COUNTY COURT REPORT

FORENSIC FEES

(Collected pursuant to Title 20 O.S. Section 1313.4) Effective July 1, 2001 Revised 6/01/2009
Additional forms available on the inernet: http://www.osbi.ok.gov under Court Forms

Name of Court: _____

Telephone: _____

Address: _____

Person Completing Report: _____

E-Mail Address and/or Fax #: _____ Title: _____

Reporting Month for fees collected: _____ Year: _____

Due 15th of following month

NUMBER OF FORENSIC FEES COLLECTED _____ X $5.00 = **Forensic Fees Paid** ***Line A*** _____

REPORT ADJUSTMENTS:

ADJUSTMENTS

+ Addition from Month(s) _____ ***Yr*** _____ ***Line B*** + _____

Please attach a copy of OSBI notice.

-Deductions from Month(s) _____ ***Yr*** _____ ***Line C*** - _____

Please attach a copy of OSBI notice.

REPORT TOTAL: (A+B-C) _____

Comments: _____

PLEASE MAKE CHECKS PAYABLE TO & MAIL REPORTS TO:
OSBI
Attn: Fee Assessments
6600 N Harvey
Oklahoma City, OK 73116-7912
Telephone: 1-800-522-8017