



Alaska's Council on
Domestic Violence
& Sexual Assault

State of Alaska Department of Public Safety
Council on Domestic Violence and Sexual Assault

Guide to the BIP Database and Forms for Use by
CDVSA Approved Battering Intervention
Programs

(revised March 2021)

This document contains instructions for keeping data for a battering intervention program in Alaska according to state of Alaska regulations (see [22 AAC 25.030 \(a\)\(1\)\(G\)](#) and [22 AAC 25.090\(8\)](#)).

Different users will benefit from different amounts of instruction on the database and forms. However, it is important that *all* users read and understand some sections. This document should be read, in its entirety, by ALL data system users, regardless of background and learning style, and most importantly the areas highlighted in green. There are approximately five pages of highlighted text. Non-highlighted sections can be used for step-by-step instruction and for ongoing reference.

This document, copies of the forms, and answers to some questions may be found on the technical support website: <https://dps.alaska.gov/CDVSA/Grantee-Support/ReportingForms>. If you do not find what you are looking for on the site, please do not hesitate to call the CDVSA at (907) 465-4356 or email at cdvsa.grants@alaska.gov to be put in touch with the Research Analyst or someone who can provide assistance. You can also contact your Program Coordinator who can assist in helping you find the information or form that you need.

Thank you for your excellent work! All suggestions or questions you may have are welcome.

CDVSA Research Analyst

Contents

Keeping Data	4
When to Use Each Form Summary.....	4
When to Enter Data into the BIP Database.....	4
Records Retention.....	4
Quarterly Narratives and Goals and Objectives and Statistical Report.....	4
The Participant Information Report Form	5
Contents.....	5
When to Complete this Form.....	5
Participant Information Data Definitions—Filling out the form.....	6
The Incident Report Form	9
Contents.....	9
When to Complete the Incident Report Form.....	10
Incident Data Definitions—Filling out the form.....	10
The Monthly Services Report Form	13
Contents.....	13
Monthly Services Data Definitions—Filling out the form.....	14
Section One:.....	14
Section Two:.....	14
Section Three:.....	16
Accessing the Database	17
Creating a User Account.....	17
Navigating to the Database.....	18
Logging into the Database.....	18
Participant Data in the Database	19
Finding a Client.....	19
Creating a New Client Record.....	21
Entering Participant Data.....	21
Editing Participant Data.....	22
Incident Data in the Database	23
Finding Your Client.....	23
Entering a New Incident.....	24
Editing Incident Data.....	25
Finding Your Client.....	26
Entering a Service.....	27
Safety Checks.....	30
Editing Service Data.....	31

Keeping Data

The BIP database and forms keep three types of data: on participants, incidents, and services. The data is kept on paper on three different forms.

When to Use Each Form Summary

Detailed instructions for when to use each form are included with the instructions for each form, starting on page 5. But a basic summary follows: When a batterer first makes contact with your program and an intake assessment is completed, the Participant Information Report and an Incident Report should also be completed. The Incident Report should be completed for the most recent incident before intake and any other past ones that are important to be aware of. It should also be completed for any incidents that occur after intake. The services provided form is filled out for every participant, for every month in which he receives services, or if there is a relevant change of status.

Form Name	Type of Data	When to Use it
Participant Information Report	Demographic data and information on the participant's past.	This form should be completed once for each participant, at the beginning of the participant's relationship with the program. It is modified or added to, rarely, as needed.
Incident Report	Information about the incident(s) that caused entrance into the program, and any subsequent incidents. One form is completed for each incident.	At the beginning of the participant's relationship with the program, and any time an additional domestic violence or criminal incident occurs, as made known by participant self-report or legal interaction.
Monthly Services Report	Services provided for the participant, or changes in participant status.	Monthly for every month in which a participant receives a service, or if there is a change of status.

When to Enter Data into the BIP Database

Each form has a corresponding section in the online BIP database. Data should be transferred from the forms to the database on a regular basis. A frequency of monthly or greater is ideal, and some will find it easier to add information whenever they provide services.

Records Retention

These three forms should be saved for one year after the data has been entered into the BIP database. They do not need to be mailed to the CDVSA, since their data is entered into the database.

Quarterly Narratives and Goals and Objectives and Statistical Report

These forms do *not* replace the existing quarterly narrative or goals and objectives reporting forms, or the quarterly statistical report. Please continue to submit those as usual.

The Participant Information Report Form

CDVSA Batterer's Intervention Program

Participant Information Report

Participant Name _____

Program Name _____

Participant ID (optional) _____

APSIN ID _____

Date of Birth _____ Date of Contact _____

Additional Court Case IDs (optional) _____

Gender:

- Male Female Unknown

Races:

- Alaska Native
 American Indian
 Asian
 Black / African American
 Hispanic
 Other: _____
 Pacific Islander
 Caucasian

Childhood Traumas:

- Physically Abused As a Child
 Victim of Incest / Child Sexual Abuse
 Parent(s) in Abuse Relationship
 Past Abuse, Type Unknown
 No Past Abuse
 Unknown
 Other Abuse: _____

Past Intervention:

- Anger Management
 Community Based Batterer's Program
 Prison Batterer's Program
 Jail Time
 Mental Health / Psychiatric Services
 Substance Abuse Treatment
 No Intervention
 Unknown
 Other: _____

Prepared By: _____

Reviewed By: _____

Review Date: _____

Violence Committed Before First Incident:

- Destruction of Pets/Property
 Physical Force Used
 Sexual Assault (Any Degree) Adult Victim
 Sexual Abuse (Any Degree) Minor Victim
 Threats of Violence
 Weapons Used
 No Prior Violence
 Unknown
 Other: _____

Previous Violent Convictions (Before First Intake):

- Yes No Unknown

Alcohol Abuse (select only one):

- Client has a problem with alcohol
 Client does not have a problem with alcohol
 Unknown

Drug Abuse (select only one):

- Client has a problem with drugs
 Client does not have a problem with drugs
 Unknown

Comments: _____

Contents

- Demographic information—race and gender and age
- Information about the participant's past, including traumas they experienced as a child, violence they committed before the incident leading to their intake, and past interventions.
- Information on the participants alcohol and substance abuse status.
- Full name and APSIN ID

When to Complete this Form

This form should be filled out when a new participant begins at the program, at about the same time an intake assessment is

completed. It should also be filled out, when possible, for participants who are already in the program, if they haven't had this form filled out yet.

Does it need to be filled out if a participant is returning to the same program after an absence or is being readmitted?

No. Not if the form has previously been filled out and the data has been put in the BIP database.

Does it need to be filled out if a participant is new to this program, but has participated in programs elsewhere in Alaska, and already has Participant Information in the BIP database?

If you think that it will yield new or different information, or if you would like a paper copy for your records, then you may want to fill this out for a participant who already has a complete participant record in the BIP database. Doing so is not necessary.

Does it need to be filled out for people who are already participants and receiving services, as of November 2014?

In order to enter services and incident into the database, there needs to be an entry for each participant in the “Participant Information” section. This entry can be left temporarily empty except for the last name and the APSIN ID. But when time is available, please enter as much demographic data as you have for each active participant, into the BIP database. A new paper form need not be created if you don’t want.

Participant Information Data Definitions—Filling out the form

This section is laid out in the same order as the form itself:

PARTICIPANT

A participant is a person who:

1. Is enrolled in a prison or community based program, or who
2. Is receiving follow-up services, whether participant completed the program or not.

PARTICIPANT NAME

Use the participant’s full given name, including the middle name. You can include nicknames or aliases in parenthesis.

PROGRAM NAME

Use an acronym for the program name, generally consisting of the first letter of each word in the program name. If there is a community and a prison program with the same name, then include the text “BIP” for community program, or “PBP” for prison program. Please be consistent in your usage.

PARTICIPANT ID (Optional)

This is optional, in case you use a participant ID as part of your filing system. It isn’t entered into the BIP database.

The participant ID is a unique designator specific to a particular participant. It is assigned at the very first intake and used without change for the duration of the participant’s relationship with the program.

If your program uses participant IDs, the following system is often used to create them: (a) the first initial of the first name, then the first two letters of the last name (b) followed by two numbers for the month of birth, two numbers for the day of birth, and two numbers for the year of birth.

APSIN ID

This field is required for all participants. APSIN IDs can be found on court documents for all criminal cases. If you can't find your participant's APSIN ID, ask your local court contact, and if you still can't find his APSIN ID, you may pass the request on the CDVSA's Research Analyst (907) 465-4673, or currently: bahiyyih.parish@alaska.gov.

Any participant who has had administrative, or law enforcement or criminal justice contact in Alaska has an APSIN ID. In the very unlikely case that a participant lacks an APSIN ID, please put in this field the text "No APSIN " followed by the participant's driver's license number.

DATE OF BIRTH

Give participant's date of birth.

DATE OF CONTACT

The date that this form was first filled out, or the first time that the participant entered your program, whichever is earliest. This information isn't currently entered into the database.

ADDITIONAL COURT CASE IDs (Optional)

For your records, you may include court case IDs associated with this client that are not already included in an incident form. This isn't entered into the database.

GENDER

Identify the participant as male or female, per the participant's identification and chosen presentation.

PARTICIPANT ETHNICITY

Select participant's racial/ethnic identification. Do not assume based upon appearances: ask the participant. Check the appropriate box(es).

People whose Native American heritage is solely from Alaskan tribes should mark Alaska Native, and not American Indian.

If a participant does not know their racial/ethnic heritage, or chooses not to reveal it, mark Unknown, and in the Comments section, say "Race unknown" or "Race not disclosed" as appropriate.

CHILDHOOD TRAUMAS

Select which types of traumatic experiences the participant experienced as a child. If the participant experienced a type of abuse that's not listed, then select "Other Abuse" and specify the nature of the abuse in the Comments section.

PAST INTERVENTION

Select any interventions the participant received, before their first association with your program. Select Battering's Program if they have participated in a Battering's program other than the one

they are currently entering/part of. If the participant has been involved with a program designed to help him that is not on the list, check "Other," and write in the exact intervention type.

PREPARED BY, REVIEWED BY, REVIEW DATE

This section is included to improve data quality and facilitate good communication. The information is not currently directly entered into the database. This section is for the initials of whoever prepares the form, whoever reviews it, and the date of the review. It's strongly recommended that all forms be checked for completeness and accuracy by someone other than the person who filled out the form, before being entered in the database, but this is not strictly required.

