



DC Courts

Data and Research Request Form B (Non-Public Requestors)



This form is for all data requests from government agencies, or persons and vendors that assist DC Courts in performing court or probation functions. Please complete the form electronically - scanned, vague, and incomplete forms will be returned. All requests for research must have IRB approval prior to submission to DC Courts. If you are unsure whether to use this form or Form A, contact Strategic Management at smddata.dccsystem.gov or 202-879-2886. When completed, save the form and email to smddata@dccsystem.gov. We advise that you save a copy of the completed form for your records.

SECTION I: REQUESTOR INFORMATION (Completed by all requestors)

1. Name (First, Last)
2. Date of request (mm/dd/yyyy)
3. Email Phone Number
4. Name of organization
5. Describe the purpose of this request (800 character limit)

7. Date the information requested is needed (mm/dd/yyyy) -**Must be at least two weeks from request date.**
8. Are you requesting the information one-time, or on a recurring basis?

One time	Quarterly	Bi-annually	Annually
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Other (please specify)
9. Project title:
10. With whom, and in what form, will the results be shared?

11. Will this request be used for research? Yes No

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12. Which of the following are you requesting from the DC Courts? (Check all that apply).
- A. Aggregate information (Complete Sections II and IV)
 - B. Individual or case level data (Complete Sections III and IV)
 - C. Interviews, surveys, etc. involving DC Courts staff, or court users (Complete Section IV)

SECTION II. AGGREGATE INFORMATION REQUESTED (Required only if #12A is checked)

13. Please describe the aggregate level data you are requesting by completing the chart below. Be as specific as possible and use a separate row for each data element. Attach an additional sheet if necessary.

<i>Data Elements Requested</i>	<i>Time Frame (yrs, mos., etc.)</i>	<i>Groups Included/Excluded</i>	<i>Comments (optional)</i>
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SECTION III. INDIVIDUAL OR CASE LEVEL DATA REQUESTED (Required only if #12B is checked- Skip if you only checked #12C)

14. Please list the specific data fields you are requesting below. (Attach additional pages if necessary).

Data field requested

Data field requested

SECTION IV. SIGNATURE (completed by all requestors)

15. By signing below, A) I certify that the information provided in this application is complete and correct, and B) I agree to provide the DC Courts a copy of any presentation, report, or other product prior to presentation and release.

Signature
(must be electronic)

Date

Save and email the completed form to smddata@dccsystem.gov

FOR INTERNAL USE ONLY

Division Recommendation
Digital Signature

Approve
Comments

Deny

Approve with changes

Date

SMD Recommendation
Digital Signature

Approve
Comments

Deny

Approve with changes

Date

Executive Office Approval
Digital Signature

Approve
Comments

Deny

Approve with changes

Date

Amendment
Details and Date

Requestor
Signature

D.C. Courts
Signature

Amendment
Details and Date

Requestor
Signature

D.C. Courts
Signature