



**OFFICE OF THE ILLINOIS STATE TREASURER  
CIRCUIT CLERK REMITTANCE FORM**

**Mail Form and Checks To:** *Office of the Illinois State Treasurer  
Attn: Fiscal Operations  
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 <b>Shelter and Service</b> Fund                 |                      |                     |                     |
| Domestic Violence Shelt & Serv Fund <b>for Domestic Battery</b>   |                      |                     |                     |
| Domestic Violence <b>Abuser Services</b> 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 <b>Surcharge</b> Fund               |                      |                     |                     |
| T&CCSF (\$4 penalty)  |                      |                     |                     |
| Co-Mingled Funds (Fines < \$55) <b>12%</b> to State Treasurer     |                      |                     |                     |
| Co-Mingled Funds (Fines > \$55) <b>16.825%</b> to State Treasurer |                      |                     |                     |
| Illinois Animal Abuse Fund  |                      |                     |                     |
| Fire Prevention Fund  |                      |                     |                     |
| Sex Offender <b>Management Board</b> Fund                         |                      |                     |                     |
| Methamphetamine Law Enforcement Fund                              |                      |                     |                     |
| Lump Sum Surcharge  |                      |                     |                     |
| Prisoner Review Board Vhcl & Equip Fund                           |                      |                     |                     |
| Fire Truck Revolving Loan Fund                                    |                      |                     |                     |
| Sex Offender <b>Investigation</b> Fund                            |                      |                     |                     |



**OFFICE OF THE ILLINOIS STATE TREASURER  
CIRCUIT CLERK REMITTANCE FORM**

**Mail Form and Checks To:** *Office of the Illinois State Treasurer  
Attn: Fiscal Operations  
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               |
| <b><u>Name of Fund</u></b>                                  | <b><u>Check Number</u></b> | <b><u>Check Amount</u></b> |
| 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 <b>Graduated</b> Fund        | _____                      | _____                      |
| Criminal Justice Information Projects Fund                  | _____                      | _____                      |
| Access to Justice Fund                                      | _____                      | _____                      |
| George Bailey Memorial Fund                                 | _____                      | _____                      |
| Supreme Court Special Purposes Fund                         | _____                      | _____                      |
| State Police Law Enforcement Administration Fund            | _____                      | _____                      |
| Secretary of State Police Services Fund                     | _____                      | _____                      |
| Public Utility Fund   | _____                      | _____                      |
| Capital Projects Fund                                       | _____                      | _____                      |
| State Crime Laboratory Fund                                 | _____                      | _____                      |
| State Offender DNA Identification System Fund               | _____                      | _____                      |
| <b>TOTAL AMOUNT REMITTED</b>                                |                            | \$ _____                   |

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