ADMINISTRATIVE OFFICE OF THE COURTS
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:

Agency or Company:

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:

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
Data Warehouse Evaluation/Research Programming	$55.00 / hour
Data Reporting Evaluation/Research	$54.00 / 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.

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

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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.