

CONSOLIDATED MONTHLY REMITTANCE REPORT - SUPERIOR 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 - CIVIL | | | | | |
| 1 | Children's Trust Fund - Divorce Surcharge (OCGA 15-6-77.4) | | | \$5.00 x column (1) | \$ |
| SECTION 2 - CRIMINAL | | | | | |
| 2 | 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 | \$ |
| 3 | 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 | | | \$ |
| 4 | Brain and Spinal Injury Trust Fund (OCGA 15-21-149 & 15-21-151) | 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 | \$ | Calculate per GA Statute | \$ |
| | | Partial Payments | | | \$ |
| SECTION 3 | | | | | |
| 7 | Civil Action Surcharge (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 - Bond Forfeiture (OCGA 15-21-73(a)(2)(B)) | Less than \$1000 | \$ | 10% x Column (3) | \$ |
| | | Greater than \$1000 | \$ | \$100 | \$ |
| 9 | Indigent Defense Application Fee (OCGA 15-21A-6) | | | \$50 x column (1) | \$ |
| 10 | Judicial Operations Fund Fee (OCGA 15-21A-6.1) | | | \$125.00 x column (1) | \$ |
| 11 | Safe Harbor Fund (OCGA 15-21-208) | Full Payments | | \$2500 x column (1) | \$ |
| | | Partial Payments | | | \$ |
| 12 | 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