Comptroller of Public Accounts FORM 40-145 (Rev.2-23/11)

*** INTERNET ***

a. T Code ■ 32630

b. ■

State Criminal Costs and Fees

• ***COUNTY QUARTERLY REPORT*** - *This report must be filed by the due date even if no payment is due. An amount or a zero (0) MUST be entered on all lines for Columns 1 and 3.*

c. County identification number	f. Report for quarter ending	g.	e. Due date of report
■ 1-74-6001079-0	QUARTER ENDING 09-30-24	■ 243	10-31-24

County name and mailing address

d.
JOAN SARGENT, CNTY TRES
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD, TX 77445-9634

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

i. ■

j. ■

• ***See back for instructions.***
Repealed costs on lines 5, 7 and 11-19.

SECTION I — Costs for offenses committed

		Column 1 TOTAL COLLECTED (State court costs only) Dollars and cents	Column 2 SERVICE FEE (See instructions)		Column 3 AMOUNT DUE STATE (Col. 1 minus Col. 2)	
1.	01-01-2020 Forward	■ $ 81,778.02	8,177.81	1.	$ 73,600.21	
2.	01-01-04 --- 12-31-19	■ 2,779.78	277.98	2.	2,501.80	
3.	09-01-1991 --- 12-31-2003	■ 0.00	0.00	3.	0.00	
4.	Bail Bond Fee (BB)	■ 2,790.00	279.00	4.	2,511.00	
5.	DNA Testing Fee - Juvenile (DNA JV)	■ 0.00	*No Service Fee*	5.	0.00	
6.	EMS Trauma Fund (EMS)	■ 779.87	77.99	6.	701.88	
7.	Juvenile Probation Diversion Fee (JPD)	■ 0.00	0.00	7.	0.00	
8.	State Traffic Fine (STF2) Sept. 1, 2019 fwd	■ 34,607.80	(4%) 1,384.32	8.	33,223.48	
9.	State Traffic Fine (STF) Prior to Sept. 1, 2019	■ 927.21	(5%) 46.37	9.	880.84	
10.	Intoxicated Driver Fine	■ 0.00	(4%) 0.00	10.	0.00	
11.	Prior Mandatory Costs (JRF, IDF & JS combined)	■ 1,017.33	101.74	11.	915.59	
12.	Moving Violation Fees (MVF)	■ 2.94	0.30	12.	2.64	
13.	DNA Testing Fee - Felony Convictions (DNA)	■ 102.88	10.29	13.	92.59	
14.	DNA Testing Fee - MSDM & CS (DNA & CS)	■ 646.00	64.60	14.	581.40	
15.	Truancy Prevention & Diversion Fund (TPD)			15. ■	$ 54.89	
16.	Failure to Appear/Pay (FTA) Report 2/3's of fees			16. ■	1,172.37	
17.	Time Payment Fees (TP) Report 50% of fees			17. ■	232.52	
18.	Judicial Fund - Constitutional County Court			18. ■	0.00	
19.	Judicial Fund - Statutory County Court			19. ■	0.00	
20.	Peace Officer Fees *(Report 20% of fees from actions by state officers only.)*			20. ■	735.55	
21.	Motor Carrier Weight Violations (MCW) (Report 50% of the fines collected.)			21. ■	3,138.50	
22.	Driving Records Fee (DRF) *(Report 100% of fees collected.)*			22. ■	0.00	
23.	Non-Suspension Fine (NSF) *(Report 100% of fine collected.)*			23. ■	0.00	

24. TOTAL DUE FOR THIS PERIOD *(Total of Items 1 through 23 in Column 3.)* 24. ■ $ 120,345.26

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

25. TOTAL AMOUNT DUE AND PAYABLE *(Same as Item 24)* 25. ■ $ 120,345.26

County name
WALLER COUNTY

k. ■

l.

■ T Code ■ County identification no. ■ Period

32620 17460010790 243 3

For assistance call 800-531-5441, ext. 3-4276 or 512-463-4276.