VIOLENCE COMMITTED BEFORE FIRST INCIDENT

Select any acts of violence that the participant committed, *before* the incident that caused the participant to enter the battering's program. If additional information is available, such as a police report, that discloses violence that the participant did not acknowledge, then rely on that information.

PREVIOUS VIOLENT CONVICTIONS

If there have been prior convictions for any crime involving violence committed by the participant, check "yes." The act committed is the determining factor. For example, if a participant was charged with Assault, but convicted of Disorderly Conduct, check "yes" on the form, as participant did commit a violent act.

If participant has had no previous convictions for violence, check "no."

If you do not know, check "unknown."

ALCOHOL ABUSE

Select "Client has a problem with alcohol" if the client identifies himself as or is identified as having a problem with alcohol use, abuse or dependency, or if the client has a history of abusive behavior while under the influence of alcohol. Please don't leave this section blank; select "Unknown" if participant alcohol abuse status can't be determined.

DRUG ABUSE

Select "Client has a problem with drugs" if the client identifies himself as or is identified as having a problem with drug use, abuse or dependency, or if the client has a history of abusive behavior while under the influence of drugs. Please don't leave this section blank; select "Unknown" if participant drug abuse status can't be determined.

COMMENTS

This section is for any comments or clarification you would like to include. It is very important not to include any information that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

The Incident Report Form

Contents

This form contains information about an incident that the participant has committed. It covers

- the relationship of the participant to the victim
- whether the participant was under the influence of drugs or alcohol during the incident
- types of violence the participant committed during the incident
- criminal charges associated with the incident
- criminal convictions associated with the incident

When this form is about an incident that led directly to the participant joining the battering's program, another section on this form is for what type of referral the participant had.

CDVSA Batterer's Intervention Program	Incident Report		
Participant ID and/or APSIN and/or Name _____			
Date of Contact _____	Program Name _____		
Incident Date _____	Court Case IDs _____		
<p>Referral</p> <p><input type="checkbox"/> Court</p> <p><input type="checkbox"/> OCS</p> <p style="padding-left: 20px;">Reason: _____</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Other: _____</p> <p>Relationship to Victim</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Other Romantic Partner</p> <p><input type="checkbox"/> Ex-Spouse</p> <p><input type="checkbox"/> Ex-Romantic Partner</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Minor Child</p> <p><input type="checkbox"/> Parent / Guardian</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Other: _____</p> <p>Types of Violence Participant Committed</p> <p><input type="checkbox"/> Physical Force Used</p> <p><input type="checkbox"/> Sexual Assault (Any Degree) Adult Victim</p> <p><input type="checkbox"/> Sexual Abuse (Any Degree) Minor Victim</p> <p><input type="checkbox"/> Threats of Violence</p> <p><input type="checkbox"/> Use of Weapons</p> <p><input type="checkbox"/> No Violence</p> <p><input type="checkbox"/> Destruction of Pets/Property</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p> <p>Alcohol Use (select only one)</p> <p><input type="radio"/> Used Alcohol at Time of Current Offense</p> <p><input type="radio"/> No Alcohol Use During Incident</p> <p><input type="radio"/> Unknown if Alcohol Used During Incident</p> <p>Drug Use (select only one)</p> <p><input type="radio"/> Used Drugs at Time of Current Offense</p> <p><input type="radio"/> No Drugs Use During Incident</p> <p><input type="radio"/> Unknown if Drugs Used During Incident</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> <p>Charges:</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Alcohol/Drug Related</p> <p><input type="checkbox"/> Assault 1</p> <p><input type="checkbox"/> Assault 2</p> <p><input type="checkbox"/> Assault 3</p> <p><input type="checkbox"/> Assault 4</p> <p><input type="checkbox"/> Attempted Murder</p> <p><input type="checkbox"/> Criminal Mischief</p> <p><input type="checkbox"/> Disorderly Conduct</p> <p><input type="checkbox"/> DUI</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Murder</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parole or Release Violation</p> <p><input type="checkbox"/> Probation Violation or Offender Registration Violation</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Robbery (Any)</p> <p><input type="checkbox"/> Stalking (Any)</p> <p><input type="checkbox"/> Theft (Any)</p> <p><input type="checkbox"/> Sexual Assault Adult Victim</p> <p><input type="checkbox"/> Violating Protective Order</p> <p>Incident Injuries Self-Report</p> <p><input type="checkbox"/> Broken Bones / Teeth</p> <p><input type="checkbox"/> Bruises / Abrasions</p> <p><input type="checkbox"/> Burns / Bites</p> <p><input type="checkbox"/> Chronic / Disabling</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Fear of Imminent Bodily Harm</p> <p><input type="checkbox"/> Gunshot / Knife Injuries</p> <p><input type="checkbox"/> Head / Spinal Injuries</p> <p><input type="checkbox"/> Internal Injuries</p> <p><input type="checkbox"/> No physical injury</p> <p><input type="checkbox"/> Injury, Type not Disclosed</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sprains / Back / Neck</p> <p><input type="checkbox"/> Strangulation</p> <p><input type="checkbox"/> Wounds / Punctures</p> </td> <td style="padding: 5px; vertical-align: top;"> <p>Convictions:</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Alcohol/Drug Related</p> <p><input type="checkbox"/> Assault 1</p> <p><input type="checkbox"/> Assault 2</p> <p><input type="checkbox"/> Assault 3</p> <p><input type="checkbox"/> Assault 4</p> <p><input type="checkbox"/> Attempted Murder</p> <p><input type="checkbox"/> Criminal Mischief</p> <p><input type="checkbox"/> Disorderly Conduct</p> <p><input type="checkbox"/> DUI</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Murder</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parole or Release Violation</p> <p><input type="checkbox"/> Probation Violation or Offender Registration Violation</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Robbery (Any)</p> <p><input type="checkbox"/> Stalking (Any)</p> <p><input type="checkbox"/> Theft (Any)</p> <p><input type="checkbox"/> Sexual Assault Adult Victim</p> <p><input type="checkbox"/> Violating Protective Order</p> <p>Incident Injuries Official Sources</p> <p><input type="checkbox"/> Broken Bones / Teeth</p> <p><input type="checkbox"/> Bruises / Abrasions</p> <p><input type="checkbox"/> Burns / Bites</p> <p><input type="checkbox"/> Chronic / Disabling</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Fear of Imminent Bodily Harm</p> <p><input type="checkbox"/> Gunshot / Knife Injuries</p> <p><input type="checkbox"/> Head / Spinal Injuries</p> <p><input type="checkbox"/> Internal Injuries</p> <p><input type="checkbox"/> No physical injury</p> <p><input type="checkbox"/> Injury, Type not Disclosed</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sprains / Back / Neck</p> <p><input type="checkbox"/> Strangulation</p> <p><input type="checkbox"/> Wounds / Puncture</p> </td> </tr> </table>	<p>Charges:</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Alcohol/Drug Related</p> <p><input type="checkbox"/> Assault 1</p> <p><input type="checkbox"/> Assault 2</p> <p><input type="checkbox"/> Assault 3</p> <p><input type="checkbox"/> Assault 4</p> <p><input type="checkbox"/> Attempted Murder</p> <p><input type="checkbox"/> Criminal Mischief</p> <p><input type="checkbox"/> Disorderly Conduct</p> <p><input type="checkbox"/> DUI</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Murder</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parole or Release Violation</p> <p><input type="checkbox"/> Probation Violation or Offender Registration Violation</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Robbery (Any)</p> <p><input type="checkbox"/> Stalking (Any)</p> <p><input type="checkbox"/> Theft (Any)</p> <p><input type="checkbox"/> Sexual Assault Adult Victim</p> <p><input type="checkbox"/> Violating Protective Order</p> <p>Incident Injuries Self-Report</p> <p><input type="checkbox"/> Broken Bones / Teeth</p> <p><input type="checkbox"/> Bruises / Abrasions</p> <p><input type="checkbox"/> Burns / Bites</p> <p><input type="checkbox"/> Chronic / Disabling</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Fear of Imminent Bodily Harm</p> <p><input type="checkbox"/> Gunshot / Knife Injuries</p> <p><input type="checkbox"/> Head / Spinal Injuries</p> <p><input type="checkbox"/> Internal Injuries</p> <p><input type="checkbox"/> No physical injury</p> <p><input type="checkbox"/> Injury, Type not Disclosed</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sprains / Back / Neck</p> <p><input type="checkbox"/> Strangulation</p> <p><input type="checkbox"/> Wounds / Punctures</p>	<p>Convictions:</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Alcohol/Drug Related</p> <p><input type="checkbox"/> Assault 1</p> <p><input type="checkbox"/> Assault 2</p> <p><input type="checkbox"/> Assault 3</p> <p><input type="checkbox"/> Assault 4</p> <p><input type="checkbox"/> Attempted Murder</p> <p><input type="checkbox"/> Criminal Mischief</p> <p><input type="checkbox"/> Disorderly Conduct</p> <p><input type="checkbox"/> DUI</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Murder</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parole or Release Violation</p> <p><input type="checkbox"/> Probation Violation or Offender Registration Violation</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Robbery (Any)</p> <p><input type="checkbox"/> Stalking (Any)</p> <p><input type="checkbox"/> Theft (Any)</p> <p><input type="checkbox"/> Sexual Assault Adult Victim</p> <p><input type="checkbox"/> Violating Protective Order</p> <p>Incident Injuries Official Sources</p> <p><input type="checkbox"/> Broken Bones / Teeth</p> <p><input type="checkbox"/> Bruises / Abrasions</p> <p><input type="checkbox"/> Burns / Bites</p> <p><input type="checkbox"/> Chronic / Disabling</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Fear of Imminent Bodily Harm</p> <p><input type="checkbox"/> Gunshot / Knife Injuries</p> <p><input type="checkbox"/> Head / Spinal Injuries</p> <p><input type="checkbox"/> Internal Injuries</p> <p><input type="checkbox"/> No physical injury</p> <p><input type="checkbox"/> Injury, Type not Disclosed</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sprains / Back / Neck</p> <p><input type="checkbox"/> Strangulation</p> <p><input type="checkbox"/> Wounds / Puncture</p>
<p>Charges:</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Alcohol/Drug Related</p> <p><input type="checkbox"/> Assault 1</p> <p><input type="checkbox"/> Assault 2</p> <p><input type="checkbox"/> Assault 3</p> <p><input type="checkbox"/> Assault 4</p> <p><input type="checkbox"/> Attempted Murder</p> <p><input type="checkbox"/> Criminal Mischief</p> <p><input type="checkbox"/> Disorderly Conduct</p> <p><input type="checkbox"/> DUI</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Murder</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parole or Release Violation</p> <p><input type="checkbox"/> Probation Violation or Offender Registration Violation</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Robbery (Any)</p> <p><input type="checkbox"/> Stalking (Any)</p> <p><input type="checkbox"/> Theft (Any)</p> <p><input type="checkbox"/> Sexual Assault Adult Victim</p> <p><input type="checkbox"/> Violating Protective Order</p> <p>Incident Injuries Self-Report</p> <p><input type="checkbox"/> Broken Bones / Teeth</p> <p><input type="checkbox"/> Bruises / Abrasions</p> <p><input type="checkbox"/> Burns / Bites</p> <p><input type="checkbox"/> Chronic / Disabling</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Fear of Imminent Bodily Harm</p> <p><input type="checkbox"/> Gunshot / Knife Injuries</p> <p><input type="checkbox"/> Head / Spinal Injuries</p> <p><input type="checkbox"/> Internal Injuries</p> <p><input type="checkbox"/> No physical injury</p> <p><input type="checkbox"/> Injury, Type not Disclosed</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sprains / Back / Neck</p> <p><input type="checkbox"/> Strangulation</p> <p><input type="checkbox"/> Wounds / Punctures</p>	<p>Convictions:</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Alcohol/Drug Related</p> <p><input type="checkbox"/> Assault 1</p> <p><input type="checkbox"/> Assault 2</p> <p><input type="checkbox"/> Assault 3</p> <p><input type="checkbox"/> Assault 4</p> <p><input type="checkbox"/> Attempted Murder</p> <p><input type="checkbox"/> Criminal Mischief</p> <p><input type="checkbox"/> Disorderly Conduct</p> <p><input type="checkbox"/> DUI</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Murder</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parole or Release Violation</p> <p><input type="checkbox"/> Probation Violation or Offender Registration Violation</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Robbery (Any)</p> <p><input type="checkbox"/> Stalking (Any)</p> <p><input type="checkbox"/> Theft (Any)</p> <p><input type="checkbox"/> Sexual Assault Adult Victim</p> <p><input type="checkbox"/> Violating Protective Order</p> <p>Incident Injuries Official Sources</p> <p><input type="checkbox"/> Broken Bones / Teeth</p> <p><input type="checkbox"/> Bruises / Abrasions</p> <p><input type="checkbox"/> Burns / Bites</p> <p><input type="checkbox"/> Chronic / Disabling</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Fear of Imminent Bodily Harm</p> <p><input type="checkbox"/> Gunshot / Knife Injuries</p> <p><input type="checkbox"/> Head / Spinal Injuries</p> <p><input type="checkbox"/> Internal Injuries</p> <p><input type="checkbox"/> No physical injury</p> <p><input type="checkbox"/> Injury, Type not Disclosed</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sprains / Back / Neck</p> <p><input type="checkbox"/> Strangulation</p> <p><input type="checkbox"/> Wounds / Puncture</p>		
Prepared By: _____ Reviewed By: _____ Review Date: _____			

