



a. T Code ■ 32670

# SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS

c. County identification number ■	d. Report for quarter ending	e. ■	f. Due date of report
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g. \_\_\_\_\_  
County name and mailing address

h. **IMPORTANT**  
Blacken this box if your address has changed. Show changes by the preprinted information. → 1

i. ■	j. ■
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## SEXUAL ASSAULT PROGRAM FUND (Code of Criminal Procedure Art. 42A.653)

If the court grants probation to a person convicted of an offense under Sections 21.08, 21.11, 22.021, 25.02, 25.06, 43.25 or 43.26 of the Penal Code, the court shall require as a condition of probation that the person pay to the supervising probation officer a fee of \$5 each month during the period of probation. This fee is in addition to court cost or any other fee imposed on the person. A court clerk or a community supervision department shall deposit the fees collected under Subsection (e) to be sent to the Comptroller no later than the last day of the month following a calendar quarter. The Comptroller shall deposit these funds in the Sexual Assault Program Fund under Section 420.008 of the Government Code.

Use supplement pages to list all fees collected. Enter the total number of supplement pages included on line 1, and the total amount of fees due on all supplement pages on line 2.

1. Number of Supplement pages (for Sexual Assault Program fees) ..... 1. \_\_\_\_\_

2. Total Fees Collected For Sexual Assault Program ..... 2. ■ \$ \_\_\_\_\_

## SUBSTANCE ABUSE FELONY PROGRAM--Residential Aftercare Program (Code of Criminal Procedure Art. 42A.303)

If a judge requires as a condition of community service that the defendant serve a term of confinement and treatment in a substance abuse treatment facility under this section, the judge shall also require as a condition of community supervision that on release from the facility the defendant:

- (1) participate in a drug or alcohol abuse continuum of care treatment plan; and
- (2) pay a fee in an amount established by the judge for residential aftercare required as part of the treatment plan.

A court clerk or a community supervision department shall deposit the payments made by defendants required to pay residential aftercare fees (under Subsection (c) (2)), to be sent to the Comptroller no later than the last day of the month following a calendar quarter.

Use supplement pages to list all fees collected. Enter the total number of supplement pages included on line 3, and the total amount of fees due on all supplement pages on line 4.

3. Number of Supplement pages (for Substance Abuse Felony Program fees) ..... 3. \_\_\_\_\_

4. Total Fees Collected for Substance Abuse Felony Program ..... 4. ■ \$ \_\_\_\_\_

5. TOTAL FEES DUE FOR THIS PERIOD (Total of Item 2 and Item 4) ..... 5. ■ \$ \_\_\_\_\_

\*\*\* DO NOT DETACH \*\*\* DO NOT DETACH \*\*\* DO NOT DETACH \*\*\*

6. TOTAL AMOUNT DUE AND PAYABLE (Same as Item 5) ..... 6. ■ \$ \_\_\_\_\_

County name	k. ■	l.
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■ T Code    ■ County identification no.    ■ Period

For assistance call 800-531-5441, ext. 3-4276. The Austin number is 512-463-4276. (From a Telecommunications Device for the Deaf (TDD), call 800-248-4099. The Austin TDD number is 512-463-4621.)

Complete this report and make the amount in Item 6 payable to:  
STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS  
P.O. Box 149361  
Austin, Texas 78714-9361

I, (type or print name) \_\_\_\_\_ certify that the information above is true as shown in the records of the Treasury of the county named.

Authorized agent

**sign here** ▶

Title	Date
Daytime phone (Area code and number)	