



**SUPREME COURT OF MISSISSIPPI**  
**Administrative Office of Courts**  
**Drug Court Budget Increase Request Form**

**AOC USE ONLY**

Total Funding Increase Requested: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Denied:

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

The AOC awarded budget cannot exceed the amount approved at the beginning of the fiscal year; however, with proper notification and available funding, a drug court may request an increase of spending in the following funds: Local Funds, Grant Funds, Local Government Contributions & Private Foundation Funds / Donations. **Please return this completed form and supporting detail explanation for the increase by email or mail.**

Email: [roswalt@courts.ms.gov](mailto:roswalt@courts.ms.gov) or Mail: Administrative Office of Courts, Attn: Rani Oswald, P.O. Box 117, Jackson, MS 39205-0117.

*The budget increase shall reflect anticipated spending in the current fiscal year (July 1 - June 30).*

Drug Court: \_\_\_\_\_ Lead County: \_\_\_\_\_ Phone: \_\_\_\_\_

Remittance Address: \_\_\_\_\_ Email: \_\_\_\_\_

Category	AOC Approved Budget (Cannot Increase)	Local Drug Fund Approved Budget	Local Drug Fund Increase Request	Local Govt Contribution Approved Budget	Local Govt Contribution Increase Request	Grant Fund Approved Budget	Grant Fund Increase Request	Private Foundation / Donation Approved Budget	Private Foundation / Donation Increase Request	TOTAL UPDATED BUDGET
Salaries & Fringe										
Treatment										
Testing & Lab Expenses										
Travel & Training										
Commodities										
Contractual Services										
Equipment										
<b>GRAND TOTAL</b>										

\_\_\_\_\_  
Signature of Budget Increase Request Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Drug Court Judge

\_\_\_\_\_  
Date

For questions or more information regarding this form, contact Rani Oswald at 601-359-6567 or [roswalt@courts.ms.gov](mailto:roswalt@courts.ms.gov).