I, *(type or print name)* **JOAN SARGENT** certify that the information above is true as shown in the records of the treasury of the county named.

sign here ▸ Joan Sargent

Title **County Treasurer** Date **10/16/24**

Phone number *(Area code and number)* **(979) 826-7707**

Make the amount in Item 24 payable to:
State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

Comptroller of Public Accounts FORM 40-141 (Rev.3-24/11)

*** INTERNET ***

b.

a. T Code 32650

Civil Fees

- QUARTERLY REPORT -

• DO NOT WRITE IN SHADED AREAS

c. City / County identification number	f. Report for quarter ending	g.	e. Due date of report
1-74-6001079-0	QUARTER ENDING 09-30-24	243	10-31-24

d. City / County name and mailing address

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

i.

j.

DESCRIPTION — SEE BACK FOR INSTRUCTIONS —	COLUMN 1 Number (#) issued/filed	COLUMN 2 TOTAL COLLECTED	COLUMN 3 AMOUNT DUE
1. Birth Certificate Fees	# 442	$ 795.60	1. $ 795.60
2. Marriage License Fees	98	2,940.00	2. 2,940.00
3. Declaration of Informal Marriage	1	12.50	3. 12.50
4. Juror Donations	12	298.00	4. 298.00
5. JP Consolidated Civil Fee	87	1,827.00	5. 1,827.00
6. Statutory Probate Court — 6a. Consolidated Civil Fee	0.00	0.00	6a. 0.00
6. Statutory Probate Court — 6b. Filing fee for other actions	0.00	0.00	6b. 0.00
7. Statutory County Court — 7a. Consolidated Civil Fee	1	137.00	7a. 137.00
7. Statutory County Court — 7b. Filing fee for other actions	0	0.00	7b. 0.00
8. Constitutional County Court — 8a. Consolidated Civil Fee	0.00	0.00	8a. 0.00
8. Constitutional County Court — 8b. Filing fee for other actions	0.00	0.00	8b. 0.00
9. District Court — 9a. Consolidated Civil Fee	# 123	16,905.80	9a. $ 16,905.80
9. District Court — 9b. Filing fee for other actions	# 31	$ 1,392.11	9b. $ 1,392.11
10. County Alternative Dispute Resolution Fund	# 707	$ 7,018.49	10. $ 7,018.49
11. TOTAL OF LINES 1-10			11. $ 31,326.50
12. TOTAL FROM LINE 9 OF CIVIL FEES SUPPLEMENT FORM 40-155 *(Repealed line items)*			12. $ 513.00
13. TOTAL DUE FOR THIS PERIOD *(Total of Items 11 and 12)*			13. $ 31,839.50

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

14. TOTAL AMOUNT DUE AND PAYABLE *(Same as Item 13)* 14. $ 31,839.50

City/County name: **WALLER COUNTY**

k.

l.

For assistance call 800-531-5441, ext. 3-4276, or 512-463-4276.

T Code	City/County identification no.	Period	
32640	17460010790	243	9

I, *(type or print name)* JOAN SARGENT certify that the information above is true as shown in the records of the treasury of the city/county named.

Authorized agent — sign here: Joan Sargent

Title: County Treasurer

Date: 10/16/24

Phone number *(Area code and number)*: (979) 826-7707

Complete this report and make the amount in Item 12 payable to:
STATE COMPTROLLER

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

Comptroller of Public Accounts FORM 40-155 (5-22)

