



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

Remittance Address
 Vendor 7000002008
 Desoto Co. Youth Intervention Court
 3246 Hwy 51 South, Suite 3
 Hernando, MS 38632

Report Amended _____ *Date* _____

DRUG COURT: DESOTO COUNTY YOUTH INTERVENTION COURT **Lead County:** _____ **EXPENSES FOR THE MONTH** _____ **YEAR** _____

Category	AOC State Reimbursable Expenses	Local Intervention Court Fund Expenses	Local Government Contribution Expenses	Grant Expenses <small>(name)</small>	Grant Expenses <small>(name)</small>	Other Source <small>(name)</small>	Other Source <small>(name)</small>	Private Foundation / Donation 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 Local Gov't Cont Expenses	Cumulative Grant Expenses	Cumulative Grant Expenses	Cumulative Other Expenses	Cumulative Other Expenses	Cumulative Private/Donation 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