



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

COMPLAINT TRANSMITTAL

	Warrant Number	Name	Date of Birth	Cash Received		Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
		TOTAL CASH RECEIVED \$				
		_____ Police Department		Received By: _____ Date: _____ <input type="checkbox"/> Second Division <input type="checkbox"/> Third Division <input type="checkbox"/> Fourth Division <input type="checkbox"/> Sixth Division		
		_____ Name of Bail Commissioner				
		_____ Signature of Bail Commissioner				
		Date: _____				