County Name Milwaukee				County Code Number 40			Report for Month/Year September, 2021		
Municipal Name West Allis Municipal Court			Municipal Code Number 292			Telephone Number 414-302-8181			
I. MUNICIPAL COURT OFFICIAL		tal Amount Collected	1	to be retained Aunicipality	Share to be sent to County		Share to be sent to State		
Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348.Stats.)	\$	50,770.29	\$	50,770.29					
Adjustment (if applicable)	\$	-20.00	\$	-20.00					
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	\$	15,739.86	\$	13,702.51			\$	2,037.35	
Adjustment (if applicable)	\$	-38.00	\$	-33.00			\$	-5.00	
3. Penalty Surcharges (s. 757.05, Stats.)	\$	11,150.04					\$	11,150.04	
Adjustment (if applicable)	\$	-5.20					\$	-5.20	
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	\$	4,129.54			\$	4,129.54			
Adjustment (if applicable)	\$	-10.00			\$	-10.00			
5. Driver Improvement Surcharges (s. 346.655, Stats.)	\$	6,378.47			\$	3,025.63	\$	3,352.84	
Adjustment (if applicable)	\$.00			\$.00	\$.00	
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	\$	5,324.59					s	5,324.59	
Adjustment (if applicable)	\$	-13.00					\$	-13.00	
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)	\$.00	1000				\$.00	
Adjustment (if applicable)	\$.00.					\$.00	
8. Truck Weight Restrictions (Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c))	\$.00.	\$.00			\$.00	
Adjustment (if applicable)	\$.00.	\$.00			\$.00	
9. Ignition Interlock Device Surcharge (s. 343.301(5), Stats.)	\$	350.00			\$	350.00			
Adjustment (if applicable)	\$.00.			\$.00			
10. GPS Tracking Surcharge (for violations of ordinances conforming to s. 813.12 or s.813.125, Stats.)	\$.00					\$.00	
Adjustment (if applicable)	\$.00.					\$.00	
11. Safe Ride Program (s. 85.55, Stats.)	\$	700.00					\$	700.00	
Adjustment (if applicable)	\$.00		ida Suran Suran Suran			\$.00	
12. Totals	\$	94,456.59	\$	64,419.80	\$	7,495.17	Pay 1	This Amount 22,541.62	

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II. CERTIFICATION OF MUNIC	CIPAL COURT OFFICIAL		
I hereby certify that this re-	oort reflects all actions requiring forfeitu	res, court costs and surcharg	es collected during the month designated.
Name: Paul MA	Lindly Signature: Paum	MMM Date:	10-5-21
III. TREASURER'S CERTIFICA	TION	\mathcal{U}_{l}	
I hereby certify that the abo	ve amount due the state has been receive	ed. After so certifying, a cop	y of this report
	er of this report as a receipt, and the state		
Administration with this rep		/	
Treasurer: Corinne	Zurad	Date: 10-12-	2)
In the event the Department	of Administration has questions about the	his report and payment, who	should we contact?
Name:	Telephone #	Email Add	Iress
Ann Drosen	414-302-8181	adrosen@w	estalliswi.gov

adrosen@westalliswi.gov