

a. T Code **32670** 





## SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS

County identification number d. Report for q	quarter ending	e.	f. Due date of report
	•		
County name and mailing address	S	I	n. IMPORTANT Blacken this box if your address
			has changed. Show changes by the preprinted information.
			i.   j.
SEXUAL ASSAULT PROGRAM FUND (Code of Crin	minal Procedure Art 42A65	3)	
If the court grants probation to a person convicted of an offer Code, the court shall require as a condition of probation that the period of probation. This fine is in addition to court cos supervision department shall deposit the fines collected und month following a calendar quarter. The Comptroller shall dep Government Code.	nse under Sections 21.08, 2 t the person pay to the supe st or any other fee or fine der Subsection (e) to be se posit these funds in the Sex	1.11. 22.021, 25. rvising probation imposed on the p ent to the Comptrual Assault Progra	officer a fine of \$5 each month during person. A court clerk or a community oller no later than the last day of the Im Fund under Section 420.008 of the
Use supplement pages to list all fines collected. Enter the to due on all supplement pages on line 2.		_	
I. Number of Supplement pages (for Sexual Assault Program fir			
2. Total Fines Collected For Sexual Assault Program			2. ■ <sup>⊅</sup>
defendant: (1) participate in a drug or alcohol abuse con	quire as a condition of com	an: and	
<ul> <li>(1) participate in a drug or alcohol abuse con</li> <li>(2) pay a reimbursement fee in an amount es</li> <li>A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat</li> <li>Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>Number of Supplement pages (for Substance Abuse Felony F</li> </ul>	ntinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees)	esidential aftercare by defendants re- onth following a c ges included on li	quired to pay residential aftercare fees alendar quarter. ne 3, and the total amount of fees due
<ul> <li>(1) participate in a drug or alcohol abuse con</li> <li>(2) pay a reimbursement fee in an amount es</li> <li>A court clerk or a community supervision department shall di</li> <li>(under Subsection (c) (2)), to be sent to the Comptroller no lat</li> <li>Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>3. Number of Supplement pages (for Substance Abuse Felony F</li> <li>4. Total Fees Collected for Substance Abuse Felony Program</li> </ul>	ntinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees)	esidential aftercare by defendants re- ionth following a c ges included on li	quired to pay residential aftercare fees alendar quarter. ne 3, and the total amount of fees due 
<ul> <li>(1) participate in a drug or alcohol abuse con (2) pay a reimbursement fee in an amount est A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>3. Number of Supplement pages (for Substance Abuse Felony Program</li></ul>	htinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees) f Item 2 and Item 4)	esidential aftercare by defendants re- ionth following a c ges included on li DO NOT DET,	quired to pay residential aftercare fees         alendar quarter.         ne 3, and the total amount of fees due
<ul> <li>(1) participate in a drug or alcohol abuse con (2) pay a reimbursement fee in an amount est A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>3. Number of Supplement pages (for Substance Abuse Felony Program</li></ul>	htinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees) f Item 2 and Item 4)	esidential aftercare by defendants re- ionth following a c ges included on li DO NOT DET,	quired to pay residential aftercare fees alendar quarter. ne 3, and the total amount of fees due 4. ■ \$ 5. ■ \$ ACH * * *
<ul> <li>(1) participate in a drug or alcohol abuse con (2) pay a reimbursement fee in an amount est A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>3. Number of Supplement pages (for Substance Abuse Felony Fe. Total Fees Collected for Substance Abuse Felony Program</li></ul>	htinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees) f Item 2 and Item 4) <i>NOT DETACH</i> * * *	esidential aftercare by defendants re- ionth following a c ges included on li DO NOT DET, box NOT DET, k. assistance call 800	quired to pay residential aftercare fees         alendar quarter.         ne 3, and the total amount of fees due        4.■         \$        5.■         ACH * * *        6.■
<ul> <li>(1) participate in a drug or alcohol abuse con (2) pay a reimbursement fee in an amount est A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>3. Number of Supplement pages (for Substance Abuse Felony Program</li></ul>	htinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees) f Item 2 and Item 4) <i>O NOT DETACH</i> * * * <i>S Item 5</i> ) For	esidential aftercare by defendants rec onth following a c ges included on li DO NOT DET DO NOT DET k. assistance call 800 The Austin numb	quired to pay residential aftercare fees         alendar quarter.         ne 3, and the total amount of fees due
<ul> <li>(1) participate in a drug or alcohol abuse con (2) pay a reimbursement fee in an amount es</li> <li>A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat</li> <li>Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>Number of Supplement pages (for Substance Abuse Felony Program</li></ul>	htinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees) f Item 2 and Item 4) f Item 2 and Item 4) <i>O NOT DETACH</i> * * * <i>S Item 5</i> ) For a <i>I</i> , (type or print name) the information above is <b>Sign N</b>	esidential aftercare by defendants rec onth following a c ges included on li DO NOT DET, DO NOT DET, k. assistance call 80 The Austin numb	quired to pay residential aftercare fees         alendar quarter.         ne 3, and the total amount of fees due
<ul> <li>(1) participate in a drug or alcohol abuse con (2) pay a reimbursement fee in an amount es</li> <li>A court clerk or a community supervision department shall d (under Subsection (c) (2)), to be sent to the Comptroller no lat</li> <li>Use supplement pages to list all fees collected. Enter the tota on all supplement pages on line 4.</li> <li>3. Number of Supplement pages (for Substance Abuse Felony Program</li></ul>	htinuum of care treatment pla stablished by the judge for re deposit the payments made ter than the last day of the m al number of supplement pa Program fees) f Item 2 and Item 4) f Item 2 and Item 4) <i>O NOT DETACH</i> * * * <i>S Item 5</i> ) For a <i>I</i> , (type or print name) _ the information above is Authorized ag	esidential aftercare by defendants rec onth following a c ges included on li DO NOT DET, DO NOT DET, k. assistance call 80 The Austin numb	quired to pay residential aftercare fees alendar quarter. ne 3, and the total amount of fees due 4. • $$$ 5. • $$$ ACH * * * 6. • $$$ 1. 1. 2. 

444