# DEPARTMENT OF JUSTICE RESEARCH SERVICES (DOJRS)
# STANDARD DATA REQUEST APPLICATION

Submission Date: _____

The California Department of Justice (CA DOJ) provides access to data for authorized users. Submission of this application initiates the data request process. Depending on the data requested, additional documentation may be required (e.g., curriculum vitae, background check, certification of human subjects' protection training or IT officer information). The CA DOJ will provide further direction upon receipt
of this application.

**Instructions:**

1. Complete this form by providing the requested information. Note: **Forms that are unsigned by the Principal Investigator will not be accepted.**
2. E-mail the completed form to the DOJRS at DataRequests@doj.ca.gov.
3. If additional space is needed, please provide attachments that clearly reference the prompt.

## REQUEST TYPE

☐ New Request ☐ Modification to Existing Request ☐ Renewal Application

## CONTACT INFORMATION

| | |
|---|---|
| Principal Investigator Name:<br>(The lead researcher responsible for the project) | |
| Secondary Contact (Optional):<br>(Approved contact person who can manage administrative aspects of this request on behalf of the Principal Investigator) | |
| Organization/Entity | |

| | | | | | |
|---|---|---|---|---|---|
| City: | | State | | Zip Code: | |
| Principal Investigator E-mail Address: | | Secondary Contact E-mail Address (Optional): | | | |
| Information Security Officer (ISO) (or equivalent) Name: | | ISO (or equivalent) E-mail Address: | | | |
| Director (or equivalent organization/entity head) Name: | | Director (or equivalent organization/entity head) E-mail Address: | | | |

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## PROJECT INFORMATION

Project Title: _____

Expected Project Timeline: Start: _____ End: _____

*Note: If the project end date is less than three years from the start date, the end date will serve as the data request end date, unless the project renewal process is completed.*

**Project Funding (e.g., grant):** ☐ Secured ☐ Pending ☐ Not Applicable

If Secured/pending: ☐ Public ☐ Private

**Funding source: Grant Period:** Start: _____ End: _____

Institutional Review Board (IRB)/ Committee for the Protection of Human Subject (CPHS) approval^1: ☐ Secured ☐ Pending ☐ Not Applicable

Legislative Mandate: Indicate whether this project is required or authorized by legislation. ☐ Yes ☐ No

If YES, provide the relevant citation(s) and a brief description of the legislative mandate: _____

Requested Database:

- ☐ Automated Ciminal History System (ACHS)
- ☐ Automated Firearms System (AFS)
- ☐ California Restraining and Protective Orders System (CARPOS)
- ☐ Controlled Substance Utilization Review & Evaluation System (CURES)
- ☐ Dealer Record of Sales (DROS)
- ☐ Juvenile Court Probation Statistical System (JCPSS)
- ☐ Racial and Identity Profiling Act (RIPA) Confidential Stop Data
- ☐ Other (please specify): _____

Level of Data-Requested:

- ☐ Aggregated/Statistical data - data presented in summary counts
- ☐ De-identified individual-level data - individually disaggregated data that does not include personally identifying information.
- ☐ Identified individual-level data - individually disaggregated data that includes personally identifying information

1 Note. Submission of IRB/CPHS applications and approval letters to DOJRS will be required as part of the data request process.

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# PROJECT NARRATIVE

**Requested Data:** Briefly describe the data being requested for the project. Include the specific variables/data elements requested and the timeframe of interest. If applicable, indicate whether you will provide a cohort (i.e., a list of subjects to be matched within the requested system).

**Project Description:** Provide a high-level summary of the project including its purpose, background, and project objectives.

**Data Relevance to Project Objectives**: Explain how the requested data elements are necessary to and project objectives.

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**Expected Benefits:** Describe the anticipated benefits or impact of the project (e.g. contributions to research, policy, public health, program improvement, or decision making).

**Design and Methodology:** Describe the overall project design and methods that will be used to achieve the stated aims.

**Anticipated Deliverables:** Indicate the expected work products of this project (Select all that apply.)

- ☐ Academic Publication(s)
- ☐ Data Dashboard or visualization tool(s)
- ☐ Legislatively mandated report(s)
- ☐ Presentation(s) (e.g., slides, posters, briefings)
- ☐ Policy brief(s)
- ☐ Research brief(s)
- ☐ Other (please specify):

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## DATA DECURITY AND MANAGEMENT

**Data Storage and Analysis Environment:** Provide a high-level description of where and how the requested data will be stored, accessed, and analyzed (e.g. cloud, remote, on premises). This information is for preliminary review purposes only; a full information security review and supporting documentation will be required at a later stage of the application process.

**Will the requested CA DOJ data be shared with, disclosed to, or accessed by any other entity outside of the primary requesting organization?** ☐ Yes ☐ No

**If Yes, please complete the following questions.** ☐ Not Applicable

**What type of data will be shared?** (Select all that apply.)

- ☐ Raw/source data
- ☐ De-identified or modified dataset
- ☐ Anonymized aggregate or summary results only
- ☐ Other (please specify):

**Describe how data sharing between entities will be managed**.

**Has (have the IT system(s) or environment(s) proposed for this project previously been reviewed and approved by CA DOJ through the Research Data Requests Process?** ☐ Yes ☐ No ☐ Unknown

**If Yes, provide the following information for each applicable approval.** ☐ No Applicable

Project title(s)

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| | |
|---|---|
| Data request project number(s) | |
| Database(s) approved for use | |
| Approval date(s) | |

STAFF LIST

List all staff who will have *physical or logical* access to the data. All requests must designate the Principal Investigator and the Information Security or equivalent.

| Name | Role | E-mail Address | Access Point | | |
|---|---|---|---|---|---|
| | | | On-Site | Remote | N/A |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
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| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |
| | Choose a role | | ☐ | ☐ | ☐ |

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## AFFIRMATION & AGREEMENT

I understand that the CA DOJ is only authorized to release data from particular systems and databases.
I understand that additional documentation may be required for my application to be processed. The documentation required depends on the type of data being requested.
I understand that upon authorization, I must communicate any proposed changes to the project conditions through a modified request. The CA DOJ must approve all proposed changes before my team can incorporate them into the project. Failure to disclose these changes may result in project termination.
I understand that authorization to receive data from the CA DOJ must be renewed based on a renewal schedule approved by CA DOJ.
I understand that I must provide updated, unexpired documentation for continued use of CA DOJ data.
I understand that I am not authorized to share CA DOJ-provided data with a third party, including any potential funding sources, without CA DOJ approval.

Signature of Principal Investigator: _____ Date Field _____