



Department of Correction Data Request Form

FOIA: This form and the attending process are not used for Freedom of Information Act (FOIA) requests. Please submit an inquiry via DOC.FOI@ct.gov to make FOIA requests.

DOC Operations Data Unit Use Only	
Request ID Number:	Date Received: December 29, 2021
Assigned ODU Staff:	Developer:
Project Scope Required? No	Date Completed: December 29, 2021

Instructions: Please respond to all questions; type or select NA if a question is not applicable. For internal requests, please attach completed form to your [Helpdesk](#) ticket. For external requests, please return completed form via e-mail to DOC.OperationsData@CT.GOV. Data requests must be submitted at least 10 business days in advance of when the data is needed. Incomplete information is likely to result in delays.

Title: (Project/Data/Report Name)			
Requestor Name:		Today's Date: (Date request submitted)	December 29, 2021
Requestor Role/Title:		Date Required ¹ : ("Needed by" date)	December 29, 2021
Requestor Email:		Frequency with which request is needed: <input type="checkbox"/> Single <input type="checkbox"/> Multiple	
Requestor Telephone Number (Include area code):		If Multiple, with what rate of recurrence: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Other (please specify):	
Requestor Unit, Organization/ Affiliation: (Official/Legal Business Name)			

¹ Certain data, or combinations of data, may not be disclosable under current state/federal law and/or DOC Policy. Data requests must be submitted at least 10 business days in advance of when the data is needed. In processing your request, Operations Data Unit will evaluate the best means by which your request can be fulfilled. The scope, complexity, periodicity and type of technological solution necessary to complete the request may require additional time, steps and documentation for completion, and will be prioritized within available resources.

For External Requests only <i>(please select one):</i>	
<input type="checkbox"/> Advocacy Organization <input type="checkbox"/> Court Monitor/Plaintiffs <input type="checkbox"/> Media <input type="checkbox"/> Office of Child Advocate	<input type="checkbox"/> Office of Fiscal Analysis (OFA) <input type="checkbox"/> Office of Policy Management <input type="checkbox"/> Service Provider <i>(please specify):</i> <input type="checkbox"/> Other state agency <i>(please specify):</i> <input type="checkbox"/> Other <i>(please specify):</i>
For Internal Requests only:	
Sponsoring Manager or Administrator: _____ Date Approved: _____	
Data Distribution <i>(please select one): (To whom will this data and/or information be distributed?)</i>	
<input type="checkbox"/> DOC Internal Use <input type="checkbox"/> External Use Only <input type="checkbox"/> Both DOC and External Use <input type="checkbox"/> Not Applicable	
What client level data is required to fulfill this request? <i>(please select one):</i>	
<input type="checkbox"/> None <input type="checkbox"/> Non-identifiable <input type="checkbox"/> Identifiable	
If any client-level data is required, will the detail contain Protected Health Information (PHI) ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Estimates of costs can be provided Funding Source: _____ Dollar amount allocated: _____	
Purpose of your Request <i>(please select one):</i>	
<input type="checkbox"/> Performance Expectation <input type="checkbox"/> Legislative/Regulatory/Statutory Compliance <input type="checkbox"/> Grant Application/Compliance <input type="checkbox"/> Research Support	<input type="checkbox"/> Other CQI Activities <i>(please specify):</i> <input type="checkbox"/> Other External Requests: <i>(please specify):</i> <input type="checkbox"/> Other <i>(please specify):</i>
Explanation for Purpose of Request: <i>(Please identify the business need that this request will support, e.g., This data will be used in testimony before the legislature; this data is for a study or evaluation; or, this information is for an RFP/grant to be issued/submitted on [date].)</i>	
Is the intent of your request to develop or contribute to generalizable/scholarly knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, has the requester's Institutional Review Board (IRB) approved the request? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Project Deliverables (please check all that apply):

☐ Ad Hoc Data/Report

☐ Analysis Results

☐ Automated Data Collection

☐ Automated Reporting

☐ Case Review Instrument

☐ Data Sets

☐ Needs Assessment

☐ Program/Contract Development

☐ Program/Contract Fidelity Evaluation

☐ Program/Contract Outcome Evaluation

☐ Study Methodology

☐ SharePoint (data collection or site/page creation)

☐ Other (please specify)

Request Summary: (Please describe what is needed. Be as specific and precise as possible. Examples of things to include but are not limited to hypothesis or question(s), method of counting, either by prisoner or by episode, definition of terms, such as sentenced or unsentenced/pretrial only; timeframe needed, and data quality considerations. Note that additional information may also be required based on complexity and resource demand of the request.)