

CONSOLIDATED MONTHLY REMITTANCE REPORT – STATE COURT

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

Clerk/Court Officer Filing Report: _____ Phone: _____

		(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	\$
			Partial Payments			\$
3	Brain and Spinal Injury Trust Fund (OCGA 15-21-149 & 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	\$	Calculate per GA Statute	\$
			Partial Payments			\$
SECTION 2						
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	Judicial Operations Fund Fee (OCGA 15-21A-6.2)				\$75 x column (1)	\$
9	Safe Harbor Fund (OCGA 15-21-208)		Full Payments		\$2500 x column (1)	\$
			Partial Payments			\$
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.

Clerk of Court/Judge