When to Complete the Incident Report Form

When a new participant begins at this program, this form should be completed about the incident that caused the participant to enter the program.

If there was more than one incident that caused the participant to enter the program and they are of a different nature (different victims, different types of violence, etc.) then a form should be filled out for each incident.

Also, this form should be completed for incidents before intake that are significantly different from other ones, and relevant to the participant's work.

Also, this form should be filled out for all incidents, whether DV or simply criminal, that occur after intake in the program, so long as the participant is being tracked or still has some association with the program.

Incident Data Definitions—Filling out the form

This section is laid out in the same order as the form itself:

The form is titled "CDVSA Batterer's Intervention Program Incident Report". It contains the following sections and checkboxes:

- Referral:** Court, OCS, Reason: Self, Other, Other.
- Relationship:** Spouse, Other Romantic, Ex-Romantic, Friend, Child, Parent/Guardian, Sibling, Other.
- Types of Violence:** Threat, Physical, Sexual Abuse (Adult/Minor Victim), Stalking, Destruction, Other, Unknown.
- Alcohol Use:** Use of Alcohol, Negligence, Unknown.
- Drug Use:** Use of Drugs, No Drugs, Unknown if Drugs Used.
- Comments:** A large text area for additional information.

Large green arrows are overlaid on the form, pointing from the top left towards the 'Referral' section, and from the top right towards the 'Comments' section, indicating the order of data entry.

PARTICIPANT NAME and/or PARTICIPANT ID and/or APSIN ID

This line is for whatever identifier you use to identify your participant, in your files. If you haven't already, it is important to choose a system, document it in policies or procedures, and be consistent in its use. This information will help you find the participant in the database, but it is not entered again when entering an incident report into the database.

REFERRAL

If this incident is associated with the participant's entrance into the program, then in this section select why the participant had to enter the program. If there is no referral associated with this incident because for example this incident occurred while the participant was already enrolled in the program, then this section need not be filled out. If "other," write the referral source on the line provided.

PROGRAM NAME

Use an acronym for the program name, generally consisting of the first letter of each word in the program name. If there is a community and a prison program with the same name, then include the text “BIP” for community program, or “PBP” for prison program. Please be consistent in your usage.

DATE OF CONTACT

The date that this form was filled out. This information isn’t currently entered into the database.

INCIDENT DATE

Date of the incident. If there were multiple actual incidents, and only one form is being filled in about them since they were all similar, then put the date of the incident that resulted in legal/criminal action, or put the date of the most recent incident.

COURT CASE IDS

If there are court case IDs associated with this incident, then include them here.

RELATIONSHIP TO VICTIM

Indicate who the victim is in relationship to the participant. Please check only one. “Minor child” is for the offspring of the participant, or for any child that the participant had official or unofficial guardianship of at the time of the offense. Adult children should be recorded and specified in the “Other” category.

TYPES OF VIOLENCE PARTICIPANT COMMITTED

Select any acts of violence that the participant committed during this incident. If additional information is available, such as a police report, that discloses violence that the participant did not acknowledge, then rely on that information.

ALCOHOL ABUSE

Select one option for whether the client used alcohol at the time of the incident. Please don’t leave this section blank; select “Unknown” if alcohol use during the incident can’t be determined.

DRUG ABUSE

Select one option for whether the client used drugs at the time of the incident. Please don’t leave this section blank; select “Unknown” if drug use during the incident can’t be determined.

CHARGES

Select all crimes that the participant has been charged with in association with this incident. “Domestic Violence” is not a charge in itself, but a modifier to other charges. Please select the Domestic Violence option, if the domestic violence checkbox is selected in the participant’s court records. General information about crimes can be found in

<http://touchngo.com/lglcntr/akstats/Statutes/Title11/Chapter41.htm> and
<http://touchngo.com/lglcntr/akstats/Statutes/Title11/Chapter46.htm>

CONVICTIONS

Select all crimes that the participant has been convicted with in association with this incident. “Domestic Violence” is not a charge in itself, but a modifier to other charges. Please select the Domestic Violence option, if the domestic violence checkbox is selected in the participant’s court records.

INCIDENT INJURIES SELF-REPORT

Select all injuries that the victim suffered during the incident, according to the participant.

INCIDENT INJURIES OFFICIAL SOURCES

Select all injuries that the victim suffered during the incident, that can be found by official sources such as police reports and court records.

PREPARED BY, REVIEWED BY, REVIEW DATE

This section is included to improve data quality and facilitate good communication. The information is not currently directly entered into the database. This section is for the initials of whoever prepares the form, whoever reviews it, and the date of the review. It’s strongly recommended that all forms be checked for completeness and accuracy by someone other than the person who filled out the form, before being entered in the database, but this is not strictly required.

COMMENTS

This section is for any comments or clarification you would like to include. It is very important not to include any information that could compromise the confidentiality or safety of the participant’s victim(s) and/or partners.

The Monthly Services Report Form

Contents

This form contains a record of all services provided to or for the participant, during one month. Some items are included on this form that are not direct services, including unexcused absence, and discharge.

When to Complete the Monthly Services Form

This form should be completed monthly for each participant, for every month in which the participant receives a service, or in which there is a relevant change of participant status. This form should also be completed for participants who are children and infants. This form should also be completed for participants who receive services and choose to remain anonymous.

CDVSA Batterer's Intervention Program						Monthly Services Report																											
PROGRAM:			PARTICIPANT ID and/or APSIN and/or NAME:																														
Month/Year:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1. Session Attended																																	
2. Unexcused Absence																																	
3. Excused Absence																																	
4. Individual Meeting																																	
5. Referral / Service Coordination																																	
6. Lethality Assessment																																	
7. "Duty to Warn" Report Filed																																	
8. Follow Up Non-Completing Participant																																	
9. Post-Completion Follow Up																																	
10. Related Court Appearance																																	
11. Support Attendance																																	

	Date	(Explanation)	Date	(Explanation)	Date	(Explanation)	Notes/Comments:
Affidavit of Non-Compliance Filed (Outcome)		<input type="checkbox"/> Ordered Back to Program <input type="checkbox"/> Probation Extended <input type="checkbox"/> Bench Warrant <input type="checkbox"/> Jail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Action		<input type="checkbox"/> Ordered Back to Program <input type="checkbox"/> Probation Extended <input type="checkbox"/> Bench Warrant <input type="checkbox"/> Jail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Action		<input type="checkbox"/> Ordered Back to Program <input type="checkbox"/> Probation Extended <input type="checkbox"/> Bench Warrant <input type="checkbox"/> Jail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Action	
Discharged (Reason)		<input type="checkbox"/> Noncompliant <input type="checkbox"/> Program Completed <input type="checkbox"/> Moved <input type="checkbox"/> Other _____ <input type="checkbox"/> Deceased		<input type="checkbox"/> Noncompliant <input type="checkbox"/> Program Completed <input type="checkbox"/> Moved <input type="checkbox"/> Other _____ <input type="checkbox"/> Deceased		<input type="checkbox"/> Noncompliant <input type="checkbox"/> Program Completed <input type="checkbox"/> Moved <input type="checkbox"/> Other _____ <input type="checkbox"/> Deceased	Prepared By:
Intake		<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted		<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted		<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	Reviewed By: Review Date:
Other (Specify)							

Monthly Services Data Definitions—Filling out the form

The form is divided by dark borders into three sections.

