| Finance | Use | Only |
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| Fund: 220600000 | Warrant |
|---------------------------|---------|
| CC: 1051023071 | Date |
| Commitment Item: 67485000 | By |



SUPREME COURT OF MISSISSIPPI Administrative Office of Courts

Local

Intervention Court Fiscal Reporting Form

Remittance Address

Grant

Local

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

Vendor 3100020825 Copiah Co. Board of Supervisors P.O. Box 551 Hazlehurst, MS 39083-0551

Grant

| Report Amended | Date |
|----------------|------|
| керон Атеписи | Duie |

Private

TOTAL

DRUG COURT: 22nd CIRCUIT JUDICIAL INTERVENTION COURT

AOC State

Lead County: COPIAH EXPENSES FOR THE MONTH_____YEAR___

Other

Other

| | Reimbursable Expenses | Intervention Court Fund | Government Contribution | Expenses | Expenses | Source | Source | Foundation / Donation | MONTHLY EXPENSES |
|--|-------------------------------------|---|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|-----------------------------------|
| Category | Lapenses | Expenses | Expenses | (name) | (name) | (name) | (name) | Expenses | EM ENGES |
| Salaries & Fringe | | | | | | | | | |
| Treatment Expenses | | | | | | | | | |
| Testing & Lab Expenses | | | | | | | | | |
| Travel & Training | | | | | | | | | |
| Commodities | | | | | | | | | |
| Contractual Services | | | | | | | | | |
| Equipment | | | | | | | | | |
| TOTAL | | | | | | | | | |
| Fiscal Year to Date (July 1 st – June 30 th) | 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 " | | | | | | | | | |
| Dollar amount collected | | | | | | | | to the best of my ki | |
| Dollar amount collected | d from intervention co | ourt participant fees \$ |) | | expenditure | es are in compliance | e with the Mississi | ippi Intervention Co | ourt Kules. |
| Authorized Signature of Fisc | al Report Preparer | | | Printed Nam | ne | Title | : | | Date |
| Signature of Intervention Co | ourt Judge / Referee | | | | Printed | d Name of Judge / Re | feree | | Date |
| AOC must receive this form | _ | Oth day of every month | Dlease email your fice | cal report & cupporti | | _ | | ons call 601-250-6567 | |