



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

Remittance Address

Vendor 7002004170  
 City of Indianola  
 PO Box 269  
 Indianola, MS 38751

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

DRUG COURT: INDIANOLA MUNICIPAL INTERVENTION COURT

Lead County: SUNFLOWER 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>									
<b>Fiscal Year to Date (July 1<sup>st</sup> – June 30<sup>th</sup>)</b>	<b>Cumulative AOC State Expenses</b>	<b>Cumulative Local Intervention Court Expenses</b>	<b>Cumulative Local Gov't Cont Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Private/Donation Expenses</b>	<b>Cumulative Monthly Expenses</b>

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 \_\_\_\_\_