



SUPREME COURT OF MISSISSIPPI
Administrative Office of Courts
 Intervention Court Fiscal Reporting Form

Remittance Address
 Vendor 3100024059
 Holmes Co. Board of Supervisors
 P.O. Box 239
 Lexington, MS 39095-0239

Report Amended _____ *Date* _____

DRUG COURT: 21st CIRCUIT JUDICIAL INTERVENTION COURT **Lead County:** HOLMES **EXPENSES FOR THE MONTH** _____ **YEAR** _____

Category	AOC State Reimbursable Expenses	Local Intervention Court Fund Expenses							TOTAL MONTHLY EXPENSES
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
TOTAL									
Fiscal Year to Date (July 1st – June 30th)	Cumulative AOC State Expenses	Cumulative Local Intervention Court Expenses							Cumulative Monthly Expenses

Balance remaining in "local intervention court fund" on the last day of the month \$
Dollar amount collected from intervention court participant fines \$
Dollar amount collected from intervention court participant fees \$

I hereby certify this report to be true and correct to the best of my knowledge. Listed expenditures are in compliance with the Mississippi Intervention Court Rules.

Authorized Signature of Fiscal Report Preparer	Printed Name	Title	Date
Signature of Intervention Court Judge / Referee	Printed Name of Judge / Referee		Date