

Remittance Form
ALABAMA CRIME VICTIMS COMPENSATION COMMISSION

P.O. Box 231267
 Montgomery, Alabama 36123-1267
 (334) 290-4420; (334) 290-4455 (fax)
www.acvcc.alabama.gov

TO THE EXECUTIVE DIRECTOR: Alabama Crime Victims Compensation Commission Monthly Report of court costs and/or forfeitures collected for the Alabama Crime Victims Compensation Fund for the month of _____, _____, for the **Municipal Court of** _____.

ACVCC CODES	TYPE OF CASE	No. of Cases	ACVCC Deduction Each Case	Sub-total	Partial Payments	TOTAL
4101	*Traffic Violations		\$2.00			
4102	Non-Traffic Misdemeanors and/or Violations of City Ordinances		\$10.00			
4103	**Bond Forfeitures (Traffic Violations)		\$2.00			
4104	**Bond Forfeitures (Non-Traffic Violations)		\$10.00			
	GRAND TOTAL					\$ _____

* Does not apply to parking violations.

** Only applies when bond forfeiture results in a final disposition of the case.

To the best of my knowledge and ability, this is the amount for the period stated above due the Alabama Crime Victims Compensation Commission as required by Code of Alabama §15-23-17 (1995).

Date

Signature of Remitter and Title

Court ORI

Print Name of Remitter

Check Number

Telephone Number

According to Code of Alabama §15-23-17 (1995), the costs **SHALL BE REMITTED** by the 10th of each month next succeeding that in which the cost is paid.

Prepare this form in duplicate. A copy should be kept for your records. Please make checks payable to *Alabama Crime Victims Compensation Commission*.

Mail Original with Remittance to:

Alabama Crime Victims Compensation Commission
 Accounting Division
 P.O. Box 231267
 Montgomery, Alabama 36123-1267