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

County Name

Milwaukee



STATE CONTROLLER'S OFFICE-CMO
101 E. WILSON STREET, 5th FL
PO BOX 7932
MADISON WI 5377 7932

Report for Month/Year

MADISON, WI 53707-7932 (608) 261-7749

MUNICIPAL COURT MONTHLY FINANCIAL REPORT County Code Number

December, 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 1. Forfeitures for Municipal Ordinance Violations to State (Except for Municipal Ordinances in \$ 36,646.30 \$ Conformity with Ch 348, Stats.) 36,646.30 2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.) \$ 12,502.58 10,926.99 \$ 1,575.59 3. Penalty Surcharges \$ (s. 757.05, Stats.) 7,518.95 \$ 7,518.95 4. County Jail Surcharges \$ (s. 302.46(1)(a), Stats.) 3,189.80 3,189.80 5. Driver Improvement Surcharges (s. 346.655, Stats.) \$ 6,027.62 \$ 2,943.82 \$ 3,083.80 5. Crime Lab and Drug Enforcement Surcharges \$ 4,087.25 (s. 165.755(4), Stats.) \$ 4,087.25 7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.) \$.00 .00 . Truck Weight Restrictions (Municipal Ordinances in Conformity with \$.00 \$ Ch. 348, Stats., s. 66.12(3)(c)) .00 \$.00 Ignition Interlock Device Surcharge \$ (s. 343.301(5), Stats.) 300.00 300.00 GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or \$ 00.\$ s.813.125, Stats.) .00 . Safe Ride Program (s. 85.55, Stats.) \$ 681.12 \$ 681.12 . Adjustments (Attach Explanation) \$.00 \$.00 \$.00 .00 Totals Pay This Amount 70,953.62 47,573.29 6,433.62 16,946.71 ERTIFICATION OF MUNICIPAL COURT OFFICIAL I hereby certify that this report reflects all actions requiring for feithres account 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: 3/9

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

Telephone #

TREASURER'S CERTIFICATION

Prosen.

Email Address

414-302-8181

Signature:

adrosen@westalliswi.gov