Section One:

CDVSA Batterer’s Intervention Program		Monthly Services Report
PROGRAM:	PARTICIPANT ID and/or APSIN and/or NAME:	

PROGRAM NAME

Use an acronym for the program name, generally consisting of the first letter of each word in the program name. If there is a community and a prison program with the same name, then include the text “BIP” for community program, or “PBP” for prison program. Please be consistent in your usage.

PARTICIPANT NAME and/or PARTICIPANT ID and/or APSIN ID

This line is for whatever identifier you use to identify your participant, in your files. If you haven’t already, it is important to choose a system, document it in policies or procedures, and be consistent in its use. This information will help you find the participant in the database, but it is not entered again when entering a services report into the database.

Section Two:

Month/Year:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1. Session Attended																																
2. Unexcused Absence																																
3. Excused Absence																																
4. Individual Meeting																																
5. Referral / Service Coordination																																
6. Lethality Assessment																																
7. “Duty to Warn” Report Filed																																
8. Follow Up Non-Completing Participant																																
9. Post-Completion Follow Up																																
10. Related Court Appearance																																
11. Support Attendance																																

MONTH/YEAR

Enter the month and year of these services/events.

For each of the following eleven services, put a mark (tally, X, check, or anything else) in the appropriate row and column for any day where that service was provided. Each column represents a different day of the month. If a client receives the same service more than once in one day, it is ok to record both services (can put 2 tally’s, or 2 checks, or circle the X, or whatever system works best).

1. SESSION ATTENDED

Any class or group session attended. No distinction need be made for orientation or different phases of a program.

2. UNEXCUSED ABSENCE FROM SESSION

A session that is missed without prior arrangements made to allow the absence.

3. EXCUSED ABSENCE FROM SESSION

A session that is missed where prior arrangements have been made to allow the absence, or where an acceptable reason for the absence (for example a life-threatening emergency) is communicated.

4. INDIVIDUAL MEETING

Any one-on-one meeting with the participant following the initial intake assessment, outside of the class/group sessions.

5. REFERRAL/SERVICE COORDINATION

Any contact made with other service providers regarding other programs or services for the participant, either instead of or in addition to the battering program.

6. LETHALITY ASSESSMENT

A lethality assessment is an evaluation of the program participant's potential for causing physical injury to another person, considering many different factors. They are completed at intake and at intervals thereafter.

7. "DUTY TO WARN" REPORT FILED

Documented contacts made by program personnel to inform the requisite persons or organizations (victim/partner, police/troopers, sentencing court, victim shelter, prosecuting attorney) of any threats or acts of violation or violence by the participant.

8. FOLLOW-UP NON-COMPLETING PARTICIPANTS (*Recidivism Check*)

Contact by program personnel up to twelve months or more following the participant's exit from the program with the victim/partner, local shelter, law enforcement agencies and/or court, to determine if the former participant has committed more acts of violence.

9. POST COMPLETION FOLLOW UP (*Recidivism Check*)

Contact by program personnel up to twelve months or more following the participant's completion of the program with the victim/partner, local shelter, law enforcement agencies and/or court, to determine if the former participant has committed more acts of violence.

10. RELATED COURT APPEARANCE

Presence in court related to a client who is or was enrolled in the program.

11. SUPPORT ATTENDANCE

A participant who completed the program successfully attending a regular session, in support of the current participants.

Section Three:

In this section, the date of service is written in, and then a box is checked to provide further information on the nature or outcome of the service/event.

	Date	(Explanation)	Date	(Explanation)	Date	(Explanation)	Notes/Comments:
Affidavit of Non-Compliance Filed (Outcome)		<input type="checkbox"/> Ordered Back to Program <input type="checkbox"/> Probation Extended <input type="checkbox"/> Bench Warrant <input type="checkbox"/> Jail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Action		<input type="checkbox"/> Ordered Back to Program <input type="checkbox"/> Probation Extended <input type="checkbox"/> Bench Warrant <input type="checkbox"/> Jail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Action		<input type="checkbox"/> Ordered Back to Program <input type="checkbox"/> Probation Extended <input type="checkbox"/> Bench Warrant <input type="checkbox"/> Jail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Action	
Discharged (Reason)		<input type="checkbox"/> Noncompliant <input type="checkbox"/> Program Completed <input type="checkbox"/> Moved <input type="checkbox"/> Other _____ <input type="checkbox"/> Deceased		<input type="checkbox"/> Noncompliant <input type="checkbox"/> Program Completed <input type="checkbox"/> Moved <input type="checkbox"/> Other _____ <input type="checkbox"/> Deceased		<input type="checkbox"/> Noncompliant <input type="checkbox"/> Program Completed <input type="checkbox"/> Moved <input type="checkbox"/> Other _____ <input type="checkbox"/> Deceased	Prepared By:
Intake		<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted		<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted		<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted	Reviewed By: Review Date:
Other (Specify)							

AFFIDAVIT OF NON-COMPLIANCE FILED (OUTCOME)

When the prosecuting attorneys or court personnel are informed that an individual has not complied with the program. Check a checkbox to indicate what happened as a result of the filing.

DISCHARGED (REASON)

When the participant exits the program, write the date, and select the reason for the exit.

INTAKE

When the participant receives an intake assessment, write the date, and select whether the participant was accepted or not accepted into the program.

OTHER (SPECIFY)

Write in the date of any services that aren't included elsewhere on the form. Write in what specific service was provided.

NOTES/COMMENTS

This section is for any comments or clarification you would like to include. It is very important not to include any information that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

PREPARED BY, REVIEWED BY, REVIEW DATE

This section is included to improve data quality and facilitate good communication. The information is not currently directly entered into the database. This section is for the initials of whoever prepares the form, whoever reviews it, and the date of the review. It's strongly recommended that all forms be checked for completeness and accuracy by someone other than the person who filled out the form, before being entered in the database, but this is not strictly required.

Accessing the Database

Creating a User Account

Battering Intervention Programs will have at least one person who enters BIP data into the database. Access to the database requires new Users to setup a Domain Account sponsored by the Department of Public Safety (DPS). This is a multistep process requiring a fingerprint-based background check.

THIS THREE-STEP PROCESS INCLUDES:

1. Filling out the DPS Security Clearance form. The Security Clearance form is located in Appendix 1. Instructions for completing the Security Clearance form is located in Appendix 2. When completing the DPS Security Clearance Form:
 - a. Three lines are pre-filled and include the: Requesting Agency, Terminal Agency Coordinator, and Direct Access Reason
 - b. New Users will complete Line 2 [name of your agency] and Line 5 [name of the BIP agency staff person who is requesting access to the database]
 - c. Page 2 is completed by the BIP agency staff person requesting access to the database
2. Obtaining a DPS-approved fingerprint card. Approved locations for fingerprint background checks are located at <https://dps.alaska.gov/statewide/r-i/background/fingerprinters>
3. Mailing a completed clearance form and fingerprint card back to CDVSA. L. Diane Casto will sign and return to DPS Security:

CDVSA
PO Box 111200 Juneau,
Alaska 99811-1200
Attn: L. Diane Casto


Once this information is processed and approved, an account will be created with a username and added to the BIP database. CDVSA will contact the User with their login information and direct them to the support desk for their personal password. The support desk can be contacted at 907.269.5678.

If any Users (current or future) have issues with their account password, they can go to a self-service password resetting tool for DPS accounts at <https://passwordreset.dps.alaska.gov/>



Enter Your DPS Username

To reset your password and or unlock your account enter your DPS username and a confirmation code will be sent to the email associated with your account.

 DPS Username

Navigating to the Database

To access the database, open a browser such as internet explorer or google chrome, and type or paste this web address in the address bar:

<https://dps.alaska.gov/batterersintervention/>.

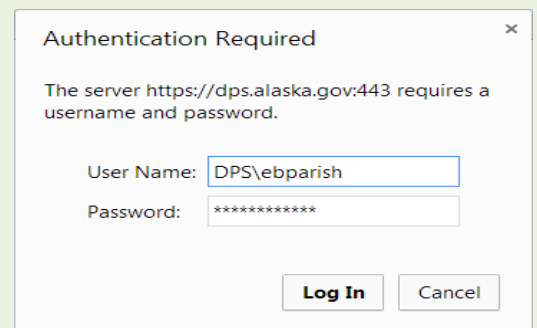


Logging into the Database

After navigating to the BIP database, you will be greeted by a login popup.

The ID will usually consist of the data enterer's first name, middle initial, and last name.

Once you've received a DPS ID and password, enter the text "DPS\" followed by the DPS ID in the "User Name" box, then enter your password and press the Log In button. This will bring you to the BIP database homepage which should look something like this:

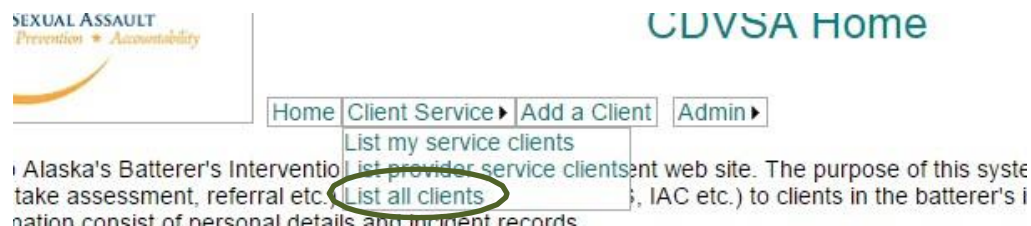


Participant Data in the Database

Finding a Client

1) Before creating a new record for a client, it's important to be sure that the client doesn't already have a record in the BIP database. A client may already have a record because he was previously associated with your program, or with another program in Alaska. It's very important to search for each client before you create a new participant information record.

