



Justice Information Management System

406 Caroline, Suite 210, Houston, Texas 77002

Phone (713) 274-7527 Fax (713) 437-4597

TO: Government Agency Representative

FROM: Michael Giordanelli
Director Justice Applications

Kathi Nunez
JIMS Training Specialist

SUBJECT: JIMS Access Request

Thank you for inquiring about access to the Harris County Justice Information Management System (JIMS). Please have your agency's highest-ranking representative read and sign the enclosed agreement forms. Signatures are needed in the two places labeled Requestor or Recipient. Return the forms to JIMS, at the address above.

When the signed forms are received, your request for access will be submitted to the Justice Management Committee. JIMS will contact you about the status of your request. If you have any questions, please call 713-274-7555.

Thank You

Request for Access to Harris County JIMS Information

Please accept this as our request for access to conviction/non-conviction criminal history information maintained by the Harris County Justice Information Management System, hereinafter called Agency, from:

(individual)

authorized and duly representing:

(requesting agency)

hereinafter called Requestor.

I. Information requested:

Criminal System Inquiry transactions.

II. Requestor requests this information:

X on a continuing basis. _____ on a one-time basis.

III. The purpose for which information is requested is:

_____ To implement a statute, ordinance, or executive order. (Submit copy or give citation)

X To provide services required for the administration of criminal justice.

_____ For research, evaluative, or statistical activities.

_____ For such purposes as authorized by court rule, decision, or order. (Attach or cite)

_____ For other purposes. Explain: _____

Date of Request

Signature of Requestor's Representative

Request Granted ___ Date: _____

Signature of Justice Management Committee Chairman

Non-Disclosure Agreement for Criminal Justice Agencies

This agreement is made and entered into by and between the Harris County Justice Information Management System, a Texas criminal justice agency hereinafter called Agency, and _____, hereinafter called Recipient.

- A. Agency agrees to provide Recipient with the Harris County criminal history record information (CHRI) requested.
- B. Recipient certifies that it is entitled, pursuant to Title 28 of the Code of Federal Regulations or subsequent federal or state law or regulation which may supersede Title 28, to CHRI access for the purpose of law enforcement.
- C. Recipient agrees to limit the use of the CHRI to the purpose for which it was provided, and to destroy the information when it is no longer needed for the purposes for which it was provided.
- D. Recipient agrees to implement reasonable procedures to insure the confidentiality and security of the CHRI.
- E. Recipient agrees that the only persons allowed access to the CHRI are: those employees of the recipient who have attended a JIMS orientation class and received a sign-on code and agrees not to disseminate the information to any other agency or person.
- F. Recipient agrees to abide by the laws or regulations of the federal government and the State of Texas (including provisions of the Texas CHRI Security and Privacy Plan), and any rules, policies or procedures adopted by the Agency.
- G. Agency reserves the right to immediately suspend furnishing CHRI under this agreement and to demand return of information already furnished under this agreement when any rule, policy, procedure, regulation or law described in Section F is violated or appears to have been violated.

- H. In addition to any civil or criminal penalties applicable to the use of the CHRI under Texas or federal law, Recipient acknowledges that it may be subject to a fine not to exceed \$10,000 for knowingly violating Title 28 of the Code of Federal Regulations.

- I. Agency does not guarantee the accuracy, the timeliness, or any other aspect of the information obtained by Recipient under the terms of this agreement, and Recipient agrees that any information obtained from the Agency will be used by Recipient at its own risk. Further, Recipient agrees to defend, indemnify and hold fully harmless, the State of Texas, the Agency, all other agencies signatory to the CHRI Non-Disclosure Agreements, and their employees, of and from any and all suits, demands, causes of action, or any other legal proceeding of any nature arising in any manner whatsoever from the obtaining of information by Recipient from the Agency or from Recipient's exercise of any right, benefit or obligation under this agreement.

- J. Either party may, at its sole discretion, terminate this agreement at any time upon forwarding written notice to the other party at least 30 days prior to the effective date of termination.

- K. This agreement is to be in effect from _____ until terminated by either party as provided in paragraph J above.

Signature of Recipient's Representative

Date

Signature of Justice Management Committee Chair

Date

In accordance with Justice Information Management System (J.I.M.S.) Procedures:

1. The Access Subcommittee of the Justice Management Committee will consider the enclosed access request.
2. The J.I.M.S. Support Section will notify the requesting agency of J.I.M.S. access approval and transaction clearance.
3. The ITC Training Section will arrange security and privacy orientation, training, and issuance of sign-on codes in accordance with the Procedures.
4. The J.I.M.S. department will retain all requests bearing original signatures and will make copies available to any member of the Justice Executive Board, the Justice Management Committee, or the Justice Technical Group upon request.

Thank you



Justice Information Management System

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Phone (713) 755-7101 Fax (713) 437-4597

Agency Information Sheet

Date: _____

Agency: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

ORI (if applicable): TX _____

Agency Contact:

Agency or Department Head: _____

JIMS Liaison 1:* _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

JIMS Liaison 2:* _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

JIMS Users:

Approximate number of employees who need access to JIMS: _____

Terminal Information:

Approximate number of terminals to be connected to JIMS: _____

* JIMS liaison are authorized to request security code additions, changes and deletions. They also schedule personnel for JIMS training classes.

JIMS Use Only

Date Received: _____ MC Approval Date: _____ Dept Code: _____ Org Code: _____