

**CONSOLIDATED MONTHLY REMITTANCE REPORT - SUPERIOR 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
<b>SECTION 1 - CIVIL</b>						
1	<b>Divorce Surcharge</b> (OCGA 15-6-77.4)				\$5.00 x column (1)	\$
<b>SECTION 2 - CRIMINAL</b>						
2	<b>POPIDF-A (f/k/a POPTF)</b> (OCGA 15-21-73(a)(1)(A))		\$1 - \$499.99	\$	10% of column (3)	\$
			\$500 +	\$	\$50 x column (1)	\$
			Partial Payments			\$
	<b>POPIDF-A (f/k/a POPTF)</b> (OCGA 15-21-73(a)(2)(A) ) - <b>Bond Forfeitures</b>		Less than \$1000	\$	10% x Column (3)	\$
		Greater than \$1000	\$	\$100	\$	
3	<b>Georgia Crime Victims Emergency Fund</b> (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	<b>Brain and Spinal Injury Trust Fund</b> (OCGA 15-21-149)		Full Payments	\$	10% of column (3)	\$
			Partial Payments			\$
5	<b>Crime Lab Fee</b> (OCGA 42-8-34)		Felony		\$50 x column (1)	\$
			Misdemeanor		\$25 x column (1)	\$
			Partial Payments			\$
6	<b>Driver Education and Training Fund</b> (OCGA 15-21-179)		Full Payments	\$	5% of column (3)	\$
			Partial Payments			\$
<b>SECTION 3 - INDIGENT DEFENSE</b>						
7	<b>Civil Action Surcharges</b> (OCGA 15-21A-6)				\$15 x column (1)	\$
8	<b>POPIDF-B</b> (OCGA 15-21-73(a)(1)(B))		Full Payments	\$	10% x column (3)	\$
			Partial Payments			\$
	<b>POPIDF-B</b> (OCGA 15-21-73(a)(2)(B)) - <b>Bond Forfeitures</b>		Less than \$1000	\$	10% x Column (3)	\$
			Greater than \$1000	\$	\$100	\$
9	<b>Indigent Defense Program Application</b> (OCGA 15-21A-6)				\$50 x column (1)	\$
<b>GRAND TOTAL OF ALL COLLECTIONS</b>						\$

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.

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Clerk of Court/Judge