



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

Remittance Address  
 Vendor 7000003279  
 Pike Co Mental Health Court  
 Attn: Chuck Lamber P.O. Box 431  
 Magnolia, MS 39652-0431

Report Amended \_\_\_\_\_ Date \_\_\_\_\_

14TH CIRCUIT MHTC

Lead County: PIKE

EXPENSES FOR THE MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Category	AOC State Reimbursable Expenses	Local Fund Expenses	Local Government Contribution Expenses	Grant Expenses <i>(name)</i>	Grant Expenses <i>(name)</i>	Other Source <i>(name)</i>	Other Source <i>(name)</i>	Private Foundation / Donation Expenses	TOTAL MONTHLY EXPENSES
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
<b>TOTAL</b>									
<b>Fiscal Year to Date (July 1<sup>st</sup> – June 30<sup>th</sup>)</b>	<b>Cumulative AOC State Expenses</b>	<b>Cumulative Local Fund Expenses</b>	<b>Cumulative Local Gov't Cont. Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Private/Donation Expenses</b>	<b>Cumulative Monthly Expenses</b>

The balance remaining in "local fund" on the last day of the month
<b>NEW</b> Dollar amount collected by the circuit clerk in <b>court costs</b> during the month
Dollar amount collected by the circuit clerk in <b>court fines</b> during the month
Dollar amount collected for MHTC <b>participant fees</b> during the month

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

\_\_\_\_\_  
 Authorized Signature MHTC Coordinator or Fiscal Report Preparer

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Signature MHTC Judge

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

AOC USE ONLY: Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_ Reviewed & Certified \_\_\_\_\_ Date \_\_\_\_\_