

**_____ COUNTY ATTORNEY
FY 20__ ANNUAL SETTLEMENT REPORT**

Instructions: Pursuant to KRS 69.370, within sixty (60) days of the close of a fiscal year complete the following standardized form and submit to the Prosecutors Advisory Council.

Note: If needed, add additional accounts to provide an accounting for all funds received, disbursed, or held by the county attorney. Label each account if different from the suggested label in *italics*.

<i>(Delinquent Tax) Account#</i> _____	
Beginning Balance	\$ _____
Funds Received	+\$XXX,XXX.XX
Funds Disbursed	<u>-\$XXX,XXX.XX</u>
Funds Held	\$XXX,XXX.XX

<i>(Delinquent Tax Escrow) Account#</i> _____	
Beginning Balance	\$ _____
Funds Received	+\$XXX,XXX.XX
Funds Disbursed	<u>-\$XXX,XXX.XX</u>
Funds Held	\$XXX,XXX.XX

<i>(Cold Check) Account#</i> _____	
Beginning Balance	\$ _____
Funds Received	+\$XXX,XXX.XX
Funds Disbursed	<u>-\$XXX,XXX.XX</u>
Funds Held	\$XXX,XXX.XX

<i>(Traffic Safety Program) Account#</i> _____	
Beginning Balance	\$ _____
Funds Received	+ \$XXX,XXX.XX
Funds Disbursed	<u>-\$XXX,XXX.XX</u>
Funds Held	\$XXX,XXX.XX

<i>(County Attorney General Fund) Account#</i> _____	
Beginning Balance	\$ _____
Funds Received	+\$XXX,XXX.XX
Funds Disbursed	<u>-\$XXX,XXX.XX</u>
Funds Held	\$XXX,XXX.XX

(Other) Account# _____
 Beginning Balance \$ _____
 Funds Received +\$XXX,XXX.XX
 Funds Disbursed -\$XXX,XXX.XX
 Funds Held \$XXX,XXX.XX

Comments/Explanation:

I hereby certify that the above _____ page Financial Statement of funds, which includes a beginning balance and amount received, disbursed and held in my official capacity as _____ County Attorney are true and correct to the best of my knowledge and belief. The records supporting the above disclosed accounts shall be held until destroyed in compliance with Kentucky Department of Libraries Record Retention Schedules as modified implicitly by the terms of KRS Chapter 69.

 Date

 Signature

 Printed name

_____ County