



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

**Remittance Address**  
 Vendor 3100023040  
 Madison Co Board of Supervisors  
 P.O. Box 608  
 Canton, MS 39046-0608

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

**DRUG COURT:** MADISON COUNTY FAMILY DRUG 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<br><i>(name)</i>  | Grant Expenses<br><i>(name)</i>  | Other Source<br><i>(name)</i>    | Other Source<br><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 Intervention Court 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> |
|   |                                      |   |   |                                  |                                  |                                  |                                  |   |                                    |

|  |
|--|
| 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