driver Improvement Surcharges \$ 8,912.96 (s. 346.655, Stats.) 4,650.46 4,262.50 6. Crime Lab and Drug Enforcement Surcharges \$ 5,417.80 (s. 165.755(4), Stats.) \$ 5,417.80 7. Domestic Abuse Surcharges \$.00 (s. 973.055(2)(b), Stats.) \$.00 8. Truck Weight Restrictions (Municipal Ordinances in Conformity with \$.00 \$.00 \$.00 Ch. 348, Stats., s. 66.12(3)(c)) 9. Ignition Interlock Device Surcharge \$ 550.00 \$ 550.00 (s. 343.301(5), Stats.) 10. GPS Tracking Surcharge (for violations of \$ ordinances conforming to s. 813.12 or .00 \$.00 s.813.125, Stats.) 11. Safe Ride Program \$ 845.00 (s. 85.55, Stats.) \$ 845.00 2. Adjustments \$ -861.00 \$ -283.00\$ -228.80 (Attach Explanation) \$ -349.20 3. Totals Pay This Amount 89,399.10 58,477.64 9,182.26 21,739.20

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. Signature: Paul M. Munply Date: 11-1-18

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.

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

Telephone # **Email Address** 1 Drosen 414-302-8181 adrosen@westalliswi.gov