

#### **DC Courts**



### Data and Research Request Form A (Public Requestors)

All requests for data or research from non-government organizations must be submitted using this form. Government requestors should use Form B. Complete the form electronically, using language that is clear, concise, and non-technical, scanned, vague, and incomplete forms will be returned. All requests for research must have IRB approval prior to

to the c.gov or call and email to

| If<br>in<br>2 | structions posted on th | s website, or contac<br>mpleted, you may c | t the Strategic Manager<br>lick "Submit" at the er | ner questions, please refer ment Division at smddata@dcsod of this form or save the file form for your records. |
|---------------|-------------------------|--|--|---|
| SE            | CTION I: REQUESTOR      | INFORMATION (C                             | ompleted by all reque                              | stors)  |
| 1.            | Name (First, Last)      |  |  |   |
| 2.            | Date of request (mm     | /dd/yyyy):                                 |  |   |
| 3.            | Email:                  |  |  |   |
| 4.            | Phone # (xxx-xxx-xxx    | x):  |  |   |
| 5.            | Affiliation:            |  |  |   |
|               | Government age          | ncy P                                      | rivate/non-profit                                  | Research agency   |
|               | Academic institu        | tion O                                     | ther (please specify):                             |   |
| 6.            | Name of organization    | n:   |  |   |
| 7.            | Describe the purpos     | se of this request (5                      | 500 character limit):                              |   |
|               |                         |  |  |   |
| 8.            | Date the information    | on requested is nee                        | eded (mm/dd/yyyy):                                 |   |
| 9.            | Are you requesting      | the information or                         | ne-time, or on a recur                             | ring basis?   |
|               | One time                | Quarterly                                  | Bi-annually  | Annually  |
|               | Other                   |  |  |   |
|               |                         |  |  |   |

| 10. | Which of the following | are vou rec | uesting from | the DC Courts? ( | Check all that a | (vlaa |
|-----|------------------------|-------------|--------------|------------------|------------------|-------|
|     |                        |             |              |                  |                  |       |

- A. Aggregate information (Complete Sections II and IV)
- B. Individual or case level data (with or without personally identifiable information). (Complete Sections III and IV)
- C. Information collected from DC Courts staff, or customers/court users via interviews, focus groups, surveys, etc. (Complete Sections III and IV)

#### SECTION II. AGGREGATE INFORMATION REQUESTED (Required only if #10A is checked)

11. 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.

| •                       |                  | •                |                     |
|-------------------------|------------------|------------------|---------------------|
| Data Elements Requested | Time Frame       | Groups Included/ | Comments (optional) |
| ·                       | (yrs, mos, etc.) | Excluded         |                     |

## SECTION III. PROJECT INFORMATION (Required if #10B OR #10C are checked)

- 12. Project title:
- 13. Project abstract:

| 14. What specific questions and corresponding methodology will be used to answer each project question? (Attach additional pages if necessary). |  |  |  |  |
|---|--|--|--|--|
|   | A. Question  |  |  |  |
|   | A. Methodology   |  |  |  |
|   | B. Question  |  |  |  |
|   | B. Methodology   |  |  |  |
|   |  |  |  |  |
|   | C. Question  |  |  |  |
|   | C. Methodology   |  |  |  |
|   |  |  |  |  |
|   | D. Question  |  |  |  |
|   | D. Methodology   |  |  |  |
|   |  |  |  |  |
| 15.   | What are the potential benefits of the findings to DCCourts? |  |  |  |
| 16.   | With whom, and in what form, will the results be shared?     |  |  |  |

