

Data Donations to the Criminal Justice Administrative Records System

Instructions: Please complete this form to the best of your knowledge and return with a signed Deposit Agreement (Form CJARS-2020-02), compressed zip folder with data documentation and codebook (if applicable) or completed variable worksheet (Form CJARS-2020-03) as well as an IRB approval letter (if applicable). Contact cjars-staff@umich.edu to determine the proper transmission mechanism depending on the size and security requirements of your data.

Depositor Information (Please fill out "Additional Contributors" section at conclusion of this form if there are other collaborators that should be acknowledged)

First Name	Last Name	Middle Name or Initial
Employer Name		County and State of Employment
Position/Title		
Email address	Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)

Acquisition Information (Please fill out a separate CJARS-2020-01 form for each agency if you are donating multiple sources of data.)

Name of Data Provider (Public Agency, Private Data Archive, Etc.)	County and State of Data Provider	
Primary Contact's First Name	Primary Contact's Last Name	Primary Contact's Middle Name or Initial
Primary Contact's Position/Title		
Primary Contact's Email address	Primary Contact's Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)
Agency Covered in Data Donation (may be the same as the Data Provider)	County and State of Covered Agency	
Mode of data acquisition: <input type="checkbox"/> Data Use Agreement <input type="checkbox"/> Public Records Request <input type="checkbox"/> Web Scraping <input type="checkbox"/> Purchase from Private Vendor <input type="checkbox"/> Other (check all that apply)		
Brief description of acquisition if "Other" was checked:		

Data Summary

Jurisdictional coverage: Federal State County Municipal Tribal Other (check all that apply)
 Procedural coverage: Arrests Bookings Criminal Charges Convictions Jail Prison Probation Parole Other (check all that apply)
 Brief description of Jurisdictional and/or Procedural coverage if "Other" was checked for either:

Federal Information Processing Standards (FIPS) Code for Geographic Coverage (Mark "XXX" for statewide datasets in the last three digits):

Extracts often contain a wide range of dates (either due to data entry errors or legacy IT systems). Ignoring such outliers, please fill in the information below:

Data Begin Date: Data End Date:

Is this data a population snapshot of the agency's caseload on a given date? Yes No If yes, Snapshot Date:

Codebook or other documentation submitted with data deposit? Yes No

Completed CJARS variable worksheet (Form CJARS-2020-03) submitted with project? Yes No

Observation level: Individual Case Charge Event Period of Supervision Other

Brief description of observation level if "Other" was checked:

Brief description of method to link data if multiple files are submitted:

Were the data collected as part of an IRB approved project? Yes No Date of Approval:

Name of Institutional Review Board

IRB Approval Number

Additional Contributors Information (Please fill out the fields below as needed for each additional collaborator who should be acknowledged.)

First Data Collaborator

First Name	Last Name	Middle Name or Initial
Employer Name		County and State of Employment
Position/Title		
Email address	Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)

Second Data Collaborator

First Name	Last Name	Middle Name or Initial
Employer Name		County and State of Employment
Position/Title		
Email address	Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)

Third Data Collaborator

First Name	Last Name	Middle Name or Initial
Employer Name		County and State of Employment
Position/Title		
Email address	Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)

Fourth Data Collaborator

First Name	Last Name	Middle Name or Initial
Employer Name		County and State of Employment
Position/Title		
Email address	Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)

Fifth Data Collaborator

First Name	Last Name	Middle Name or Initial
Employer Name		County and State of Employment
Position/Title		
Email address	Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home (check one)