



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

Remittance Address
Vendor 7002004590
Sunflower Co Board of Supervisors
P.O. Box 988
Indianola, MS 38751

Report Amended _____ Date _____

DRUG COURT: 9th CHANCERY YOUTH 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									
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

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