**SHERIFFS' RETIREMENT FUND OF GEORGIA**
1000 Sheriffs Way
Madison, Georgia 30650
770-914-1076

Name of Court:_____County:_____

Mailing Address:_____

Period of Time Covered by this Report:     From:_____

To:_____

Indicate below; the Court reporting, the number of cases and amount due at $2.00 each for fines collected or bonds forfeited of $5.00 or more for any **criminal or quasi-criminal case**:

**SUPERIOR**: # OF CASES _____ AMT. DUE $_____      **STATE:** # OF CASES _____ AMT. DUE $_____

**JUVENILE**: # OF CASES _____ AMT. DUE $_____      **PROBATE**: # OF CASES _____ AMT. DUE $_____

**MAGISTRATE**: # OF CASES _____ AMT. DUE $_____      **OTHER:** # OF CASES _____ AMT. DUE $_____

**MUNICIPAL:** # OF CASES_____ AMT. DUE $_____      **RECORDERS:** # OF CASES _____ AMT. DUE $_____

PARTIAL PAYMENTS CRIMINAL:     Cases_____ Amount_____

Indicate below; the Court reporting, the number of cases and amount due at $5.00 each for **civil proceedings**:

**SUPERIOR**: # OF CASES _____ AMT. DUE $_____      **STATE:** # OF CASES _____ AMT. DUE $_____

**JUVENILE**: # OF CASES _____ AMT. DUE $_____      **PROBATE**: # OF CASES _____ AMT. DUE $_____

**MAGISTRATE**: # OF CASES _____ AMT. DUE $_____      **OTHER**: # OF CASES _____ AMT. DUE $_____

**MUNICIPAL:** # OF CASES_____ AMT. DUE $_____      **RECORDERS:** # OF CASES _____ AMT. DUE $_____

PARTIAL PAYMENTS CIVIL:          Cases_____ Amount_____

Check Number _____ Check Amount _____      Check Number _____ Check Amount _____
Check Number _____ Check Amount _____      Check Number _____ Check Amount _____
Check Number _____ Check Amount _____      Check Number _____ Check Amount _____

To the best of my knowledge this is a correct amount for the period stated due the Sheriffs' Retirement Fund of Georgia as required by official Georgia Code Title 47-16-60 and 47-16-61 as amended.

_____          Date: _____
        Signature of Remitter and Title

**NOTE:**  If there were no cases or money collected; please indicate by placing a zero (0) in the proper blank.