

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
Intervention Court Fiscal Reporting Form

Remittance Address
Vendor 3100020506
Leake Co Board of Supervisors
P.O. Drawer 595
Carthage, MS 39051

Report Amended _____ Date _____

DRUG COURT: 8th CIRCUIT JUDICIAL INTERVENTION COURT

Lead County: LEAKE

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 _____