

Finance Use Only:

DOCUMENT # \_\_\_\_\_ INVOICE # \_\_\_\_\_ -6CHYDCT

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 3100021464  
 Neshoba Co Board of Supervisors  
 401 Beacon Street, Suite 201  
 Philadelphia, MS 39350

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

DRUG COURT: 6<sup>th</sup> CHANCERY INTERVENTION COURT Lead County: NESHOBA 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									
<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>

**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](mailto:interventioncourts@courts.ms.gov) Questions call 601-359-6567

AOC USE ONLY: Approved for Payment \_\_\_\_\_ Date \_\_\_\_\_ Reviewed & Certified \_\_\_\_\_ Date \_\_\_\_\_