

*** INTERNET ***







a. T Code **32650**

Civil Fees

- QUARTERLY REPORT -

c. City / County identification number

f. Report for quarter ending

QUARTER ENDING 12-31-24

g.

e. Due date of report

01-31-25

• DO NOT WRITE IN SHADED AREAS

h. IMPORTANT

City / County name and mailing address

JOAN SARGENT, CNTY TREAS

JOAN SARGENT, CNTY TREAS WALLER COUNTY 425 FM 1488 RD STE 102

1-74-6001079-0

425 FM 1488 RD STE 102 HEMPSTREAD, TX 77445-9634 Blacken this box if your address has changed. Show changes by the preprinted information.

		i.		j. •
DESCRIPTION — SEE BACK FOR INSTRUCTIONS —	COLUMN 1 Number (#) issued/filed	COLUMN 2 TOTAL COLLECTED		COLUMN 3 MOUNT DUE
Birth Certificate Fees	# <u>300</u> \$	540.00	1. \$	540.00
2. Marriage License Fees	•107 •	3,210.00	2	3,210.00
3. Declaration of Informal Marriage	99	112.50	3	112.50
4. Juror Donations	•12 •	356.00	4	356.00
5. JP Consolidated Civil Fee	73	1,533.00	5	1,533.00
6. Statutory 6a. Consolidated Probate Civil Fee	0.00	0.00	6a	0.00
Court 6b. Filing fee for other actions				0.00
7. Statutory 7a. Consolidated County Civil Fee		822.00		
Court 7b. Filing fee for other actions			7b.	
8. Constitutional 8a. Consolidated				0.00
County Civil Fee Court 8b. Filing fee for other actions				0.00
9. District 9a. Consolidated Civil Fee	#	8,696.76	-	8,696.76
Court 9b. Filing fee for other actions	# 6	1,490.59		1,490.59
10. County Alternative Dispute Resolution Fund	#	5,482.20		5,482.20
10. County Alternative Dispute Resolution Fund	55/			5,462.20
11. TOTAL OF LINES 1-10			11. 🖷	22,243.05
12. TOTAL FROM LINE 9 OF CIVIL FEES SUPPLEMENT FORM 40-155 (F	Repealed line items)		12. \$	54750
13. TOTAL DUE FOR THIS PERIOD (Total of Items 11 and 12)				22,790.55
*** DO NOT DETACH *** DO NOT DETACH *** DO NO				
14. TOTAL AMOUNT DUE AND PAYABLE (Same as Item 13)			14. ■	22,790.55

City/County name

k. ■ -

■ T Code
■ City/County identification no.
■ Period

32640 17460010790

244 8

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 I, (type or print name) JOAN SARGENT certify

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

that the information above is true as shown in the records of the treasury of the city/county named.

sign here four Sargeut

Phone number (Area code and number)

(979) 826-7707

01/22/25

Date

I.





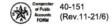
Civil Fees Supplement - REPEALED FEES ONLY -

a. Taxpayer number 1-74-6001079-0 .

b. Filing period QUARTER ENDING 12-31-24 244 d. Due date 01-31-25

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	1. \$ 0.00
Justice Courts Filing Fee - Indigents Legal Services	0	0.00	0.00	2. 0.00
3. Statutory Probate — 3a. Filing Fee - Indigents Legal Services	0	0.00	0.00	3a. <u>0.00</u>
Court 3b. Judicial Fund		0.00		3b
4a. Filing Fee - Indigents Legal Services	0	0.00	0.00	4a 0.00
Court 4b. Judicial Fund - Filing Fee	0	0.00		4b. 0.00
5a. Filing Fee - Indigents Legal Services	0	0.00	0.00	5a. 0.00
Court 5b. Judicial Fund - Filing Fee	0	0.00		5b. <u>0.00</u>
6a. Divorce & Family Law cases (Col. 3 is \$0.25 times Col. 1)	0	0.00	0.00	6a
6. District Court 6b. Other than Divorce/Family Law (Col. 3 is \$0.50 times Col. 1)	3	150.00	1.50	6b 148.50
6c. Indigents Legal Services (Sec.133.152)	4	40.00	2.00	6c 38.00
7. Judicial Support Fee	#3	121.00	•	7. \$ 121.00
Judicial and Court Personnel Training Fee	# 48	240.00	•	8. \$ 240.00
9. Total Due (add this total on line 12 of Civil Fees Re	turn, Form 40-141)			9. \$ 547.50











Electronic Filing System - State Fund

a. T Code ■ 32480

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 12-31-24	244	01-31-25
County na	ame and mailing address		
		h. IM	IPORTANT
JOAN SARGENT			acken this box if your address
WALLER COUNTY			s changed. Show changes by
425 FM 1488 RD # 102		the	e preprinted information.
HEMPSTEAD TX 77445-9634		i.	J.
		-	-
Government Code 51.851: <i>Electr</i>	onic Filina Fee		
statutory county court, or a statutory including an appeal, and on the filing	r required by law, the clerk of the supreme court, a probate court shall collect a \$30 fee on the filing of of any counterclaim, cross-action, intervention,	f any civil action or pr terpleader, or third-pa	roceeding requiring a filing fee, arty action requiring a filing fee
county court and statutory probate co		PEALED IOI district	court, county court, statutory
proceeding requiring a filing fee, inc	or required by law, the clerk of a justice court shal cluding an appeal, and on the filing of any count to be used as provided by Section 51.852. REPE	terclaim, cross-action	n, intervention, interpleader, or
(d) Criminal costs REPEALED effective remitted when they are collected by t	January 1, 2020. Costs assessed on offenses	s prior to January 1	st are still to be reported and
Filing Fees (Civil Cases)			. \$ 90.00
2. County Courts filing fees (Constitution	al, Statutory and Statutory Probate Courts) (@ \$30	0)	2. • \$ 0.00
			Φ
3. Justice Courts filing fees (@ \$10)			J
4. Total amount of filing fees collected (A	NI Courts)		4. ■ \$ 90.00
	5 in all courts - not assessed after De		
			_{5. ■} \$ 0.23
	onal and Statutory Courts)		•
			A
Total amount of criminal costs collecte	d (All Courts)		
8. TOTAL AMOUNT DUE (Add Items 4 and	17)		8. \$ 90.23
	*** DO NOT DETACH ***		steemen

County name

WALLER COUNTY

k.

