

Finance Use Only:

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

Remittance Address

Vendor 7000003954
Harrison County Drug Court
P.O. Box CC
Gulfport, MS 39502

Report Amended _____ Date _____

DRUG COURT: 2nd CIRCUIT JUDICIAL DISTRICT INTERVENTION COURT Lead County: HARRISON 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									
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

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 Questions call 601-359-6567

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