

Monthly Remittance Report

SUPERIOR COURT CLERKS' RETIREMENT FUND OF GEORGIA

1210 Greenbelt Drive

Griffin, Georgia 30224

Phone: 770-228-8461 | Fax: 470-228-1120

COURT NAME: _____ DATE: _____
 ADDRESS: _____ COUNTY: _____
 SCCRF COUNTY #: _____

Enclosed are check(s) in payment of all fees for the month as required.

CHECK NUMBER	CHECK AMOUNT	MONTHLY REPORT FOR PERIOD COVERED
1. _____	_____	Month and Year: _____
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	

REAL ESTATE FEES: Show below the number and amount at \$0.50 each of instruments pertaining to real estate processed such as Deeds, Leases, Plats, Options, Contracts, Affidavits, All Liens, All Fi. Fas., Notices, Releases, Cancellations, Property Bonds, Lis Pendens, Claims, Financing Statements Indexed/ Recorded in Real Estate Records, Any Other Instruments Processed in Real Estate Records, etc.

	COUNT	AMOUNT
Instruments Pertaining to Real Estate Processed.	_____	\$ _____ -

CIVIL FEES: Show below, by correct court, the number and amount at \$2.00 each for Civil Suits, Actions, Cases, Proceedings, Amendments, Adoptions, Charters, Mergers, Certiorari, Application to Sell/Reinvest, Trade Name registration, Change of Name, Garnishment, Certificate of Partnership, Attachments, Abandon Auto Proceedings, Other Proceedings of a Civil Nature, **Notary Public Commissions**, etc.

	COUNT	AMOUNT		COUNT	AMOUNT
SUPERIOR	_____	\$ _____ -	STATE	_____	\$ _____ -
JUVENILE	_____	\$ _____ -	PROBATE	_____	\$ _____ -
MAGISTRATE	_____	\$ _____ -	OTHER	_____	\$ _____ -

FINES & FORFEITURES: Show below, by correct court, the number and amount at \$2.00 each for fines or bonds forfeited.

	COUNT	AMOUNT		COUNT	AMOUNT
SUPERIOR	_____	\$ _____ -	STATE	_____	\$ _____ -
JUVENILE	_____	\$ _____ -	PROBATE	_____	\$ _____ -
MAGISTRATE	_____	\$ _____ -	OTHER	_____	\$ _____ -
PARTIAL PMTS.	_____	_____			

Total Amount	\$ _____ -
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ACKNOWLEDGEMENT

To the best of my knowledge and belief this is a correct amount for the period stated due to the Superior Court Clerks' Retirement Fund of Georgia as required by O.C.G.A. § 47-14-50

Sign: _____ Title: _____