



SUPREME COURT OF MISSISSIPPI

Administrative Office of Courts

Intervention Court Fiscal Reporting Form

Remittance Address

Vendor 3100023380
 Harrison Co Board of Supervisors
 Bookkeeping
 P.O. Drawer CC Gulfport MS 39502

Report Amended _____ Date _____

DRUG COURT: HARRISON COUNTY FAMILY INTERVENTION COURT

Lead County: _____

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 |
| | | | | | | | | | |

| |
|--|
| 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 Questions call 601-359-6567

AOC USE ONLY: Approved for Payment _____ Date _____ Reviewed & Certified _____ Date _____