Court Data Review Intake Form

Welcome! To help us support your office efficiently, please complete this questionnaire and include it in your initial email requesting support. The information you provide will guide us in developing an in-depth review tailored specifically to your needs.

Date of Request: Current Date

County Information

County:	
Office:	
Name:	
Email:	
Phone:	
Preferred Method:	

Additional Contacts to include (Staff, IT, Judge):			
Name, Title		Email/Phone:	
Name, Title		Email/Phone:	
Name, Title		Email/Phone:	

Case Management System (CMS)

CMS Vendor:	
Vendor Contact Name:	
Vendor Contact Email:	
CMS Version (if known):	

Request Details

Please indicate all case types you are requesting assistance with.
What date were your last OCA reports submitted?
Please explain in detail the issues you are having.

How frequently are you experiencing these issues?
Reporting deadlines of concern:
What are the goals you are looking for by participating in this review?

Reporting and Access

Is your system able to produce a detailed monthly report, providing case numbers and information that are being included in the aggregate reports submitted to OCA? If yes, please include last month's reports.
If a case review is needed, can your county provide OCA staff online access to your CMS so the review may be conducted remotely?
Due to the sensitive nature of certain case types, do you have any concerns or require additional approval from judges or your IT department before providing remote access?
Will members of your staff be available to assist in reviewing cases that require further investigation?
Any dditional questions/information for OCA staff before they conduct the review?

Assistance Planning (to be completed by OCA staff)

Reporting rules or deadlines of concern:
Will members of your staff be available during the review:
Additional questions/information for OCA staff before they conduct the review: