



**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP)
OFFICE OF APPLIED RESEARCH AND ANALYSIS (OARA)
RESEARCH SERVICES REQUEST FORM**

Request Date: _____ **Desired Completion Date:** _____

Requester's Name: _____ **Phone No.:** _____

Organization Requesting Information: _____

Mailing Address:: _____

Email Address: _____ **FAX No.:** _____

Please describe your request. Describe the data product or research services that you need.

For what purpose or end product are you going to use the data or research results provided?

Who will be the end-user of the data or research results provided? Will the data or results be made available to the public?

Do you plan to augment or cross-reference the data provided under this request with other data? If yes, please explain.

Have you spoken to someone in OARA about this request? Yes _____ No

 Person's Name

Is this request related to a previous request? Yes No If so, please identify that request.

In what format would you like to receive the data?
 Hard Copy Email CD Diskette Fax Mail No preference

Do you have a critical deadline that requires a "rush" response to this request? If so, please identify that deadline and provide a justification for the rush response (A rush response is less than five working days).

FOR ADP STAFF REQUESTS ONLY

Manager/Supervisor
Print Name: _____ **Signature:** _____

Deputy Director's signature is required if this request is a RUSH or
 If ADP is not the recipient of this request or the information it provides

Deputy Director
Print Name: _____ **Signature:** _____

FOR OARA ONLY	FOR ADP ONLY
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<p>Date Received: _____</p> <p>Source(s) of Data: _____</p> <p>SAS PC File Path: _____</p> <p>Data Run--Staff Initials/Date: _____</p> <p>Time to Complete: _____</p> <p>Released--Staff Initials/Date: _____</p> <p>Delivery Format: _____</p> <p>Encrypted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Approvals (Signature/Date)</p> <p>OARA Manager: _____</p> <p>Legal Office: _____</p> <p>Privacy Officer: _____</p> <p>Public Information Officer: _____</p> <p>Legislative Liaison Officer: _____</p> <p align="right">Log # _____</p>
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TO SUBMIT: Please submit to Chris Mattson by email (cmattson@adp.ca.gov), FAX (916-322-7117), or mail (Office of Applied Research and Analysis, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814). Mr. Mattson can be contacted at (916) 322-4445.