Civil Fees Supplement

- REPEALED FEES ONLY -

a. Taxpayer number	b. Filing period	c.	d. Due date
1-74-6001079-0	QUARTER ENDING 09-30-24	243	10-31-24

e. Taxpayer name: **WALLER CO**

DESCRIPTION — *SEE INSTRUCTIONS* —	COLUMN 1 Number (#) issued/filed	COLUMN 2 TOTAL COLLECTED	COLUMN 3 5% SERVICE FEE	COLUMN 4 AMOUNT DUE
1. Nondisclosure Fees	# 0	$ 0.00	$	1. $ 0.00
2. Justice Courts Filing Fee - Indigents Legal Services	0	0.00		2. 0.00
3. Statutory Probate Court — 3a. Filing Fee - Indigents Legal Services	00	0.00	0.00	3a. 0.00
3. Statutory Probate Court — 3b. Judicial Fund - Filing Fee	0	0.00		3b. 0.00
4. Statutory County Court — 4a. Filing Fee - Indigents Legal Services	0	0.00	0.00	4a. 0.00
4. Statutory County Court — 4b. Judicial Fund - Filing Fee	0	0.00		4b. 0.00
5. Constitutional County Court — 5a. Filing Fee - Indigents Legal Services	0	0.00	0.00	5a. 0.00
5. Constitutional County Court — 5b. Judicial Fund - Filing Fee	0	0.00		5b. 0.00
6. District Court — 6a. Divorce & Family Law cases *(Col. 3 is $0.25 times Col. 1)*	0	0.00	0.00	6a. 0.00
6. District Court — 6b. Other than Divorce/Family Law *(Col. 3 is $0.50 times Col. 1)*	3	140.00	1.50	6b. 138.50
6. District Court — 6c. Indigents Legal Services *(Sec.133.152)*	3	30.00	1.50	6c. 28.50
7. Judicial Support Fee	# 3	121.00		7. $ 121.00
8. Judicial and Court Personnel Training Fee	# 45	$ 225.00	$	8. $ 225.00
9. Total Due *(add this total on line 12 of Civil Fees Return, Form 40-141)*				9. $ 513.00

Comptroller of Public Accounts FORM 40-151 (Rev.11-21/6)

*** INTERNET ***

b. ■

Electronic Filing System - State Fund

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

a. T Code ■ 32480

c. County Identification Number	d. Report for quarter ending *(mm/dd/yy)*	e.	f. Due date of report
■ 1-74-6001079-0	QUARTER ENDING 09-30-24	■ 243	10-31-24

g. County name and mailing address

JOAN SARGENT
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD TX 77445-9634

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

i. ■

j. ■

Government Code 51.851: *Electronic Filing Fee*

(b) In addition to other fees authorized or required by law, the clerk of the supreme court, a court of appeals, a district court, a county court, a statutory county court, or a statutory probate court shall collect a $30 fee on the filing of any civil action or proceeding requiring a filing fee, including an appeal, and on the filing of any counterclaim, cross-action, intervention, interpleader, or third-party action requiring a filing fee to be used as provided by Section 51.852 (assessed as $20 prior to Sept. 1, 2015). REPEALED for district court, county court, statutory county court and statutory probate court, effective January 1, 2022.

(c) In addition to other fees authorized or required by law, the clerk of a justice court shall collect a $10 fee on the filing of any civil action or proceeding requiring a filing fee, including an appeal, and on the filing of any counterclaim, cross-action, intervention, interpleader, or third-party action requiring a filing fee to be used as provided by Section 51.852. REPEALED, effective January 1, 2022.

(d) Criminal costs REPEALED effective January 1, 2020. Costs assessed on offenses prior to January 1st are still to be reported and remitted when they are collected by the county.

Lines 1 - 3 are ONLY to be used for reporting collected filing fees, dated prior to January 1, 2022. See (b)(c) above. Per Local Government Code 133.058(d), no service fees are allowed.