To search for a client, hover your mouse over the blue-green text on the BIP homepage that says "Client Service". From the drop-down menu that appears, select "List all clients"

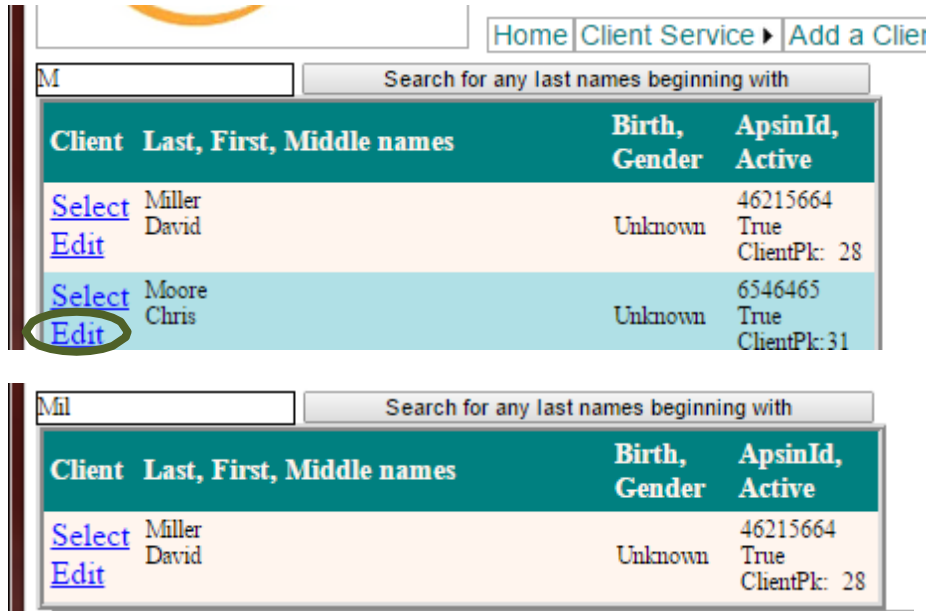


A list of clients, organized by last name should appear:

The screenshot shows the 'List all clients' page. At the top left is the logo for 'Safety * Prevention * Accountability'. At the top right is the text 'CLIENT SERVICE'. Below the logo is a navigation bar with buttons for 'Home', 'Client Service', 'Add a Client', and 'Admin'. Below the navigation bar is a search box with the text 'Search for any last names beginning with'. Below the search box is a table of client information. The table has four columns: 'Client Last, First, Middle names', 'Birth, Gender', and 'ApsinId, Active'. The table contains 10 rows of client data, each with 'Select' and 'Edit' links to the left of the name.

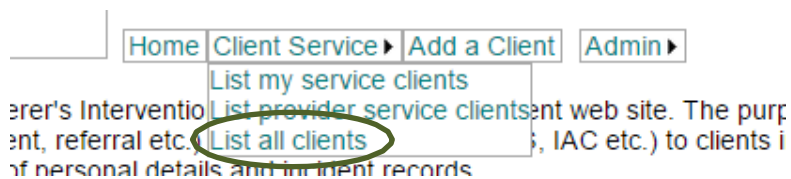
Client Last, First, Middle names	Birth, Gender	ApsinId, Active
Select Edit Anderson Richard Jay	Unknown	654654 True ClientPk:35
Select Edit Davis Brian Lee	Unknown	45621 True ClientPk:33
Select Edit Johnson William Lee	Unknown	6546354 True ClientPk:32
Select Edit Jones John	Unknown	56432465 True ClientPk: 29
Select Edit Miller David	Unknown	46215664 True ClientPk: 28
Select Edit Moore Chris	Unknown	6546465 True ClientPk:31
Select Edit Smith Michael	Unknown	asdfsaf True ClientPk:27
Select Edit Taylor James Thomas	Unknown	4654654 True ClientPk:34
Select Edit Test Tester	12/12/1970 Unknown	No APSIN True ClientPk: 25
Select Edit Wilson Robert	Unknown	65324654 True ClientPk: 30

From here, you can scroll through the list and look for your client. You can also type in the first letter or part of your client's last name, in order to shorten the list that you need to look at:



If your new client is not on this list, then you will need to create a new client record (see step 2 below). If your new client is on the list, then click [Edit](#) to review and edit the Participant Information data, or to review old incidents and add a new incident. [Select](#) will enable you to review or add service data.

2) If your client's participant information is already in the database, and you would like to edit or enter new data, then the first step is also to find your client's record. If the client does not yet have any services recorded with your BIP, then you will need to start by hovering your mouse over the blue-green text on the BIP homepages that says "Client Service", and then selecting "List all clients" from the dropdown menu that appears.



However, if the participant already has services from your program saved in the database, then you can instead select "List my service clients" or "List provider service clients" in order to get a shorter list to choose from:



A list of your clients or your program's clients should appear, organized by last name, and from there you can find the client you are looking for. You can search by the first letter or part of your client's last name, in order to shorten the list of people that you need to look at (see page 19).

Client	Last, First, Middle names	Birth, Gender	ApsinId, Active
Select	Anderson		654654
Edit	Richard Jay	Unknown	True ClientPk:35
Select	Davis		45621
Edit	Brian Lee	Unknown	True ClientPk:33
Select	Johnson		6546354
Edit	William Lee	Unknown	True ClientPk:32
Select	Jones		56432465

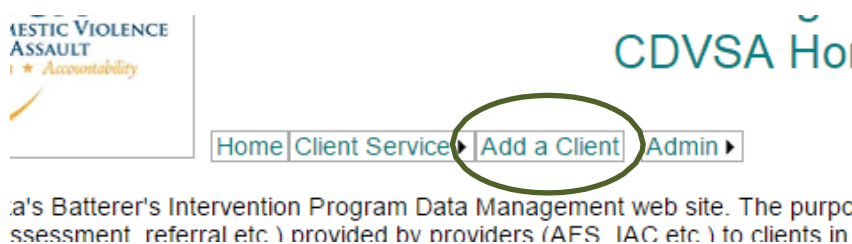
Click the text [Edit](#), next to the client's name, in order to edit the Participant Information data. The [Edit](#) button will also enable you to add new Incident data, and [Select](#) will enable you to review or add new service data.

Creating a New Client Record

Every client who's getting services from your BIP will need to have a record in the Participant Information section of the database.

If you have already checked the database for your client's participant information, and your client is not there, then you will need to create a new client record.

A record can be created for a new client by clicking on the blue-green text "[Add a Client](#)" on the home page of the BIP database website.



This will take you to the **Client** information screen, where information about the client can be entered.

Entering Participant Data

After you've created a new client, you'll see a page that looks somewhat like this:

The screenshot shows a web-based form for entering client data. The form is titled "Client" and is part of a system for "Batterer's Intervention Data Management". The form includes the following sections:

- Personal Information:** Last Name, First Name, Middle Name, Birth Date, Gender (Male, Female, Unknown).
- Races:** Alaska Native, American Indian, Asian, Black, Hispanic, Other (checked), Pacific Islander, White.
- Childhood Traumas:** Physically Abused as a Child, Sexually Abused as a Child, Parents in Abuse Relationship, Past Abuse, Type Unknown, No Past Abuse, Unknown, Other Abuse (see comment).
- Past Intervention:** Anger Management, BIP Community Based, BIP Prison Based, Jail Time, Mental Health/Psychiatric, Substance Abuse, No Intervention, Unknown, Other (see comment).
- Violence Committed Before First Incident:** Destruction Pets/Property, Physical Force/Violence, Sexual Assault Adult, Sex Abuse Minor, Threats of Violence, Weapons Used, No Prior Violence, Unknown, Other (see comment).
- Previous Violence Conviction:** (checkbox).
- Alcohol Problems:** Alcohol Yes, Alcohol No, Alcohol Unknown.
- Drug Problems:** Drugs Yes, Drugs No, Drugs Unknown.
- Other Fields:** Apsin Id, Active (checked), Comment.

Navigation links include "Add Cancel" at the top and bottom of the form, and "Home", "Client Service", "Add a Client", and "Admin" in the top right.

The data for the called **Client** data entry area corresponds with the **Participant Information Report** form (see page 5 of this document)

The only field that's included here and not on the form, is the "Active:" checkbox. This checkbox can remain checked so long as the client is part of a battering's intervention program, or is still being monitored by one.

Please enter some data for every section on this page. Sections are distinguished by the aqua and beige color bands. The only sections that can normally be left blank are "Middle Name", if the client has no middle name, and "Comment:", if you have no comments about the client. Please be sure that comments don't include information that could compromise the confidentiality or safety of the client's victim(s) and/or partners.

If you have selected "Other" for any of the sections, please describe it in the Comments section.

At the **very** beginning of the process of getting your program set up with this database, you may want to enter service data for a client who's continuing in the program, without entering full participant data for him at the same time. So long as this is a temporary measure, only to enable prompt entry of service data, you can temporarily only fill out "First Name", "Last Name", and "APSIN Id", for certain continuing clients, as needed. At a later date, full data entry should be completed for continuing clients.

"First Name", "Last Name", and "APSIN Id" are the only three fields that you cannot save a new client record without.

Once you've entered all the data for this page, click the **"Add"** button at the top or bottom of the data entry area. You can tell that you've successfully added this new client if an incident data entry area appears to the right of the participant data entry area.

Once you've successfully added a new client, you should also be able to find him when you click on the **"Client Service"** button on the database homepage.

Editing Participant Data

In order to edit a client's participant data, you will first navigate to it using the instructions that start in the middle of page 19. From the list of clients, click on the text [Edit](#), next to the client's name.

Client	Last, First, Middle names	Birth, Gender	ApsinId, Active
Select Edit	Anderson Richard Jay	Unknown	654654 True ClientPk:35
Select Edit	Davis Brian Lee	Unknown	45621 True ClientPk:33

You will find yourself on a page that looks somewhat like this:

The screenshot shows a web application interface for editing a client. At the top, there is a navigation bar with "Home", "Client Service", "Add a Client", and "Admin". The main content area is divided into two sections: "Client" and "Client Incident". The "Client" section contains fields for "Last Name: Walton", "First Name: Eric", "Middle Name: Zechariah", and "Birth Date:". Below these are radio buttons for "Gender" (Male, Female, Unknown) and a list of "Races" (Alaska Native, American Indian, Asian, Black, Hispanic, Other, Pacific Islander, White). The "Client Incident" section contains a date field for "Incident Date:" and radio buttons for "Referral" (Court, OCS, Other, Self) and "Relationship to Victims" (Spouse, Ex-Spouse, Romantic Partner/Dating, Ex-Romantic Partner, Parent/Guardian, Minor Child, Sibling). A "No Client Incidents" message is displayed at the top of the incident section.

In order to edit the data for the client you've selected, once again click the text that says "[Edit](#)" in the **Client** information area:

This is a close-up view of the "Client" section from the previous screenshot. The "Edit" button is circled in green. The fields for "Last Name: Walton", "First Name: Eric", "Middle Name: Zechariah", and "Birth Date:" are visible. The "Gender" radio buttons are also visible, with "Male" selected.

