

CONSOLIDATED MONTHLY REMITTANCE REPORT - PROBATE COURT

Report Month: _____ Report Year: _____ Report Date: _____ County: _____

Clerk/Court Officer Filing Report: _____ Phone: _____ ORI: _____

| | (1) | (2) | (3) | (4) | (5) |
|---------------------------------------|--|--|---|--|------------------|
| | No. of Cases | Amount of Original Fine and/or Bond Forfeiture | Total Amount of Fines and/or Bond Forfeitures | Computation of Amount Collected | Amount Collected |
| SECTION 1 - CIVIL | | | | | |
| 1 | Marriage License Fee (OCGA 15-9-60.1) | | | \$15.00 x column (1) | \$ |
| SECTION 2 - CRIMINAL | | | | | |
| 2 | POPIDF-A (f/k/a POPTF) (OCGA 15-21-73(a)(1)(A)) | \$1 - \$499.99 | \$ | 10% of column (3) | \$ |
| | | \$500 + | \$ | \$50 x column (1) | \$ |
| | | Partial Payments | | | \$ |
| | POPIDF-A (f/k/a POPTF) (OCGA 15-21-73(a)(2)(A)) - Bond Forfeitures | Less than \$1000 | \$ | 10% x Column (3) | \$ |
| | | Greater than \$1000 | \$ | \$100 | \$ |
| 3 | Georgia Crime Victims Emergency Fund (OCGA 15-21-112 for conviction of OCGA 40-6-391 (DUI of alcohol/drugs)) | \$26 | \$ | Column (1) x \$26 for post July 1, 2004 offenses | \$ |
| | | \$25 | \$ | Column (1) x \$25 for pre July 1, 2004 offenses | \$ |
| | | Partial Payments | | | \$ |
| 4 | Brain and Spinal Injury Trust Fund (OCGA 15-21-149) | Full Payments | \$ | 10% of column (3) | \$ |
| | | Partial Payments | | | \$ |
| 5 | Crime Lab Fee (OCGA 42-8-34) | Felony | | \$50 x column (1) | \$ |
| | | Misdemeanor | | \$25 x column (1) | \$ |
| | | Partial Payments | | | \$ |
| 6 | Driver Education and Training Fund (OCGA 15-21-179) | Full Payments | \$ | 5% of column (3) | \$ |
| | | Partial Payments | | | \$ |
| SECTION 3 - INDIGENT DEFENSE | | | | | |
| 7 | Civil Action Surcharges (OCGA 15-21A-6) | | | \$15 x column (1) | \$ |
| 8 | POPIDF-B (OCGA 15-21-73(a)(1)(B)) | Full Payments | \$ | 10% x column (3) | \$ |
| | | Partial Payments | | | \$ |
| | | POPIDF-B (OCGA 15-21-73(a)(2)(B)) - Bond Forfeitures | Less than \$1000 | \$ | 10% x Column (3) |
| Greater than \$1000 | | | \$ | \$100 | \$ |
| GRAND TOTAL OF ALL COLLECTIONS | | | | | \$ |

Please make all checks payable to: **Georgia Superior Court Clerks' Cooperative Authority (GSCCCA)**
 Please mail all checks and forms to: **GSCCCA Fines and Fees Division, P.O. Box 29645, Atlanta, GA 30359**

CHECK NUMBER(S): _____ CHECK AMOUNTS: _____

Pursuant to O.C.G.A. § 15-21-132 et. seq, I, the undersigned clerk/court officer of the above-named court, hereby certify that, to the best of my knowledge, the above and foregoing is a true and correct account of all above-referenced funds collected for the month specified.

Clerk of Court/Judge