



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

Remittance Address
 Vendor 7000001997
 Adams Co. Board of Supervisors
 Adams Co. Family Intervention Ct
 320 State Street – Natchez MS

Report Amended _____ Date _____

DRUG COURT: ADAMS YOUTH INTERVENTION COURT Lead County: ADAMS 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 |
| | | | | | | | | | |

New for FY20

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| 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