

Attachment 8: Required Report Information

(all reports are generated at the interval listed below AND as needed)

	Participant Report	Legal Stage Reports	Travel Document Report	Participant Count by Billing Service	Termination Report by Term Code	Compliance Report	Daily Count by Office by Supervision Type	Exception & Alert Reports	Summary of Emergency Reports Generated	Missing Data Reports	Missed Service Report	Intelligence Report	Absconder Model Report	Address Report	Stint Report	End of Day Report	Ad Hoc Reports	No Technology Report	GPS Frequency Report	Quarterly Program Report		
Last Name	X	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X	X		
First Name	X	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X	X		
A number	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		
Case ID	X	X	X	X	X	X			X	X							X	X		X		
ATD Enrollment ID	X			X					X		X				X			X		X		
ATD Location	X	X	X	X	X	X				X	X	X				X	X	X	X	X		
AOR	X	X	X	X	X	X		X	X	X	X	X				X	X	X	X	X		
Gender	X	X	X	X	X	X	X	X	X	X		X		X			X	X	X	X		
Birth Date	X	X	X		X	X	X	X	X	X		X					X	X		X		
Age	X	X	X		X	X		X		X		X					X	X		X		
Citizenship/Country	X	X	X	X	X	X		X	X	X		X		X			X	X	X	X		
Original Start Date	X	X	X	X	X	X		X		X		X			X		X			X		
Program Start Date															X			X		X		
Inactive Date	X	X	X	X	X	X				X		X					X			X		
Termination Code	X	X	X	X	X	X				X		X					X			X		
Program Status (Active/Inactive)	X	X	X	X	X	X				X		X					X			X		
ATD Site Type	X	X	X	X	X	X				X		X		X		X	X	X		X		
Monitoring Technology-Initial	X														X				X	X		
Monitoring Technology-current	X	X	X	X	X	X				X		X		X	X	X	X		X	X		
Monitoring Services											X				X				X	X		
Monitoring Start Date	X	X	X	X	X	X	X			X							X	X		X		
Monitoring End Date	X	X	X	X	X	X	X			X							X	X		X		
Legal Stage	X	X	X	X	X	X				X		X		X			X	X	X	X		
Legal Stage Start Date	X		X	X	X	X				X							X			X		
Legal Stage End Date	X		X	X	X	X		X		X							X			X		
Court Date	X	X	X	X	X	X				X		X		X			X	X	X	X		
Type of Hearing	X	X	X	X	X	X				X		X					X		X	X		
Court Action		X		X	X	X		X				X					X		X	X		
Final Decision Result		X		X	X	X						X					X	X	X	X		
Final Decision Date		X		X								X					X	X	X	X		
Travel Doc (Y/N)	X	X	X	X	X	X						X		X			X	X	X	X		
Travel Doc Country		X	X	X										X			X	X	X	X		
Travel Doc Receive Date	X	X	X	X		X											X			X		
Participant address												X		X		X	X		X	X		
Participant phone												X				X	X	X		X		
ATD referral source													X									
English proficiency													X							X		
Violation count													X						X	X		
Frequency of Report	Weekly	Monthly	Monthly	Monthly	Weekly	Monthly	Daily	2022-ICLI-00039 0274				Daily	Weekly	Monthly	Weekly	Monthly	Weekly	Daily	As Needed	Weekly	As Needed	Quarterly