This will allow you to change any data in the **Client** area. Keep in mind that all sections should be filled out if possible, and APSIN ID is mandatory. Once you've finished modifying the data, be sure to select "[Update](#)", in order to save the it. If you don't select "[Update](#)" then your changes will not be saved.

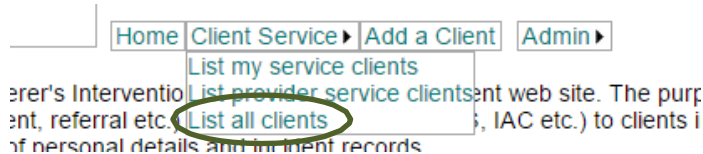
This is a close-up view of the "Client" section, showing the "Update" button circled in green. The fields for "Last Name: Johnson", "First Name: William", and "Middle Name: Lee" are visible. The "Birth Date:" field is empty.

Incident Data in the Database

Finding Your Client

In order to add or edit incident data, the first step is to navigate to the client whose incident you want to enter.

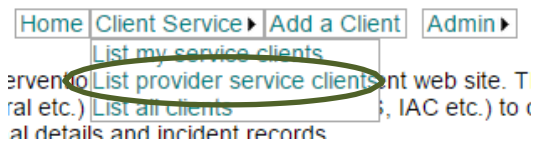
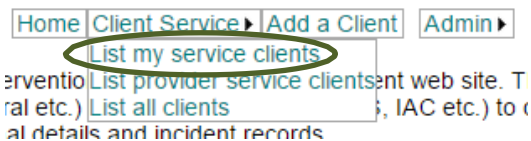
If the client does not yet have any services recorded with your BIP, then you will need to start by hovering your mouse over the blue-green text on the BIP homepages that says “Client Service”, and then select “List all clients” from the dropdown menu that appears.



However, if the participant already has services from your program saved in the database, then you can instead select “List my service clients” or List provider service clients” in order to get a shorter list to choose from.

CDVS/

CDVS/



A list of your clients or your program’s clients should appear, organized by last name, and from there you can find the client you are looking for. You can search by the first letter or part of your client’s last name, in order to shorten the list of people that you need to look at (see page 19)

Client	Last, First, Middle names	Birth, Gender	ApsinId, Active
Select	Anderson		654654
Edit	Richard Day	Unknown	True ClientPk:35
Select	Davis		45621
Edit	Brian Lee	Unknown	True ClientPk:33
Select	Johnson		6546354
Edit	William Lee	Unknown	True ClientPk:32
Select	Jones		56432465

Click the text “Edit”, next to the client’s name, in order to edit or add to the client’s Incident Data.

Entering a New Incident

Once you've clicked on the text "[Edit](#)", you should be taken to a page that has three areas, a **Client** area on the left, for Participant Information, a list of incidents associated with the client in the upper right, and a **Client Incident** area on the right below the list of incidents, for data from the **Incident Report form** (see page 9 of this document).

**Battered's Intervention Program
Data Management
Client Edit**

Home | Client Service | Add a Client | Admin | DPS\ebparish

Client	
Edit Add Delete	
Last Name:	testing1
First Name:	testing1
Middle Name:	
Birth Date:	1/1/1920
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Unknown
Races:	<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White
Childhood Traumas:	<input type="checkbox"/> Abused as a Child <input type="checkbox"/> No Abusive Relation <input checked="" type="checkbox"/> Other Abusive Relation <input type="checkbox"/> Parents in Abusive Relation <input type="checkbox"/> Sexually Abused as a Child <input type="checkbox"/> Unknown Abusive Relation
Post	<input type="checkbox"/> Anger Management <input type="checkbox"/> Community Program <input type="checkbox"/> DOC Program <input checked="" type="checkbox"/> Jail Time

Incident Date:	Referral	Cd	PK
Select	1/1/1920	Other	OT 20

Client Incident

[Add](#) [Cancel](#)

Incident Date:

Referral:
 Court
 OCS
 Other
 Self

Relationship to Victims:
 Child
 Dating Relationship
 Ex-Spouse or Relationship Partner
 Friend
 Other
 Parent
 Relative
 Sibling
 Spouse

Violence Committed:
 Destructive Property
 Other
 Physical
 SAM
 Sexual Assault
 Threats
 Unknown
 Unknown

To create a new incident, start entering the data from your Incident Report form in the **Client Incident** area.

Please try to enter some data for every section on this page. Sections are distinguished by the aqua and beige color bands. If you select "Other" for any of the sections, please describe it in the "**Comments:**" section at the bottom.

You may also keep any other notes you'd like to in the "**Comment:**" section. It's very important not to include any information in the comments that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

The only incident information that the database itself requires is an incident date, but there will probably never be a reason for entering a date without the corresponding incident information.

When you're finished entering data for the new incident, click on the [Add](#) button at the top or bottom of the **Client Incident** section. If you don't select [Add](#) then your new incident will not be saved.

Editing Incident Data

Navigate to your client, using the instructions on page 23 if needed.

Once you've clicked on the text "[Edit](#)" in order to select your client, you should be taken to a page that has three areas, a **Client** area on the left, for Participant Information, a **list of incidents associated with the client in the upper right**, and a **Client Incident** area on the right below the list of incidents.

Home Client Service Add a Client Admin

DPSlebparish

Client
[Edit](#) [Add](#) [Delete](#)
Last Name: testing1
First Name: testing1
Middle Name:
Birth Date: 1/1/1920
Gender: Male Female Unknown
 Alaska Native
 American Indian

Incident Date:	Referral	Cd	PK
Select 1/1/1920	Other	OT	20

Client Incident
[Add](#) [Cancel](#)
Incident Date:
Referral: Court OCS Other Self

Find the incident you would like to edit, and click "[Select](#)" next to that incident.

Now you can edit the incident data.

Once you've finished modifying the data, be sure to select "[Update](#)", in order to save it. If you don't select "[Update](#)" then your changes will not be saved.

Home Client Service Add a Client Admin

DPSlebparish

Client
[Edit](#) [Add](#) [Delete](#)
Last Name: Johnson
First Name: William
Middle Name: Lee
Birth Date:
Gender: Male Female Unknown
 Alaska Native
 American Indian
 Asian
 Black
 Hispanic
 Other
 Pacific Islander
 White
Childhood Traumas: Physically Abused as a Child Sexually Abused as a Child Parents in Abuse Relationship Past Abuse, Type Unknown No Past Abuse Unknown

Incident Date:	Referral	Cd	PK
Select 1/1/2004	Other	OT	21

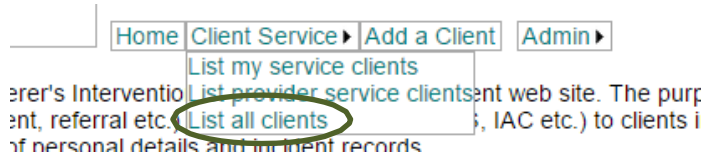
Client Incident
[Update](#) [Cancel](#)
Incident Date: 1/1/2004
Referral: Court No New Referral OCS Other Self
Relationship to Victims: Spouse Ex-Spouse Romantic Partner/Dating Ex-Romantic Partner Parent / Guardian Minor Child Sibling Other Relative Friend Other (see comment) Destruction Pets/Property

Services Data in the Database

Finding Your Client

In order to add or edit services data, the first step is to navigate to the client whose services you want to enter.

If the client does not yet have any services recorded with your BIP, then you will need to start by hovering your mouse over the blue-green text on the BIP homepages that says “Client Service”, and then select “List all clients” from the dropdown menu that appears.



However, if the client already has services from your program saved in the database, then you can instead select “List my service clients” or “List provider service clients” in order to get a shorter list to choose from.



A list of your clients or your program’s clients should appear, organized by last name, and from there you can find the client you are looking for. You can search by the first letter or part of your client’s last name, in order to shorten the list of people that you need to look at (see page 19)

Client Last, First, Middle names	Birth, Gender	ApsinId, Active
Select Anderson Edit Richard Jay	Unknown	654654 True ClientPk:35
Select Lewis Edit Brian Lee	Unknown	45621 True ClientPk:33
Select Johnson Edit William Lee	Unknown	6546354 True ClientPk:32
Select Jones		56432465

Click the text “Select”, next to the client’s name, in order to edit or add to the client’s Services Data.

Entering a Service

Once you've clicked on the text "[Select](#)", the name of your client should become highlighted in red and italicized. Also, at the top right, the **Client Service** data entry area should appear, and a list of services that the client has received should appear below this.

CDVSA
COUNCIL ON DOMESTIC VIOLENCE & SEXUAL ASSAULT
Safety • Prevention • Accountability

Battered's Intervention Program
Data Management
Client Services

Home | Client Service | Add a Client | Admin | DPS/ebparish

Search for any last names beginning with

Client	Last, First, Middle names	Birth, Gender	ApsinId, Active
Select	Anderson Richard Jay	Unknown	True ClientPk: 35
Edit			
Select	Davis Brian Lee	Unknown	45621 True ClientPk: 33
Edit			
Select	<i>Johnson William Lee</i>	<i>Unknown</i>	<i>6546354 True ClientPk: 32</i>
Edit			
Select	Jones John	Unknown	56432465 True ClientPk: 29
Edit			
Select	Miller David	Unknown	46215664 True ClientPk: 28
Edit			
Select	Moore Chris	Unknown	6546465 False ClientPk: 31
Edit			
Select	Smith Michael	Unknown	asdfaf True ClientPk: 27
Edit			
Select	Taylor James Thomas	Unknown	4654654 True ClientPk: 34
Edit			
Select	Test Tester	12/12/1970 Unknown	No APSIN True ClientPk: 25
Edit			
Select	Walton Eric Zechariah	Unknown	False ClientPk: 36
Edit			
Select	Wilson Robert	Unknown	65324654 True ClientPk: 30
Edit			

Client Service

[Add](#) [Cancel](#)

Service Date:

Service Type:

- Session Attended
- Unexcused Absense
- Excused Absense
- Individual Meeting
- Referral Service Coordination
- Lethality Assessment
- Duty to Warn Report
- Follow Up: Non-Compliance
- Post Completion Follow Up
- Related Court Appearance
- Support Attendance
- Affidavit of Non-Compliance: Ordered Back to Program
- Affidavit of Non-Compliance: Probation Extended
- Affidavit of Non-Compliance: Bench Warrant
- Affidavit of Non-Compliance: Jail
- Affidavit of Non-Compliance: Other (see comment)
- Affidavit of Non-Compliance: No Action
- Discharged: Program Completed
- Discharged: Non-Compliant
- Discharged: Moved
- Discharged: Other (see comment)
- Discharged: Deceased
- Intake: Accepted
- Intake: Not Accepted
- Other (see comment)