| eithe       | 17. Are you requesting data identifiable to a private person – defined as information which is either (A) labeled by name or other personal identifiers, or (B) can, by virtue of sample size or in combination with other data, be used to identify a particular person? |                             |  |  |  |  |        |
|-------------|---|-----------------------------|--|--|--|--|--------|
|             | Yes   | No                          |  |  |  |  |        |
| 18.         | If the answer<br>"No" please  | •                           | es, please describe                    | e why identifiable                     | e information is ne  | cessary. (If #17 is                        |        |
| exact       | ly what data y  | ou need, pl                 |  | OC Courts website                      | chart below. If you<br>e to gain a better u  |  |        |
|             |   | Data fie                    | ld requested                           |  | Data field   | d requested                                |        |
|             |   |                             |  |  |  |  |        |
| 20.<br>data | ·   |                             | ·                                      |  | ys, etc.) with living<br>als directly or in co   | humans <u>OR</u> obtaining<br>ombination ? | ;<br>• |
|             | Ye  | es N                        | lo                                     |  |  |  |        |
|             | generalizabl<br>circumstanc   | e knowledg<br>es, and is us | e as knowledge th<br>seful beyond a pa | nat is applicable<br>rticular organiza | knowledge? The Date of the Caste of the Cast | rent range of<br>and presentation beyo     | nd     |
|             | Y   | es N                        | No                                     |  |  |  |        |

# COMPLETE QUESTIONS #21-25 ONLY IF YOU ANSWERED YES TO #20A AND #20B. IF YOU ANSWERED NO TO EITHER #20A or #20B, SKIP TO SECTION IV.

21. What is the Federal Wide Assurance Number of the approving IRB? If you checked "yes" on #20A

| AND          | #20B, you must have                      | IRB review and approval   | to continue.        |                           |                     |  |  |
|--------------|--|---------------------------|---------------------|---------------------------|---------------------|--|--|
| 22.          | What is the approval                     | category of your Institut | ional Review Boar   | rd (IRB)?                 |                     |  |  |
| 23.          |  |                           |                     |                           |                     |  |  |
| 20.          | Not yet funde                            |                           | s Grant             | Other (please specify)    |                     |  |  |
|              | rtot yet rande                           | a meemanana               | ,                   | (p. 600 op 600 ) //       |                     |  |  |
|              | If grant funded funds?                   | d, what is the source of  |                     |                           |                     |  |  |
| 24.          | Are there other instit                   | tutions or individuals co | llaborating in this | s project?                |                     |  |  |
|              | Yes (please prov                         | ide details below)        | No                  |                           |                     |  |  |
| ·            |  |                           | ·                   | ·                         |                     |  |  |
|              |  |                           |                     |                           |                     |  |  |
|              |  |                           | ·                   |                           |                     |  |  |
| •            |  |                           | ·                   | ·                         |                     |  |  |
|              |  |                           | ·                   | ·                         |                     |  |  |
| ٠            |  |                           |                     |                           |                     |  |  |
| 25.<br>not ( | A copy of the follow each document below |                           | submitted with      | your request if applicabl | e. Check whether or |  |  |

Consent forms

Assent forms

IRB application and approval

Research instruments (surveys, questionnaires, focus groups, etc.)

Included

Not applicable Required

Strategic Management Division smddata@dcsc.gov 202-879-2886

| l requestors |
|--------------|
| ı            |

26. 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 dissemination of results using the information obtained prior to presentation and release.

| Signature (must be |       |
|--------------------|-------|
| electronic)        | Date: |

Click "Submit" below to automatically send your completed form to the Strategic Management Division, or save and email the completed form to smddata@dcsc.gov

# FOR INTERNAL USE ONLY

| Division Recommendation  Digital Signature  | Approve<br>Comments | Deny | Approve with changes |
|---|---------------------|------|----------------------|
| Date  |                     |      |                      |
| SMD Recommendation Digital Signature        | Approve<br>Comments | Deny | Approve with changes |
| Date  |                     |      |                      |
| Executive Office Approval Digital Signature | Approve<br>Comments | Deny | Approve with changes |
| Date  |                     |      |                      |

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Amendment Details and Date

Requestor Signature

D**ž**CžCourts Signature

Amendment Details and Date

Requestor Signature

D.C. Courts Signature