

FORM A

**COURT REMITTANCE FORM FOR ATTORNEY GENERAL'S PORTION OF
REVENUE FROM INSURANCE FRAUD CASES, SECTION 38-55-560**

TO TREASURER OF _____ COUNTY / MUNICIPALITY

FOR MONTH OF

All revenues, excluding assessments, generated from the following insurance fraud cases, must be transmitted pursuant to §38-55-560 to the following address: Insurance Fraud Division, Office of the Attorney General, P. O. Box 11549, Columbia, South Carolina 29211.

Warrant/Indictment Number	Defendant	Conviction Date	Fine Amount	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signed: _____
Judge / Clerk

Date: _____

ATTACHMENT I