Filing Fees (Civil Cases)

1. District Court filing fees *(@ $30)*	1. ■	$ 60.00
2. County Courts filing fees *(Constitutional, Statutory and Statutory Probate Courts) (@ $30)*	2. ■	$ 0.00
3. Justice Courts filing fees *(@ $10)*	3. ■	$ 0.00
4. Total amount of filing fees collected *(All Courts)*	4. ■	$ 60.00

Criminal Costs on Convictions ($5 in all courts - not assessed after Dec. 31, 2019)

5. District Court convictions	5. ■	$ 0.49
6. County Courts convictions *(Constitutional and Statutory Courts)*	6. ■	$ 0.00
7. Total amount of criminal costs collected *(All Courts)*	7. ■	$ 0.49
8. TOTAL AMOUNT DUE *(Add Items 4 and 7)*	8.	$ 60.49

40-151
(Rev.11-21/6)

*** DO NOT DETACH ***

9. TOTAL AMOUNT OF PAYMENT *(Same as Item 8)*	9. ■	$ 60.49

County name	k.	l.
WALLER COUNTY	■	

■ T Code ■ County identification no. ■ Period

32470 17460010790 243 4

I, *(type or print name)* JOAN SARGENT certify that the information above is true and correct as shown in the records of the reporting office of the county named.

sign here ▶ Authorized agent Joan Sargent

Title: County Treasurer

Date: 10/16/24

Daytime phone *(Area code and number)*: (979) 826-7707

Complete this report and make the amount in Item 9 payable to:
State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

For assistance call 800-531-5441, ext. 3-4276, or 512-463-4276.

Comptroller of Public Accounts FORM 40-139 (Rev.10-21/7)

a. T Code ■ 32670

b. ■

SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS

c. County identification number	d. Report for quarter ending	e.	f. Due date of report
■ 1-74-6001079-0	09/30/24	■	10-31-2024

g. County name and mailing address

WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD TX 77445-9634

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

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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 fine of $5 each month during the period of probation. This fine is in addition to court cost or any other fee or fine imposed on the person. A court clerk or a community supervision department shall deposit the fines 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 fines collected. Enter the total number of supplement pages included on line 1, and the total amount of fines due on all supplement pages on line 2.

1. Number of Supplement pages (for Sexual Assault Program fines) 1. **1**

2. Total Fines Collected For Sexual Assault Program ..... 2. ■ $ **520.00**

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 reimbursement 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. **0**

4. Total Fees Collected for Substance Abuse Felony Program ..... 4. ■ $ **0.00**

5. TOTAL FINES AND FEES DUE FOR THIS PERIOD (Total of Item 2 and Item 4) ..... 5. ■ $ **520.00**

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

6. TOTAL AMOUNT DUE AND PAYABLE *(Same as Item 5)* ..... 6. ■ $ **520.00**

County name	k.	l.
WALLER COUNTY	■	

■ T Code ■ County identification no. ■ Period

32660 1-74-6001079-

For assistance call 800-531-5441, ext. 3-4276.
The Austin number is 512-463-4276.

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)* **JOAN SARGENT** certify that the information above is true as shown in the records of the Treasury of the county named.

sign here ▶ Authorized agent Joan Sargent

Title **County Treasurer** Date **10/16/24**

Daytime phone *(Area code and number)* **(979) 826-7707**

40-139 (Rev.10-21/7)

Comptroller of Public Accounts FORM 40-140 (9-03)

b.

SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS SUPPLEMENT

c. County identification number	d. Report for quarter ending	e.	f. Due date of report
1-74-6001079-0	9-30-24		10-31-24

g. County name: **WALLER COUNTY**

Please check appropriate box to indicate which Fund/Program Supplement page is reporting.

(NOTE: Use a separate supplement form(s) to report amounts from different funds/programs)

- [x] SEXUAL ASSAULT PROGRAM FUND
- [ ] SUBSTANCE ABUSE FELONY PROGRAM--Residential Aftercare Program

CASE NUMBER	NAME	FEE COLLECTED
19-08-16,9	Anderson, Luke Austin	$ 20.00
19-04-16,8	Griffith, Michael Warren	$ 15.00
20-07-17,3	Magallon, Omar Jr	$ 15.00
20-03-17,2	Paustenbach, Taylor Thomas	$ 15.00
18-09-16,5	Samsel, Seth Robert	$ 455.00
		$
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		$
		$
		$
TOTAL FOR THIS PAGE ONLY *If Sexual Assault Program Fund fees - include this amount in totals reported in Item 2 of Form 40-139.* *If Substance Abuse Felony Program Funds - include this amount in totals reported in Item 4 of Form 40-139.*		$ 520.00

Comptroller of Public Accounts FORM 40-147 (Rev.8-19/7)

*** INTERNET ***

b.

