

Supreme Court of Nevada- Administrative Office of the Courts  
Specialty Court Quarterly Financial Worksheet

|   |                        |  |                        |  |   |  |              |                   |
|---|------------------------|--|------------------------|--|---|--|--------------|-------------------|
| <b>Funding Source:</b>  |                        |  |                        |  |   |  |              |                   |
| Fiscal Year:  |                        | Number of Participants                 | Number of Participants | Number of Participants                             | Number of Participants                          |  |              |                   |
| Report Preparer Name:   |                        |  |                        |  |   |  |              |                   |
| Name of Specialty Court:  |                        | Court Funding Code: _____              |                        |  |   |  |              |                   |
| E-Mail Address:   |                        | Phone/Fax #'s: _____                   |                        |  |   |  |              |                   |
| <b>Specialty Court Revenue Received</b>   | <b>Original Budget</b> | <b>1st Quarter Expenditures - Sept</b> | <b>July</b>            | <b>2nd Quarter Expenditures October - December</b> | <b>3rd Quarter Expenditures January - March</b> | <b>4th Quarter Expenditures - June</b> | <b>April</b> | <b>carry-over</b> |
| Unspent NRS 176.0613 funding balanced forward from the prior fiscal year and carry-forward balance from prior quarter.            |                        |  |                        |  |   |  |              |                   |
| Supreme Court/AOC funding (Specialty Court Assessment Revenue NRS 176.0613, Assessment Revenue NRS176.059, and Forfeiture Revenue |                        |  |                        |  |   |  |              |                   |
| <b>Total Specialty Court Revenue</b>  |                        |  |                        |  |   |  |              |                   |
| <b>Expenditures Paid by the Program with NRS Revenue</b>  |                        | <b>1st Quarter Expenditures</b>        |                        | <b>2nd Quarter Expenditures</b>                    | <b>3rd Quarter Expenditures</b>                 | <b>4th Quarter Expenditures</b>        |              |                   |
| Professional Services   |                        |  |                        |  |   |  |              |                   |
| - Counseling  |                        |  |                        |  |   |  |              |                   |
| - Residential/Housing (Mental Health Courts Only)   |                        |  |                        |  |   |  |              |                   |
| - In-Patient Residential (28-day. Must have a contract with a provider.)  |                        |  |                        |  |   |  |              |                   |
| Drug Testing Supplies   |                        |  |                        |  |   |  |              |                   |
| Drug Testing Equipment  |                        |  |                        |  |   |  |              |                   |
| Drug Testing Confirmation   |                        |  |                        |  |   |  |              |                   |
| Electronic Monitoring   |                        |  |                        |  |   |  |              |                   |
| Salary & Benefits - Treatment (exclude city & county paid positions)  |                        |  |                        |  |   |  |              |                   |
| - Drug Court Coordinator  |                        |  |                        |  |   |  |              |                   |
| - Case Manager  |                        |  |                        |  |   |  |              |                   |
| - Testers   |                        |  |                        |  |   |  |              |                   |
| - Case Worker   |                        |  |                        |  |   |  |              |                   |
| - Other - Describe  |                        |  |                        |  |   |  |              |                   |
| Operating Expenses, office supplies, copying, etc. (Maximum \$2,400 per year.)  |                        |  |                        |  |   |  |              |                   |
| Bus Passes and/or Taxi vouchers (Maximum \$10,000 per year.)  |                        |  |                        |  |   |  |              |                   |
| Basic Needs (clothing, haircuts, hygiene products) (max \$10,000/year)  |                        |  |                        |  |   |  |              |                   |
| Incentives, gift certificate \$5-\$15 value, tokens, books, cookies, cake, pizza, and haircuts (Maximum \$5,000 per year.)        |                        |  |                        |  |   |  |              |                   |
| Basic Needs (hair cuts, clothing, hygiene items, etc.   |                        |  |                        |  |   |  |              |                   |
| Housing with a case manager (Maximum 30% of total award)  |                        |  |                        |  |   |  |              |                   |
| Housing (Motel, Apartment, etc.) (Maximum 30% of total award)   |                        |  |                        |  |   |  |              |                   |
| Acquiring necessary capital goods, or using appropriate technology  |                        |  |                        |  |   |  |              |                   |
| Team Training (not to exceed 5% of total allocation)  |                        |  |                        |  |   |  |              |                   |
| Studying the management and operation of the program  |                        |  |                        |  |   |  |              |                   |
| Other (describe)  |                        |  |                        |  |   |  |              |                   |
| <b>Total Expenditures with NRS or GF Revenue</b>  |                        |  |                        |  |   |  |              |                   |
| Outstanding Invoices not paid, but expected (include copies)  |                        |  |                        |  |   |  |              |                   |
| <b>Amount Balanced Forward (Revenue less Expenditures)</b>  |                        |  |                        |  |   |  |              |                   |
| <b>OTHER REVENUE THE PROGRAM RECEIVES</b>   | <b>Original Budget</b> | <b>1st Quarter Revenue</b>             |                        | <b>2nd Quarter Revenue</b>                         | <b>3rd Quarter Revenue</b>                      | <b>4th Quarter Revenue</b>             |              |                   |
| Client/participant payments made to the court (include court ordered and voluntary participant payments.)                         |                        |  |                        |  |   |  |              |                   |
| Client/participant payments made to the treatment provider  |                        |  |                        |  |   |  |              |                   |
| Appropriations received from cities or counties   |                        |  |                        |  |   |  |              |                   |
| Federal or other grants   |                        |  |                        |  |   |  |              |                   |
| <b>Total Other Revenue the Program Receives</b>   |                        |  |                        |  |   |  |              |                   |

| <b>OTHER EXPENDITURES<br/>(List expense in column. Attach additional page if necessary.)</b>                   | <b>Original<br/>Budget</b> | <b>1st Quarter<br/>Expenditures</b> | <b>2nd Quarter<br/>Expenditures</b> | <b>3rd Quarter<br/>Expenditures</b> | <b>4th Quarter<br/>Expenditures</b> |
|--|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  |                            |                                     |                                     |                                     |                                     |
|  |                            |                                     |                                     |                                     |                                     |
|  |                            |                                     |                                     |                                     |                                     |
| <b>Total Other Expenditures</b>  |                            |                                     |                                     |                                     |                                     |
| <b>Total Cost to Operate the Specialty Court Program<br/>(Total Expenditures and Total Other Expenditures)</b> |                            |                                     |                                     |                                     |                                     |

I hereby certify the information contained in this report to be true and correct to the best of my knowledge and that the program has maintained supporting documentation to substantiate all amounts.

|  |      |   |      |
|--|------|---|------|
| Printed Name of Judge or Program Coordinator | Date | Signature of Judge or Program Coordinator | Date |
|--|------|---|------|