



OFFICE OF THE ILLINOIS STATE TREASURER

CIRCUIT CLERK REMITTANCE FORM

Mail Form and Checks To: *Office of the Illinois State Treasurer*
Attn: Accounting Division
P.O. Box 10254
Springfield, IL 62791-0254

Make Checks Payable To: *Treasurer of the State of Illinois*

Circuit Clerk Name		County Name
Contact Name	Contact Phone Number	Today's Date

<u>Name of Fund</u>	<u>Check Number</u>	<u>Check Amount</u>
Drivers Education Fund	_____	_____
Violent Crime Victims Assistance Fund	_____	_____
Drug Treatment (or Drug Assessment) Fund	_____	_____
Domestic Violence Shelter and Service Fund	_____	_____
Domestic Violence Shelt & Serv Fund for Domestic Battery	_____	_____
Domestic Violence Abuser Services Fund	_____	_____
Trauma Center Fund	_____	_____
Child Abuse Prevention Fund (Fines in excess of \$10,000)	_____	_____
General Revenue Fund (DUI Fines)	_____	_____
Mandatory Arbitration Fund	_____	_____
Sexual Assault Services Fund	_____	_____
LEADS Maintenance Fund	_____	_____
Law Enforcement Camera Grant Fund	_____	_____
Spinal Cord Injury Paralysis Cure Research Trust Fund	_____	_____
Traffic & Criminal Conviction Surcharge Fund	_____	_____
T&CCSF (\$4 penalty)	_____	_____
Co-Mingled Funds (Fines < \$55) 12% to State Treasurer	_____	_____
Co-Mingled Funds (Fines > \$55) 16.825% to State Treasurer	_____	_____
Illinois Animal Abuse Fund	_____	_____
Fire Prevention Fund	_____	_____



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Sex Offender Management Board Fund	_____	_____
Methamphetamine Law Enforcement Fund	_____	_____
Lump Sum Surcharge check	_____	_____
(Effective 6/30/06: additional penalty of \$10 for every \$40, or fraction thereof, to be allocated by the State Treasurer's Office to LEADS Maintenance Fund and Law Enforcement Camera Grant Fund)		
Prisoner Review Board Vhcl & Equip Fund	_____	_____
Fire Truck Revolving Loan Fund	_____	_____
Sex Offender Investigation Fund	_____	_____
Roadside Memorial Fund	_____	_____
Performance-enhancing Substance Testing Fund	_____	_____
State Police Services Fund	_____	_____
State Police Operations Assistance Fund	_____	_____
Foreclosure Prevention Program Fund	_____	_____
Abandoned Residential Property Municipality Relief Fund	_____	_____
IL Dept of Corrections Parole Div Offender Supervision Fund	_____	_____
Prescription Pill & Drug Disposal Fund	_____	_____
Conservation Police Operations Assistance Fund	_____	_____
Guardianship and Advocacy Fund	_____	_____
State Police Merit Board Public Safety Fund	_____	_____
Foreclosure Prevention Program Graduated Fund	_____	_____
Criminal Justice Information Projects Fund	_____	_____
Access to Justice Fund	_____	_____
TOTAL AMOUNT REMITTED	_____	_____

Please check box if payment was ACH'd to the Treasurer's Office

Yes