

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 3100026859
 Choctaw Co Board of Supervisors
 P.O. Box 250
 Ackerman, MS 39735-0250

Report Amended _____ Date _____

DRUG COURT: 5th CIRCUIT JUDICIAL INTERVENTION COURT Lead County: CHOCTAW EXPENSES FOR THE MONTH _____ YEAR _____

Category	AOC State Reimbursable Expenses	Local Intervention Court Fund Expenses	Local Government Contribution Expenses	Grant Expenses <small>(name)</small>	Grant Expenses <small>(name)</small>	Other Source <small>(name)</small>	Other Source <small>(name)</small>	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 1st – June 30th)	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 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 _____