

Contact Information

Contact Information

<b>Name</b>	<input type="text"/>
<b>Agency</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State</b>	<input type="text" value="-- select state --"/>
<b>ZIP Code</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

Please select your agency type:

**Law Enforcement**

Please provide the following information regarding your agency's data management systems.

	Does It Exist?	Type of System	Location	Age of System	Any Plans to Replace?
Records Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail Intake System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wants/Warrants System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Tracking System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
911 Calls System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Lab System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Process Case Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Force System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Records Management System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Agency/Vendor**

**Email**

**Phone**

Document Management System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Jail Management System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Jail Intake System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Wants/Warrants System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Evidence Tracking System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

911 Calls System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Crime Lab System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Civil Process Case Management System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

Use of Force System

System Name

Current Production Version ID

Contact Name

Agency/Vendor

Email

Phone

**Prosecution**

Please provide the following information regarding your agency's data management systems.

	Does It Exist?	Type of System	Location	Age of System	Any Plans to Replace?
Case Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Tracking System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Case Management System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Agency/Vendor**

**Email**

**Phone**

**Document Management System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**

Evidence Tracking System

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**

**Courts & Probation**

Please provide the following information regarding your agency's data management systems.

	Does It Exist?	Type of System	Location	Age of System	Any Plans to Replace?
Case Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Probation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Probation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Case Management System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Agency/Vendor**

**Email**

**Phone**

**Adult Probation System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**



Juvenile Probation System

**System Name**

**Current Production Version ID**

**Contact Name**

**Agency/Vendor**

**Email**

**Phone**

**Corrections**

Please provide the following information regarding your agency's data management systems.

	Does It Exist?	Type of System	Location	Age of System	Any Plans to Replace?
Offender Management System	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Juvenile Case Management System	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmate Assessment System	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discipline & Grievance Tracking System	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Offender Management System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**

**Juvenile Case Management System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**

**Inmate Assessment System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**

**Discipline & Grievance Tracking System**

**System Name**

**Current Production Version ID**

**Contact Name**

**Address 2**

**Email**

**Phone**

2021 ACJC Criminal Justice Data Repository Survey

Thank You

**The Arizona Criminal Justice Commission thanks you for taking the time to respond to this survey. Your input will assist the agency in providing valuable criminal justice services across the state.**