

**DC Sentencing Commission
Data Request Form**

I. Contact Information

Name:

Title:

Organization:

Address:

Phone:

Email:

II. Data Request

A. The requested data should be presented by (please use checkboxes):

Charge/Count Court Case Offender

B. Please provide a detailed description for the data request below.

1. What is the specific research question that you want to answer? Please provide as much detail as possible.

2. What are the specific data variables you are requesting (Ex: Sentence Type, Offense Type, Gender...)¹:

3. Time period to be analyzed and reported:

C. Please describe the purpose for this data request:

1. Intended use of the information reported for this data request:

2. Intended audience viewing the data requested:

¹ Data requests will not be considered submitted until the parameters of the request are clearly defined.

III. Proposed Completion Date

Today's Date (mm/dd/yy):

Proposed Completion Date² (mm/dd/yy):

IV. DC Sentencing Commission Response

Data Request Approved

Projected Delivery Date (mm/dd/yy):

Unable to complete data request

Reason:

V. Required Signature

Barbara Tombs-Souvey, SCDC Executive Director

Date

Taylor Tarnalicki, Research Analyst

Date

² Allow at least 20 business days to fulfill data requests.