

	State of Delaware Department of Correction Data Request Form		
Date:	<input type="text" value="06/24/2014"/>	Date Needed By:	<input type="text" value="08/01/2014"/>
Name:	<input type="text" value="Margo Schlanger"/>		
Agency/Institution:	<input type="text" value="University of Michigan Law School"/>		
Job Title:	<input type="text" value="Professor of Law"/>		
Address:	<input type="text" value="625 So. State Street, LR 910"/>		
City, State, Zip	<input type="text" value="Ann Arbor, MI 48104"/>		
Email Address:	<input type="text" value="mschlan@umich.edu"/>		
Phone:	<input type="text" value="734-615-2618"/>		
Title of Project:	<input type="text" value="Prison Information Project"/>		
Requested Data: Please clearly indicate the specific data elements needed for the analysis in a list format in the box provided below.			
<input type="text" value="I don't know what data elements are needed for this project."/> <input type="text" value="The number of grievances filed in each subject area."/> <input type="text" value="The categories or subject areas of grievances in each subject area, such as health care, use of force, etc."/> <input type="text" value="such as those involving allegations of sexual abuse."/>			

Time Span: Please indicate the time frame needed in the box below. For example, data collected from July 1, 2012 until June 30, 2013.			
<input type="text" value="2003 to the present, or"/>			
Purpose of Request: Please specify hypotheses or goals for the analysis.			
We are collecting this information To the extent longitudinal data We will also compare the groups <input type="text"/>			
Intent of Request: Please check all that may apply.			
<input type="checkbox"/> Required Reporting	<input type="checkbox"/> Policy	<input type="checkbox"/> Grant Application	
<input type="checkbox"/> Contract	<input type="checkbox"/> Audit	<input type="checkbox"/> News/Press Release	
<input checked="" type="checkbox"/> Educational Project	<input checked="" type="checkbox"/> Public Presentation	<input checked="" type="checkbox"/> FOIA	
Type of Data Analysis:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Descriptive Reporting		
Statistical Methodology (if applicable): Outline the statistical methodology that will be used to analyze the			

<p>data. Remember to include the appropriate statistical power needed to attain a significant model as well as the number of cases (n) needed to achieve this power.</p>			
<p>Simple cross tabs.</p>			
<p>Presentation of Analysis: Please check all that may apply.</p>			
<p><input type="checkbox"/> Journal Publication</p>	<p><input type="checkbox"/> News/Press Publication</p>	<p><input checked="" type="checkbox"/> Public Presentation</p>	
<p><input type="checkbox"/> Thesis/Dissertation</p>	<p><input checked="" type="checkbox"/> Technical Report</p>		
<p>Project End Date: <input type="text" value="NA"/></p>			
<p>Funding Source:</p>	<input type="text" value="University of Michigan Law School"/>		
<p>IRB Approval Date (if applicable):</p>	<input type="text" value="NA"/>		
<p>Is this a reoccurring request?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>If yes, during what term is this request usually made?</p>	<input type="text"/>		
<p>Additional Information: Please provide any pertinent information that is not already captured by the above questions.</p>			

			
<p>Delaware Department of Correction must be able to review analytical findings, use of data, publications, reports, or any other type of presentation prior to public review. By agreeing to this statement, I agree that the analysis and findings will be submitted to the DOC for review and approval on the projected date (stated below).</p> <p>I agree with these terms: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Projected Date for DOC Review:</p> <input type="text"/>			
<p>For DOC Administrative Use Only</p>			
<p>Was the request approved/disapproved?</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Adjusted</p>		
<p>If disapproved, reason:</p>			

[Yellow box with small icons in the bottom-left corner]	[Light blue box]	[Light blue box]	[Light blue box]
---	------------------	------------------	------------------

State of Delaware
Department of Correction
245 McKee Road
Dover, DE 19904
Telephone: (302) 739-5601