

Instructions to Complete the CJIS Security Compliance Assessment (CJIS-2) Form

The CJIS-2 is used as a mechanism for municipalities, State and Federal agencies to assess their compliance with the *CJIS Security Requirements & Recommendations* as adopted by the State of Connecticut CJIS Governing Board.

PLEASE PRINT ALL INFORMATION CLEARLY AND CAREFULLY

1. For the **Location** section:

- The technician should complete the location area with special attention as follows:
 - For the "Agency Name,"
 - State or Federal agencies should provide their official name of record (*i.e.* **Department of Correction; Connecticut Office of the Federal Bureau of Identification**);
 - local law enforcement should provide the complete tax town name (*i.e.* **City of Hartford; Town of Enfield**).
 - For the "Agency Address/Location", provide the exact location concerning this assessment (*i.e.* **Police Station; Osborn Prison Booking Area #3; Meriden Court House Bailiff**) and associated address.
 - If known, the "**Agency Location Router IP Address and Internal IP Scheme/SubNet Mask**" information should be provided.

2. For the **Assessment** sections:

- A separate form must be completed and submitted for every location within an agency that has a separate networked LAN that requires access to CJIS applications.
- The **Assessment** sections should be completed by the Agency's technician responsible for the administration of the network for that location. This individual should have intimate knowledge of the subnet or LAN and all devices attached to it.
- The technician should perform each assessment by examining present compliance as outlined in the *CJIS Security Requirements & Recommendations* and referred to in each assessment section.
- **Special Note:** State agencies directly connected to DoIT and that have NO separate outside connection to the internet, may answer "**YES** " to the first question under **Assessment 1, Section 1.1** and ignore the other **Assessment 1, Section 1.1** questions and continue with **Assessment 2**.

3. For the **Signature** section:
 - Upon completion of the **Assessment** sections, the technician should date and sign the agency signature area.
 - The completed form should be submitted to the DoIT CJIS Support Group as follows:
 - by MAIL
 - CJIS Support Group
 - Department of Information Technology
 - 101 East River Drive
 - East Hartford, CT 06108-3274
 - by FAX
 - (860)610-0749
 - by eMail
 - DoIT.CJIS.Support@ct.gov

4. Should you have additional questions or need further clarification, please contact the CJIS Support Group at (860)622-2000.