

Special Assistance Monthly Performance Report

Circuit	County	Appointing Authority/Title
Total Hours	Total Amount Authorized	Actual Expenditures

Program Description:

1. What specifically was accomplished this month on the project? (E.g. Number of files scanned; payment plans set up)

2. How many hours were used this month?

3. What percentage of the project has been completed this month?

Appointing Authority	Date

Return the **5th of the month, January through November** to: Office of State Courts Administrator, PO Box 104480, Jefferson City, MO 65110, ATTN: Courtney Stalter FAX (573)522-9625, email: Courtney.Stalter@courts.mo.gov