

Finance Use Only:

DOCUMENT # \_\_\_\_\_ INVOICE # \_\_\_\_\_ -10FELONYDCT

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 3100021815  
Lauderdale Co Board of Supervisors  
410 Constitution Avenue, Floor 11  
Meridian, MS 39301

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

DRUG COURT: 10th CIRCUIT JUDICIAL INTERVENTION COURT Lead County: LAUDERDALE EXPENSES FOR THE MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Category	AOC State Reimbursable Expenses	Local Intervention Court Fund Expenses	Local Government Contribution Expenses	Grant Expenses <i>(name)</i>	Grant Expenses <i>(name)</i>	Other Source <i>(name)</i>	Other Source <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>									
Fiscal Year to Date (July 1 <sup>st</sup> – June 30 <sup>th</sup> )	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

**New for FY20**

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

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](mailto:interventioncourts@courts.ms.gov) Questions call 601-359-6567

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