



SUPREME COURT OF MISSISSIPPI

Administrative Office of Courts

Annual Drug Court Budget Request

Please complete the following information and return no later than May 1st to the Administrative Office of Courts, P.O. Box 117, Jackson, MS 29205. Budget Request forms containing the original signature along with a budget detail must be mailed by the May 1st deadline. The budget request should reflect anticipated spending from July 1st through June 30th. All “other” sources of funding should be included. (*Ex. Local funds, federal grants, county contributions, private foundation contributions, etc.*)

Name of Drug Court: _____
 (Mississippi Judicial District, County, or Municipality)

Remittance Address: _____

Phone: _____ E-Mail: _____

Amount your court was awarded from the AOC in the previous fiscal year: _____

Request for funding of Fiscal Year: _____

Category	AOC Budget		Other Source	Amount	Total Each Row
Administrative/Personnel		+			
Fringe Benefits		+			
Treatment		+			
Testing & Laboratory		+			
Office Expenses		+			
Other Services		+			
Equipment		+			
Travel & Training		+			
Miscellaneous		+			
TOTAL		+	TOTAL		

Submitted by: _____

Date: _____

Signature: _____