

**ADMINISTRATIVE OFFICE OF THE COURTS
WASHINGTON STATE CENTER FOR COURT RESEARCH
REQUEST FOR INFORMATION**

The following information is necessary for us to process your request for data from the Judicial Information System (JIS). Please complete this form and return it to:

Data Dissemination Administrator
Office of the Administrator for the Courts
PO Box 41170
Olympia, WA 98504-1170
fax: 360-956-5700
e-mail: dda@courts.wa.gov

**** Do not send payment with this form. You will be invoiced at a later date****

Your request is subject to approval under the provisions of JISCR 15, the JIS Data Dissemination Policy, and the local Data Dissemination Policy and Procedures. Upon receipt of a completed form, AOC staff will review the request, contact you with questions or clarifications, and provide you cost/time estimates.

Name:

Title or Position:

Agency, Organization or University:

E-Mail Address:

Address:

City: State: Postal Code:

Day or Work Phone (with area code): Fax No. (with area code):

Information Requested (please describe in detail and attach additional pages as necessary):

What will the information be used for?

To whom will the data be disseminated?

If this information concerns a named individual, please give necessary identifying information (i.e. date of birth, driver's license number, most current address etc.):

Date information is needed:

- Please attach IRB documentation for your research/study
- Please attach WAJCA approval for access to juvenile court data

The following fees are applied to information requests that require generation of a report from JIS. Fees do not include printed copies of electronic documents such as dockets or screen prints.

Administrative Fee	\$50.00 / report
Evaluation/Research/Programming	\$57.00 / hour
JIS System Run Time (two-minute minimum)	\$12.00 / minute or portion thereof
Materials	\$1.00 / page
	\$12.00 / compact disc

Medium Requested: Paper (\$1.00/page, computer generated)
 CD (\$12.00/each)
 E-mail - electronic file sent as an attachment

I, the undersigned:

- **Agree to use and distribute the information only as provided in the above referenced statement of intended use;**
- **Agree not to use the data received under this request for the commercial solicitation of individuals named in the records (Data Dissemination Policy III.C; GR 31(g)(3));**
- **Agree to pay, unless payment is waived, the cost quoted or invoiced by the Administrative Office of the Courts;**
- **Understand that the Administrative Office of the Courts, the Washington Courts, and the Washington State County Clerks make no representation as to the accuracy or completeness of the data;**
- **Agree to indemnify and hold harmless the Administrative Office of the Courts from any claims or damages arising from the use and distribution of the information responsive to this request; and**
- **Certify, under penalty of law, that all the information supplied above is true and a complete description.**

Signature of Requestor

Date

Typed name will be accepted as signature when document is submitted electronically.

Please use this page for more detailed responses or comments.