Specialty Court Program Account

a. T Code 32260

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

c. County Identification Number	d. Report for quarter ending *(mm/dd/yy)*	e.	f. Due date of report
1-74-6001079-0	QUARTER ENDING 09-30-24		10/31/24

g. County name and mailing address

JOAN SARGENT
WALLER COUNTY
425 FM 1488 RD # 102
HEMPSTEAD, TX 77445-9634

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

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j.

A specialty court is defined in Gov. Code 772.0061(2)(A-D) as: Gov. Code, Chapter 122, family drug court program; Chapter 123, drug court program; Chapter 124, veterans court program; and Chapter 125, a mental health court program.

Code of Criminal Procedures Article 102.0178; ***Costs Attendant to Certain Intoxication and Drug Convictions.***

REPEALED EFFECTIVE JANUARY 1, 2020 - USE THIS FORM TO REPORT PREVIOUSLY ASSESSED COSTS THAT ARE COLLECTED AFTER JANUARY 1, 2020.

(a) In addition to other costs on conviction, a person shall pay $60 (Previously Drug Court Program Account, $50 for offenses between 6/15/07-12/31/09 or $60 for offenses on or after 1/1/10-8/31/2013) as a cost of court on conviction of an offense punishable as a Class B misdemeanor or any higher category of offense under:

(1) Chapter 49, Penal code (Intoxication and Alcoholic Beverage Offenses); or

(2) Chapter 481, Health and Safety Code (Texas Controlled Substance Act).

(e) A county is entitled to:

(1) if the custodian of the county treasury complies with subsection (d), retain 10 percent of the funds collected under this article by an officer of the county during the calendar quarter as a service fee; and

(2) if the county has established a drug court program or establishes a drug court program before the expiration of the calendar quarter, retain in addition to the 10 percent authorized by Subdivision (1) another 50 percent of the funds collected under this article to be used exclusively for the maintenance of drug court programs operated within the county.

County treasurers should use this form to report their county's collections of this court cost and to submit payment of the appropriate portion of these costs, for collections of costs assessed prior to the repeal of Code of Criminal Procedures Art. 102.0178 on January 1, 2020. No return is required if there are no collections to report.

1. Total amount of specialty court program fees collected	1.	$ 0.00
2. Amount retained (50%) for established specialty court programs within the county *(per CCP 102.0178(e)(2), 50% of Item 1, if applicable)*	2.	$ 0.00
3. Allowable service fee for timely filing *(per CCP 102.0178(e)(1), 10% of Item 1, if applicable)*	3.	$ 0.00
4. AMOUNT DUE THE STATE *(Subtract Items 2 and 3 from Item 1.)*	4.	$ 0.00

40-147
(Rev.8-19/7)

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

5. TOTAL AMOUNT OF PAYMENT *(Same as Item 4)* 5. $ 0.00

County name	k.	l.
WALLER COUNTY		

T Code | County identification no. | Period

32080

Complete this report and make the amount in Item 5 payable to:
State Comptroller

Mail to: Comptroller of Public Accounts
P.O. Box 149361
Austin, TX 78714-9361

I, *(type or print name)* **JOAN SARGENT** certify that the information above is true and correct as shown in the records of the reporting office of the county named.

sign here ▶ Authorized agent Joan Sargent

Title **County Treasurer** Date **10/16/24**

Daytime phone *(Area code and number)* **(979) 826-7707**

For assistance call 800-531-5441, ext. 3-4276, or 512-463-4276.