



New York State Criminal Justice Research Consortium Request for Assistance

Thank you for your interest and participation in the Criminal Justice Research Consortium. The Research Consortium connects criminal justice practitioners with an academic partner who can help analyze a crime problem or provide technical assistance.

Please complete this form to initiate a request for assistance. You will receive a confirmation email from DCJS upon receipt of your request. DCJS staff will review the request to determine suitability for the Consortium. DCJS staff may contact you for additional information.

Questions should be emailed to: ResearchConsortium@dcjs.ny.gov

General Information

<i>Last Name:</i>		<i>First Name:</i>	
<i>Phone:</i>		<i>Email:</i>	
<i>Title:</i>		<i>Organization:</i>	
<i>Work Street Address:</i>			
<i>Work Street Address 2:</i>			
<i>City:</i>		<i>Zip Code:</i>	<i>County:</i>
<i>Organization type:</i>			
Police department	Sheriff's department	Other:	
District attorney's office	Probation department		

Issue

<i>Briefly describe the problem or issue for which your agency is seeking assistance.</i>
<i>What kind of assistance are you looking for (e.g., assistance with analysis, implementation study, data collection, consultation)?</i>
<i>What specific deliverables or outcomes are you seeking and what do you wish to achieve?</i>

Project Information

<p><i>Is there a specific or preferred timeframe to start and end this project?</i> Yes No</p> <p>If yes, please provide the preferred timeframe:</p>
<p><i>What resources can your agency offer to support the academic partner you are seeking?</i> Check all that apply.</p> <p>Project Coordinator Access to data Other: Personnel staff time Temporary working space on-site</p>
<p><i>Is your agency requesting funding through the Research Consortium to support this project?</i> Yes No Unknown</p>
<p><i>Is there a specific academic partner you prefer to work with?</i> Yes No</p> <p>If yes, please provide the following information:</p> <p><i>Academic Partner's Name:</i> <i>Academic Partner's University:</i> <i>Academic Partner's Email:</i></p>
<p><i>Have you discussed this project with the above academic partner?</i> Yes No</p>

Please submit the completed form by clicking the button below, or email to ResearchConsortium@dcjs.ny.gov.

Thank you.