

CONSOLIDATED MONTHLY REMITTANCE REPORT – JUVENILE 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 - CRIMINAL | | | | | | |
| 1 | POPIDF-A (OCGA 15-21-73(a)(1)(A)) | | \$1 - \$499.99 | \$ | 10% of column (3) | \$ |
| | | | \$500 + | \$ | \$50 x column (1) | \$ |
| | | | Partial Payments | | | \$ |
| | POPIDF-A - Bond Forfeiture (OCGA 15-21-73(a)(2)(A)) | | Less than \$1000 | \$ | 10% x Column (3) | \$ |
| | | | Greater than \$1000 | \$ | \$100 | \$ |
| 2 | 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 July 1, 2004 or later offenses | \$ |
| | | | \$25 | \$ | Column (1) x \$25 for pre July 1, 2004 offenses | \$ |
| | | | Partial Payments | | | \$ |
| 3 | Brain and Spinal Injury Trust Fund (OCGA 15-21-149 and 15-21-151) | | Full Payments | \$ | 10% of column (3) | \$ |
| | | | Partial Payments | | | \$ |
| 4 | Crime Lab Fee (OCGA 42-8-34) | | Felony | | \$50 x column (1) | \$ |
| | | | Misdemeanor | | \$25 x column (1) | \$ |
| | | | Partial Payments | | | \$ |
| 5 | Driver Education and Training Fund (OCGA 15-21-179) | | Full Payments | \$ | 1.5% of column (3) for May 6, 2013-June 30, 2022 offenses | \$ |
| | | | Full Payment | \$ | 5% of column (3) for pre May 6, 2013 offenses | \$ |
| | | | Partial Payments | | | \$ |
| SECTION 2 – INDIGENT DEFENSE | | | | | | |
| 6 | Civil Action Surcharge (OCGA 15-21A-6) | | | | \$15 x column (1) | \$ |
| 7 | POPIDF-B (OCGA 15-21-73(a)(1)(B)) | | Full Payments | \$ | 10% x column (3) | \$ |
| | | | Partial Payments | | | \$ |
| | POPIDF-B - Bond Forfeiture (OCGA 15-21-73(a)(2)(B)) | | Less than \$1000 | \$ | 10% x Column (3) | \$ |
| | | | Greater than \$1000 | \$ | \$100 | \$ |
| 8 | Indigent Defense Application Fee (OCGA 15-21A-6) | | | | \$50 x column (1) | \$ |
| 9 | Safe Harbor Fund (OCGA 15-21-208) | | | | \$2500 x column (1) | \$ |
| 10 | Georgia State Indemnification Fund (OCGA 16-5-21(c), 16-5-24(c), 16-10-24) | | Full Payments | | \$300 or \$2000 x column (1) | \$ |
| | | | Partial Payments | | | \$ |
| 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 191627, Brookhaven, GA 31119**

CHECK NUMBER(S): _____ CHECK AMOUNTS: _____

Pursuant to O.C.G.A. § 15-21A-8 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.

Effective: 12/6/2022

Clerk of Court/Judge