



**SUPREME COURT OF MISSISSIPPI**  
**Administrative Office of Courts**  
**Drug Intervention Court**  
**Budget Request Form – FY 2023**

Complete and return the budget request form, the budget narrative,  
 and Board of Supervisor signed, approved contracts **no later than May 1, 2022**

The budget request should reflect anticipated spending to include all funding sources from **July 1, 2022 - June 30, 2023**.  
 Email documents by the May 1st deadline to: [interventioncourts@courts.ms.gov](mailto:interventioncourts@courts.ms.gov)

Court: \_\_\_\_\_ Lead County: \_\_\_\_\_ Phone: \_\_\_\_\_

Remittance Address: \_\_\_\_\_ Email: \_\_\_\_\_

<b>AOC USE ONLY</b>	
FY23 Budget Request _____	Participant Level _____
Reviewed by: _____	Date _____
AOC Budget Appropriation _____	
Approved by: _____	Date _____

Category	AOC State Reimbursable Amounts	Local Drug Intervention Court Fund Amount	Local Government Contribution Amount	Grant Amount <i>(name)</i>	Grant Amount <i>(name)</i>	Other Source <i>(name)</i>	Other Source <i>(name)</i>	Private Foundation / Donation Amounts	TOTAL FY 2023 BUDGET
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
<b>TOTAL</b>									

*Budget Request Prepared By:*

\_\_\_\_\_  
 Signature of Intervention Court Coordinator or Financial Officer

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Printed Name | Title | Date

\_\_\_\_\_  
 Signature of Intervention Court Judge / Referee

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Printed Name of Intervention Court Judge / Referee | Title | Date