Provider:

- AWARE - Community - Juneau Choice and Accountability Program
- Aubrey Raby
- Bahiyih Parish
- Barbara Waters

Counselor:

- Brenda Stanfill
- Joel Garcia
- Mandy O'Neal Cole
- Mark Green

Comment:

[Add](#) [Cancel](#)

Service Date, Type, Provider	ServicePk ClientPk
11/13/2014 Affidavit of Non-Compliance: Ordered Back to Program	80 32
Select	
AWARE - Community - Juneau Choice and Accountability Program	
11/13/2014 Support Attendance	81 32
Select	
AWARE - Community - Juneau Choice and Accountability Program	Comment

Department of Public Safety | Site Map | Privacy Policy | Contact Us

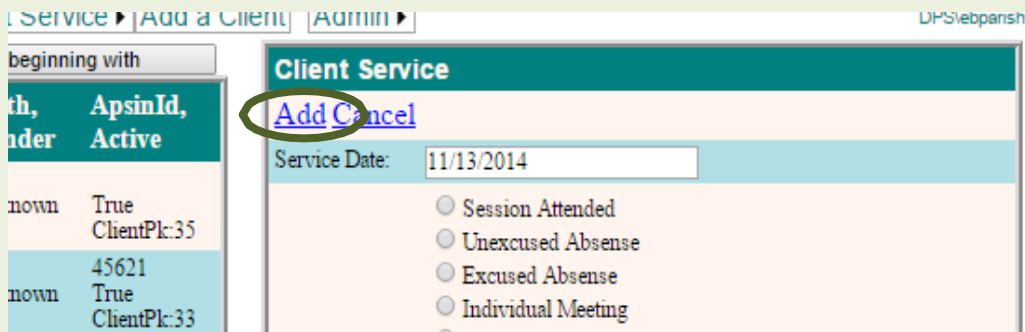
Data for this area is entered slightly differently from the other two forms. Every service that's on a client's **Monthly Services Report** gets a different record. So for every service provided, you will add and save a new record, each with its own date. Some people may find that it's easiest to enter services data on the day that the service was provided.

To create a new service, choose what piece of data you'd like to enter from the Monthly Services Report form. If necessary, change the service date to reflect the date that the service was provided. Check the appropriate box for the service, in the "Service Type:" section.

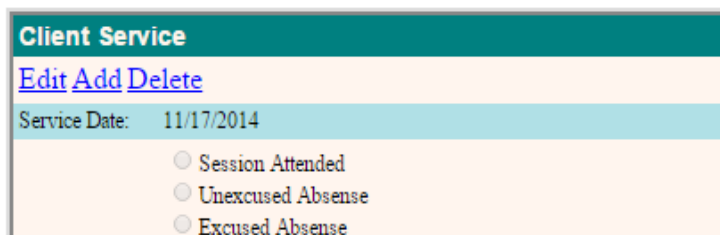
You shouldn't need to change the "Provider:" section. Contact the CDVSA's Research Analyst if the "Provider:" section is not correct. You may want to change or add to the selection in the "Counselor:" section, in order to accurately reflect who provided the service.

If you selected "Other", then please explain what the service is in the "Comment:" section. You may also use the "Comment:" section for any other notes you'd like to keep in the database. It's very important not to include any information in the comments that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

Once you've made the appropriate selections, click on the [Add](#) button at the top or bottom of the **Client Service** section. If you don't select [Add](#) then your new service will not be saved.



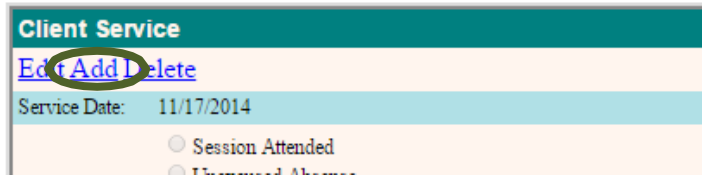
Repeat this process for each service on your Monthly Services Report. If you find that you can't edit the date in the client service section, that means you have a service already selected:



You can see which service is selected by finding the service in the list below that is highlighted in red and italicized:

Service Date, Type, Provider	ServicePk ClientPk
<i>11/17/2014 Related Court Appearance AWARE - Community - Juneau Choice and Accountability Program</i>	<i>85 28</i>
Select	
11/13/2014 Related Court Appearance AWARE - Community - Juneau Choice and Accountability Program	84 28
Select	

Select Add from the **Client Service** section, in order to be able to enter new services again:



Safety Checks

The **Client Service** data entry area includes an option for recording victim Safety Checks. Alaska regulations require that BIPs ensure that regular victim safety checks are made and reviewed (see [22 AAC 25.030 \(a\)\(1\)\(H\)](#)).

A safety check is verified contact made with the program participant's victim and/or partner regarding safety issues. Such contact may be via telephone or in person. It's not specified whether the battering's program staff should execute the safety checks, or whether the local victim service program should.

The safety check option has been included in the database in case your program finds it useful to track them with this tool. Using the BIP database to track safety checks is **not** required, but some method of safety check tracking or verification is required. Records of victim safety checks must maintain victim confidentiality ([22 AAC 25.050\(b\)](#)).

Editing Service Data

Navigate to your client, using the instructions on page 26 if needed.

Once you've clicked on the text "[Select](#)", the **Client Service** data entry area should appear in the top right, and a list of services that the client has received should appear below this:

Client	Last, First, Middle names	Birth, Gender	ApsinId, Active
Select Edit	Anderson Richard Jay	Unknown	True ClientPk: 35
Select Edit	Davis Brian Lee	Unknown	45621 True ClientPk: 33
Select Edit	Wilson William Lee	Unknown	6546354 True ClientPk: 32
Select Edit	Jones John	Unknown	56432465 True ClientPk: 29
Select Edit	Miller David	Unknown	46215664 True ClientPk: 28
Select Edit	Moore Chris	Unknown	6546465 False ClientPk: 31
Select Edit	Smith Michael	Unknown	asdfsaf True ClientPk: 27
Select Edit	Taylor James Thomas	Unknown	4654654 True ClientPk: 34
Select Edit	Test Tester	12/12/1970 Unknown	No APSIN True ClientPk: 25
Select Edit	Walton Eric Zechariah	Unknown	False ClientPk: 36
Select Edit	Wilson Robert	Unknown	65324654 True ClientPk: 30

Client Service

[Add](#) [Cancel](#)

Service Date:

Session Attended
 Unexcused Absense
 Excused Absense
 Individual Meeting
 Referral/Service Coordination
 Lethality Assessment
 Duty to Warn Report
 Follow Up: Non-Compliance
 Post Completion Follow Up
 Related Court Appearance
 Support Attendance
 Affidavit of Non-Compliance: Ordered Back to Program
 Affidavit of Non-Compliance: Probation Extended
 Affidavit of Non-Compliance: Bench Warrant
 Affidavit of Non-Compliance: Jail
 Affidavit of Non-Compliance: Other (see comment)
 Affidavit of Non-Compliance: No Action
 Discharged: Program Completed
 Discharged: Non-Compliant
 Discharged: Moved
 Discharged: Other (see comment)
 Discharged: Deceased
 Intake: Accepted
 Intake: Not Accepted
 Other (see comment)

Provider: AWARE - Community - Juneau Choice and Accountability Program

Counselor:
 Aubrey Raby
 Bahiyiyh Parish
 Barbara Waters
 Brenda Stanfill
 Joel Garcia
 Mandy O'Neal Cole
 Mark Green

Comment:

[Add](#) [Cancel](#)

Service Date, Type, Provider	ServicePk ClientPk
Select 11/13/2014 Affidavit of Non-Compliance: Ordered Back to Program AWARE - Community - Juneau Choice and Accountability Program	80 32
Select 11/13/2014 Support Attendance AWARE - Community - Juneau Choice and Accountability Program	81 32 Comment
Select 11/13/2014 Lethality Assessment AWARE - Community - Juneau Choice and Accountability Program	82 32
Select 11/13/2014 Lethality Assessment AWARE - Community - Juneau Choice and Accountability Program	83 32

In order to select the service you would like to modify, click on the text "[Select](#)" next to that service in the service list.

The service you selected from the list should become red and italicized, and you will be able to edit it in the **Client Service** data entry area.

	Service Date, Type, Provider	ServicePk ClientPk
	11/13/2014	80
Select	<i>Affidavit of Non-Compliance: Ordered Back to Program</i>	32
	<i>AWARE - Community - Juneau Choice and Accountability Program</i>	
	11/13/2014	81
Select	Support Attendance	32
	AWARE - Community - Juneau Choice and Accountability	Comment

Once you've made the changes to the service that you'd like to make, be sure to select "[Update](#)" from the **Client Service** data entry area, in order to save the changes. If you don't select "[Update](#)" then your changes will not be saved.

The screenshot shows a web application interface for 'Client Service'. At the top, there are navigation tabs: 'Home', 'Client Service', 'Add a Client', and 'Admin'. A search bar is present with the text 'Search for any last names beginning with'. Below this is a table of clients with columns for 'Client', 'Last, First, Middle names', 'Birth, Gender', and 'ApsinId, Active'. The table lists three clients: Anderson Richard Jay, Davis Brian Lee, and Johnson. The 'Update' button in the 'Client Service' panel is circled in green.

Client	Last, First, Middle names	Birth, Gender	ApsinId, Active
Select	Anderson Richard Jay	Unknown	True ClientPk:35
Select	Davis Brian Lee	Unknown	45621 True ClientPk:33
Select	Johnson		6546354

Client Service

[Update](#) [Cancel](#)

Service Date: 11/13/2014

- Session Attended
- Unexcused Absense
- Excused Absense
- Individual Meeting
- Referral/Service Coordination

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATEWIDE SERVICES
PERSONNEL SECURITY CLEARANCE FORM AND USER AGREEMENT** rev 2/2018

REQUESTING AGENCY SECTION:

Requesting Agency: _____

If the agency is requesting a clearance for a contractor, vendor, or non-criminal justice employee, list the name of the person's employer: _____

Terminal Agency Coordinator (TAC): _____

If the agency does not have a TAC, list the agency supervisor's name, phone number, and e-mail address: _____

Name of Person for Whom Access is Requested: _____

Type of Access (check all that are necessary to complete job requirements):

___ Unescorted Building Access and Key Card (DPS Only).

Location/Address: _____

___ Unescorted Building Access with Photo ID Key Card (DPS Only).

Location/Address: _____

___ Unescorted Building/Agency Access Only.

Agency/Location: _____

___ Direct Access to (do not check items that the applicant currently has access to):

Alaska Public Safety Information Network (APSIN)

Alaska Records Management System (ARMS)

Traffic and Criminal Software (TraCs)

DPS Virtual Private Network (VPN)

Reason VPN Required: _____

Report Manager

List Which Folders/Reports _____

Livescan

Felony Sex Offense Database

Other (please describe): _____

I certify that the above information is accurate and the requested access is necessary for the applicant to complete their assigned duties. I will review this person's access annually, ensure appropriate training and certification is completed, and will notify the CJIS Programs Unit when the above requested access is no longer required and/or authorized for this person.

