ACCESS REQUEST
JD-ES-169 Rev. 2-03

JUDICIAL INFORMATION TECHNOLOGY DIVISION
Riverview Square, 99 East River Drive, East Hartford, CT 06108
Telephone (860) 282-6500 Fax (860) 282-6401

NOTE: THIS REQUEST MUST BE AUTHORIZED BY BOTH THE REQUESTING DIVISION AND THE DIVISION WHICH OWNS THE APPLICATION, IF APPLICABLE.

JIS USE ONLY

Processed by
Date
New user assigned identification

Type of application
☐ New user *(no user name yet)* ☐ Access to new application(s) for user I.D. _____ ☐ Remove access

Name of person requesting access *(Last name, first name)* ☐ Name change	Employee number	Agency/Division address
Contact person	Contact phone number	Contact fax number

Access Codes *("X" the appropriate two-digit code(s) below, and provide any other requested information.)*

☐ **NA** Accounts Payable — Location Code: ☐☐☐☐☐☐

☐ **AE** Alcohol Education — Inquiry Only: Y/N ___

☐ **AP** Adult Probation *(APOLIS)* — Location Code: ☐☐☐ Rest/Case Management/IC: ☐☐ Inquiry Only: Y/N ___

☐ **ND** Attendance — Attendance Unit(s) ☐☐☐☐ ☐☐☐☐ Supervisory Access: Y/N ___

HRM approval signature *(Required for Supervisory Access for Attendance)*

☐ **BC** Bail Commission — GA: ☐☐ Inquiry Only: Y/N ___ Bail Commissioner Number *(if applicable)*: ☐☐☐☐
Specialty Session Access: Y/N ___ Inquiry Only: Y/N ___

☐ **BR** BarMaster — Juris Assignment No. Y/N ___ Grievance Tracking Y/N ___ Overdraft Notification Y/N ___
Location Code: ☐☐ Client Security Fund Y/N ___

☐ **CP** Child Protection — Court location code(s): ☐☐☐ ☐☐☐

☐ **CJ** CJIS — Court Code: ☐☐☐☐

☐ **CR** Criminal/MV — Court Location Code(s) ☐☐☐☐ ☐☐☐☐ Graveyard Access: Y/N ___ Inquiry Only: Y/N ___
Jury Access(s): Y/N ___

☐ **NI** Equipment Inventory
☐ **NF** Fleet
☐ **IB** Infractions Bureau — Location Code: ☐☐☐ Inquiry Only: Y/N ___
☐ **JR** Jury — Location Code: ☐☐☐☐

☐ **JV** Juvenile Detention/Delinq. — Location Code(s) ☐☐☐ ☐☐☐ Inquiry Only: Y/N ___
☐ **NP** Payroll
☐ **NH** Personnel
☐ **JP** Public Defender — Location Code: ☐☐☐☐

☐ **NR** Purchasing — Location Code(s) ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐ Supervisory Access: Y/N ___
☐ **RV** Revenue
☐ **NT** Telephone — Telecommunication Allocation Code(s): ☐☐☐ / ☐☐☐ Printer ID *(1st 4 digits on orange tag #)*: ☐☐☐☐

Accounts payable approval signature *(Required for NT Access)*

☐ **VN** Victim Notification

☐ **OT** Other: _____

Cater Access: ☐ New CATER Logon I.D. (OR) ☐ Existing CATER Logon I.D. _____

☐ **CV** Civil/Family ☐ **MV** DMV ☐ **OT** Other: _____

☐ **CO** Corrections ☐ **SP** State Police (COLLECT)

Authorized requesting division signature *(Required)*	Date	Telephone	Fax
Authorized owner division signature *(If required*)*	Authorization granted? ☐ Yes ☐ No	Explanation *(If denied)*	Date

**You must have approval from the owner Division if this is the first time that your Division is requesting access to an application.*

Print Form Reset Form