

City of Charleston Municipal Court

CASE HISTORY FOR CASE 9191961

City of Charleston vs. Yvonne Test

FILED DATE: 09/16/2020

JUDGE:

STATUS: DUI Jury Pending
Pre-Trial

CASE TYPE: TRF

ARRESTING AGENCY: Charleston Police Department

CASE PARTIES:

Defendant Test, Yvonne

Officer Ackerman, Brian T

Defendant Attorney Abdalla, John P

CASE HISTORY FOR CASE 9191961

Test, Yvonne

180 Lockwood

Charleston, SC 29403

Age: Unknown

DL#:

Total Paid: \$ 0.00

DOB: Unknown

SSN: 000-00-0000

Balance Due: \$ 440.00

CHARGE

657/Reckless Driving - 56-05-2920

VIOL. DATE

09/16/2020

DISPOSITION

DISP. DATE

COST

Charge: Reckless Driving - 56-05-2920

AMOUNT

PAY PRIORITY

Fine

\$200.00

500

Law Enforcement Funding

25.00

210

State Assessment %

191.00

600

Victim Services Fee

24.00

610

Total:

\$440.00

DATE	TIME	EVENT DESCRIPTION
04/27/2021	10:39 am	Federal Firearms Prohibition Test, Yvonne Completed Description: Completed
		Completed date: 04/27/2021
04/26/2021	9:00 am	Court event: DUI Pre-Trial Hearing Test, Yvonne
		Judge Name:
04/26/2021	9:00 am	Court event: DUI Pre-Trial Hearing Test, Yvonne
		Judge Name:
04/19/2021	3:17 pm	Changed Case status from DUI Court Hearings to DUI Jury Pend
04/19/2021	3:17 pm	DUI-Contin Notific Letter PreTrial Test, Yvonne
04/19/2021	3:16 pm	DUI Jury Trial Notice Test, Yvonne
04/19/2021	3:16 pm	Changed Case status from DUI Jury Pending Pre-Trial to DUI C
04/19/2021	3:14 pm	DUI Jury Trial Notice Test, Yvonne
04/19/2021	3:13 pm	Changed Case status from DUI Court Hearings to DUI Jury Pend
04/19/2021	3:12 pm	DUI-Contin Notific Letter PreTrial Test, Yvonne
04/19/2021	3:11 pm	DUI Jury Trial Notice Test, Yvonne
04/19/2021	3:11 pm	Changed Case status from Jury Trial to DUI Court Hearings

SOUTH CAROLINA STATE TREASURER'S REVENUE REMITTANCE FORM

Municipal Name _____ Municipal Code _____ Date Submitted _____
 Collections for the Period from (Month/Year) 7 / 2021 to (Month/Year) 7 / 2021

PLEASE FILL IN THE AMOUNTS DUE TO THE STATE TREASURER IN THE TABLE BELOW:

LINE	FINES, FEES AND FILING FEE/ASSESSMENT	%	CODE	DUE STATE TREASURER	LINE
A	Public Defender Application Fee - \$40 Per Application	100%	17-3-30	0.00	A
B	Body Piercing	100%	44-32-120	0.00	B
C	Marriage License Fee - Additional \$20 Per License	100%	20-1-3 75	0.00	C
D	Bond Estreatment	25%	17-15-260	0.00	D
DA	Municipal Conditional Discharge Fee - \$150 (Effective 06-02-2010)	100%	44-53-450(C)	0.00	DA
DB	Violations of State Shellfish Laws	33.33%	44-1-152	0.00	DB
DC	Criminally Negligent Use of Firearms/Archery Tackle	100%	50-1-85	0.00	DC
DD	Highway Work Zone - Department of Public Safety	65%	56-5-1535	0.00	DD
DE	Highway Work Zone - State Highway Fund	25%	56-5-1535	0.00	DE
DUI/DUS/BUI - ASSESSMENTS/SURCHARGES/PULLOUT					
E	Boating Under the Influence (BUI)	100%	50-21-114	0.00	E
F	Municipal DUS DPS Pullout - \$100	100%	56-1-460	0.00	F
G	Municipal DUI Assessment - \$12 Per Case	100%	56-5-2995	0.00	G
H	Municipal DUI Surcharge - \$100 Per Case	100%	14-1-211	0.00	H
I	Municipal DUI DPS Pullout - \$100	100%	56-5-2930&2945	0.00	I
IA	DUI/DUAC Breathalyzer Test Conviction Fee - SLED - \$25	100%	56-5-2950(E)	0.00	IA
SURCHARGES					
J	Municipal Drug Surcharge - \$150 Per Case (Effective 06-02-2010)	100%	14-1-213(A)	0.00	J
K	Municipal Law Enforcement Surcharge - \$25 Per Case	100%	14-1-212(A)	76.89	K
KA	Municipal Criminal Justice Academy \$5 Surcharge	100%	14-1-240(A)	0.00	KA
OTHER ASSESSMENTS - STATE SHARE					
L	Municipal - 107.5%	88.84%	14-1-208	326.82	L
LA	Municipal Traffic Education Program \$140 Application Fee	90.83%	17-22-350(C)	0.00	LA
M	TOTAL REVENUE DUE TO STATE TREASURER			403.71	M

PLEASE FILL IN THE AMOUNTS RETAINED BY YOUR OFFICE IN THE TABLE BELOW. THIS SECTION IS FOR REPORTING PURPOSES ONLY. DO NOT REMIT THESE AMOUNTS TO THE STATE TREASURER.

LINE	RETAINED BY MUNI FOR VICTIM SERVICES	%	CODE	RETAINED BY MUNICIPALITY	LINE
N	Assessments - Municipal	11.16%	14-1-208	71.07	N
O	Surcharges - Municipal	100%	14-1-211	0.00	O
OA	Other Assessments - Municipal	9.17%	17-22-350(C)	0.00	OA
P	TOTAL RETAINED FOR VICTIM SERVICES			71.07	P

Comments: _____

Contact Person: _____ Telephone: _____ Fax: _____

I, _____, Municipal Treasurer, certify that the foregoing information is true and accurate.

*Note: This report is required by law and must be filed monthly, on or before the 15th, by the MUNICIPAL TREASURER, even if there are no Collections. Please explain significant fluctuations in revenue in the "comments" section.

Mail or Fax this form to the Office of State Treasurer and retain a copy for your records