Finance	Use	Only
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-FORRESTYTHDCT

Fund: 220600000	Warrant
CC: 1051023071	Date
Commitment Item: 67485000	By



SUPREME COURT OF MISSISSIPPI Administrative Office of Courts

Intervention Court Fiscal Reporting Form

Remittance Address
Vendor 7000002277

Forrest County Board of Supervisors

P.O. Box 1310

Hattiesburg, MS 39403-1310

Report Amended	Date	

DRUG COURT: FORREST COUNTY YOUTH INTERVENTION COURT			Lead County	:	EXPENSES FOR THE MONTH			YEAR	
Catalana	AOC State Reimbursable Expenses	Local Intervention Court Fund	Local Government Contribution	Grant Expenses	Grant Expenses	Other Source	Other Source	Private Foundation / Donation	TOTAL MONTHLY EXPENSES
Category		Expenses	Expenses	(name)	(name)	(name)	(name)	Expenses	
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 "	local intervention cou	art fund" on the last d	ay of the month \$						
Dollar amount collecte	d from intervention c	ourt participant fines	\$					o the best of my kno	
Dollar amount collecte	d from intervention c	ourt participant fees \$			expenditures	are in compliance	with the Mississip	pi Intervention Cou	ırt Rules.
Authorized Signature of Fisc	ai Keport Preparer			Printed Nan	ne	Title			Date
Signature of Intervention Co	ourt ludge / Referee				Printe	d Name of Judge / Re	 feree		

AOC must receive this form with signatures by the 20th day of every month. Please email your fiscal report & supporting documents to: interventioncourts@courts.ms.gov Questions call 601-359-6567

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