II.

T Code ■ County identification no. ■ Period

32470 17460010790 244 3

9. TOTAL AMOUNT OF PAYMENT (Same as Item 8)

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 information above is true and correct as shown in the records of the reporting office of the county named.

sign Authorized agent here

Title County Treasurer Date 1/22/25

Daytime phone

JOAN SARGENT

(979) 826-7707

90.23

certify that the

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

(Area code and number)

I, (type or print name)



a. T Code **32670**





(979) 826-7707

SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS

c. County identification r	umher	d. Report for qua	arter ending		f. Due date	of report
1_7/_6	6001079-0	d. Report for qua	12-31-24	e.	i. Due date	1-31-25
1-74-0		and mailing address	12-31-24	-		1-31-23
WALLER CO 425 FM 1488 HEMPSTEA	OUNTY	and maining address		h.		if your address ow changes by ormation.
	AULT PROGRAM FU	•		,	2 25 06 43 25	or 43 26 of the Penal
Code, the court the period of pr supervision dep	shall require as a condition obation. This fine is in add artment shall deposit the fa calendar quarter. The Co	of probation that the dition to court cost ines collected unde	ne person pay to the super or any other fee or fine or Subsection (e) to be so	ervising probation of imposed on the peat to the Comptrol	fficer a fine of \$ erson. A court of ller no later tha	5 each month during clerk or a community n the last day of the
due on all supple	pages to list all fines collegement pages on line 2.					1
	lement pages (for Sexual A					55.00
2. Total Fines Colle	ected For Sexual Assault Pi	rogram			2. ■	33.00
	pages to list all fees collect t pages on line 4.	eted. Enter the total	number of supplement pa	ges included on lin	e 3, and the tota	
3. Number of Supp	lement pages (for Substand	ce Abuse Felony Pro	ogram fees)	***************************************	3	0
4. Total Fees Colle	cted for Substance Abuse I	Felony Program			4. = \$	0.00
5. TOTAL FINES A	ND FEES DUE FOR THIS	PERIOD (Total of It	em 2 and Item 4)		5. ■ \$	55.00
			NOT DETACH * * *			***************************************
6. TOTAL AMO	OUNT DUE AND PAY	ABLE (Same as It	em 5)		6. = \$	55.00
ounty name				k.		I.
Code ■ Co		COUNTY		•		
_ 00	unty identification no. ■ P 4-6001079-	eriod	For	assistance call 800- The Austin number		
			I, (type or print name) _ the information above is		SARGENT	certify that
	and make the amount in Ite TATE COMPTROLLER	m 6 payable to:	sign \ Authorized ag	ent	_	-
Mail to: COM	IPTROLLER OF PUBLIC A	CCOUNTS	here Cou	nty Treasurer	Pate	







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 2.

		An amo	ount or a ze	ro (0) MUST	be entered	on all lines	for Col	ımns	1 and 3.
c. County identific	cation number	f. Report for qu	arter ending		g.	e. Due d	ate of repo	ort	
■ 1-74	-6001079-0	QUARTE	R ENDING	12-31-24	244		0	1-31	-25
JOAN SAL WALLER (425 FM HEMPSTE) • See bankepeak 1. 01-01- 2. 01-01- 3. 09-01- 4. Bail Bo 5. DNA T 6. EMS T 7. Juveni 8. State T 9. State T 10. Intoxic 11. Prior M 12. Moving 13. DNA T 15. Truand 16. Failure 17. Time F 18. Judicia 19. Judicia 20. Peace 21. Motor	Cou	nty name and mailir 11-19. JV)	Colur TOTAL CO (State court Dollars at 1	nn 1 LLECTED costs only) ad cents 26,103.92 2,811.16 Q.00 3,87Q.00 Q.00 709.66 Q.00 898.02 2,56 11.07 34Q.00	No Se (4%) (5%) (4%)	change preprint i. I. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	RTANT In this box and Show of ted inform 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	if your a hanges ation. AMOU (Col. \$	Address has by the image in the property of the image in the property of the p
	uspension Fine (NSF) (<i>Rep</i> ose FOR THIS PERIOD (<i>Total</i>						24. ■		109,452.84
				ETACH * * *			<u></u> .		
25. TOTAL AI	MOUNT DUE AND PAYABL	E (Same as Item	24)				_ 25. ■	\$	109,452.84
County name	WAL	LER COUN	NTY			k. ■		I.	110
■ T Code	■ County identification no.	■ Period		For assistance	e call 800-531	1-5441, ext. 3-4	4276 or 5	12-46	3-4276.
32620	17460010790	244 2	I, (type of that the in	r print name) nformation above is	true as shown i	JOAN SAR n the records of	RGENT the treasur	y of the	county named.
Make	the amount in Item 24 paya State Comptroller	ble to:	sign here	Joan	$n \delta$	arge			
Mail t	to: Comptroller of Public Ac P.O. Box 149361 Austin TX 78714-9361	counts	Phone num		Treasurer	. ()	Date		1/22/25