

CONSOLIDATED MONTHLY REMITTANCE REPORT – MAGISTRATE 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 (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	\$
2	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 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 or later offenses	\$
		Full Payments	\$	5% of column (3) for pre May 6, 2013 offenses	\$
		Partial Payments			
SECTION 2 – INDIGENT DEFENSE					
6	Civil Action Surcharges (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 (OCGA 15-21-73 (a)(2)(B)) - Bond Forfeitures	Less than \$1000	\$	10% x Column (3)	\$
		Greater than \$1000	\$	\$100	\$
8	Safe Harbor Fund (OCGA 15- 21-208)			\$2500 x column (1)	\$
9	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 29645, Atlanta, GA 30359**

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