



SUMMARY FINANCIAL REPORT

MONTH		YEAR	
County			
County Number			

To: Division of Local Government Services

I Certify that this is a true and correct report of cash receipts, cash disbursements and cash balances for the month.

Circuit Clerk _____

Date _____

	BEGINNING CASH BALANCES	CASH RECEIPTS	CASH DISBURSEMENTS	REFUNDS Attach Supporting Documents For All Refunds	ENDING CASH BALANCES
1 Driver Licenses					
2 Charges For Services					
3 Expungement Fees					
4 Restitution Fees					
5 Bond Filing Fees					
6 Bond 10% Fees					
7 Bond Forfeitures					
8 Fish and Game Fines					
9 Hwy. Work Zone Safety Fines					
10 Alcohol Intoxication Fines					
11 Energy Recovery Road Fines					
12 Criminal/Traffic Costs					
13. Criminal/Traffic Fines					
14 Handicap Fines					
15 State Jail Fund					
16 Crime Victims Fund					
17 D.U.I. Service Fees					
18 Brady Bill Fees					
19 S.C.H.I.R. Fees					
20 Traumatic Brain Injury Fees					
21 Court Facility Fees					
22 Court Security Fees					
23 Civil Filing Fees					
24 Access to Justice Fees					
25 P.A. Partial Fees					
26 P.A. Administration Fees					
27 Interest Income					
28 Over (Short)					
29 Total State Monies					

REMOVE FRONT SHEET BEFORE COMPLETING LINES 30 THROUGH 42