TAC/Agency Supervisor's Signature: _____ Date: _____

Please send completed forms to:

Mail: Department of Public Safety, CJIS Programs Unit-Security, 5700 E Tudor Road, Anchorage, AK 99507

Fax: (907) 338-1051

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATEWIDE SERVICES
PERSONNEL SECURITY CLEARANCE FORM AND USER AGREEMENT** rev 2/2018

APPLICANT SECTION:

Name: _____
(Last) (First) (Middle) (Suffix)

Date of Birth: ____ \ ____ \ ____ Sex: ____ Driver's License Number: _____ State: ____
(MM) (DD) (YYYY) (M / F)

Job Title: _____ Agency _____ City _____

E-Mail: _____

One Legible Fingerprint Card** Included: Yes No (Application cannot be processed) Already on file***

***Client number on card should be 4003 for Direct APSIN/ARMS Access; 4156 for Building or Non-Direct System Access*

****Fingerprint cards already on file with DPS for current CJIS clearance; this request is for additional system access*

ACCESS AGREEMENT

I understand that by executing this request, I am agreeing that an investigation into my criminal background, including a search of the Alaska Public Safety Information Network (APSIN), the national criminal history repository, other state criminal history repositories, and the National Crime Information Center (NCIC) will be conducted. I understand that I will be required to submit my fingerprints in connection with this request, and that the results of the investigation will be released to the Department of Public Safety (DPS) Criminal Justice Information Services (CJIS) Programs Unit and the person requesting this clearance on my behalf for use in determining approval, denial, or appeal of the security clearance.

I hereby certify that I am familiar with the contents of (1) the Federal Bureau of Investigation (FBI) CJIS Security Policy; (2) Alaska Statute 12.62; (3) Alaska Administrative Code (AAC) 13 AAC 68.300-345; and the (4) CJIS Systems Agency (CSA) Security Policy, and agree to be bound by their provisions. The Department of Public Safety is the CSA for Alaska. I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which the agency has been authorized. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of direct or indirect access for a purpose other than that directly authorized, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating, or re-disseminating the information received for another purpose other than what is authorized also constitutes misuse. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes. In addition to any criminal, civil, or employee disciplinary actions that may result from such misuse, if I am found to have violated this agreement, DPS will revoke my security clearance. DPS may consider reinstatement of the clearance upon receipt of the completed Reinstatement Request form and completion of remedial training. DPS reserves the right to permanently revoke my security clearance.

I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of APSIN or the computer networks that interface with APSIN may threaten the security of these systems. I will not disclose information about the security measures, access and/or operating procedures, equipment, or programs without specific authorization from the DPS CJIS Systems Officer (CSO). I understand that biennial Security Awareness training will have to be completed to maintain a clearance, and that initial training must be completed within six (6) weeks of receiving this security clearance. Security Awareness training is incorporated into the certification exam for direct access users which also requires biennial training/certification and must be completed within six (6) weeks of receiving access codes.

Direct Access Accounts Only: If issued a User ID and password, I will not share the password with anyone. I understand that DPS will maintain a record of all direct access account activity for three years; that this record may be used to audit my use of the system(s) at any time; and that this record may be released to my employer for an administrative investigation and/or to a law enforcement agency for a criminal investigation.

I have read, understand, and agree to abide by the terms of this agreement for physical or logical access to the aforementioned criminal justice systems or for access to buildings or computer networks processing CJJ from these systems.

Applicant Signature: _____

Date: _____

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATEWIDE SERVICES
PERSONNEL SECURITY CLEARANCE FORM AND USER AGREEMENT rev 10/2015

REQUESTING AGENCY SECTION:

Requesting Agency: Winterfell Police Department

If the agency is requesting a clearance for a contractor, vendor, or non-criminal justice employee, list the name of the person's employer: _____

Terminal Agency Coordinator (TAC): Jack Frost

If the agency does not have a TAC, list the agency supervisor's name, phone number, and e-mail address: _____

Name of Person for Whom Access is Requested: Frosty Snowman

Type of Access (check all that are necessary to complete job requirements):

- Unescorted Building Access and Key Card (DPS Only).
Location/Address: _____
- Unescorted Building Access with Photo ID Key Card (DPS Only).
Location/Address: _____
- Unescorted Building/Agency Access Only.
Agency/Location: _____
- Direct Access to (do not check items that the applicant currently has access to):
 - Alaska Public Safety Information Network (APSIN)
 - Alaska Records Management System (ARMS)
 - Traffic and Criminal Software (TraCs)
 - DPS Virtual Private Network (VPN)
Reason VPN Required: _____
 - Report Manager
List Which Folders/Reports: _____
 - Livescan
 - Felony Sex Offense Database
 - Other (please describe): _____

I certify that the above information is accurate and the requested access is necessary for the applicant to complete their assigned duties. I will review this person's access annually, ensure appropriate training and certification is completed, and will notify the APSIN Security Team when the above requested access is no longer required and/or authorized for this person.

TAC/Agency Supervisor's Signature: _____ Date: _____

Please send completed forms to:

Mail: APSIN Security Officer, Records & Identification Bureau, 5700 E Tudor Road, Anchorage, AK 99507
Fax: (907) 338-1051

Your agency's name. Please spell out the name how it is shown here.

If a contractor, vendor, or non-criminal justice employee, enter their company name.

Name of the TAC or Alt TAC who is filling out this form.
Please write name legibly.

Name of Person who needs the access.
Please write name legibly.

What of type of access is this person needing?
Check only one.
DPS Only: Unescorted Access and key card for the building. List which AST building.
DPS Only: Unescorted Access and obtain a photo ID key card for the building. List which AST building.
Unescorted Access into your agency's building.

Access to any of the CJJ Systems and Data.
Check all that the person needs.

If a contractor, vendor, or non-criminal justice employee, write in what their job is; IT Database manager, janitorial, IT for CAD, etc.

TAC or the Agency Supervisor must sign and date this page.

This page will be returned to the TAC if not signed which will result in further delays of the request.

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATEWIDE SERVICES
PERSONNEL SECURITY CLEARANCE FORM AND USER AGREEMENT rev 10/2015

APPLICANT SECTION:

Name: Snowman Frosty
(Last) (First) (Middle) (Suffix)

Date of Birth: 6 15 1980 Sex: M Driver's License Number: S1234569 State: OR
(MM) (DD) (YYYY) (M / F)

Job Title: Administrative Assistant Agency: Winterfell Police Department City: Anchorage

E-Mail: FROSTY.SNOWMAN@WINTERFELLPD.COM

One Legible Fingerprint Card** Included: Yes No (Application cannot be processed) Already on file***

**Client number on card should be 400 for Direct APSIN/ARMS Access; 4156 for Building or Non-Direct System Access
***Fingerprint cards already on file with DPS for current APSIN clearance; this request is for additional system access

ACCESS AGREEMENT

I understand that by executing this request, I am agreeing that an investigation into my background, including the search of Alaska Public Safety Information Network (APSIN) and National Crime Information Center (NCIC) will be conducted. I understand that I will be required to submit my fingerprints in connection with this request. I understand that the results of the investigation will be released to the APSIN Security Team personnel and the person requesting this clearance on my behalf for use in determining approval, denial, or appeal of the security clearance.

I hereby certify that I am familiar with the contents of (1) the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy; (2) Alaska Statute 12.62; (3) Alaska Administrative Code (AAC) 13 AAC 68.300-345; and the (4) CJIS Systems Agency (CSA) Security Policy, and agree to be bound by their provisions. The Department of Public Safety (DPS) is the CSA for Alaska. I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which the agency has been authorized. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of direct or indirect access for a purpose other than that directly authorized, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than what is authorized also constitutes misuse. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes. In addition to any criminal, civil, or employee disciplinary actions that may result from such misuse, if I am found to have violated this agreement, DPS will revoke my security clearance. DPS may consider reinstatement of the clearance upon receipt of the completed Reinstatement Request form and completion of remedial training. DPS reserves the right to permanently revoke my security clearance.

I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of APSIN or the computer networks that interface with APSIN may threaten the security of these systems. I will not disclose information about the security measures, access and/or operating procedures, equipment, or programs without specific authorization from the DPS CJIS Systems Officer (CSO). I understand that biennial Security Awareness training will have to be completed to maintain a clearance, and that initial training must be completed within six (6) weeks of receiving this security clearance. Security Awareness training is incorporated into the certification exam for direct access users which also requires biennial training/certification and must be completed within six (6) weeks of receiving access codes.

Direct Access Accounts Only: If issued a User ID and password, I will not share the password with anyone. I understand that DPS will maintain a record of all direct access account activity for three years; that this record may be used to audit my use of the system(s) at any time; and that this record may be released to my employer for an administrative investigation and/or to a law enforcement agency for a criminal investigation.

I have read, understand, and agree to abide by the terms of this agreement for physical or logical access to the aforementioned criminal justice systems or for access to buildings or computer networks processing CJ from these systems.

Applicant Signature: Frosty Snowman Date: 02.10.18

Name of Person who needs the access.
Please write name legibly.

Date of Birth and Driver's License number with the state of issuance must be filled out. As shown in this example.

Email address: This email address is important for Security Awareness Training. The information regarding this training will be sent to the address.
No duplicate email addresses for multiple employees. Each must have their own for the training.

Fingerprint Card:
Only one fingerprint card needs to be submitted. If you send more than one, the fingerprint card with the most identifiable prints will be chosen.
Recommended to mail in with application to keep all paperwork together.

Applicant Signature:
Applicant must read the agreement and sign this document.
This page will be returned to the TAC if not signed which will result in further delays of the request.