**In the Matter of Interstate Inmate Calling Services
WC Docket No. 12-375
Annual Reporting Form**

**FCC Form 2301(a) OMB Control No. [[XX]]**

**Instructions:** Please read this form carefully before completing. This form is to be completed by an officer of each provider of inmate calling services (ICS). If the provider seeks confidential treatment of any information, consistent with our rules and the Protective Order in place in this proceeding, it should identify the specific information which it claims is subject to confidential treatment.

**I. Basic Information**

|  |  |
| --- | --- |
| **1. Provider Name:** | **2. Reporting Period:** |
| **3. Officer Name, Title:**  |
| **4. Officer Telephone Number:**  | **5. Officer E-Mail Address:**  |
| **6. Total Number of Correctional Facilities Served by Provider:** |
| **7. Number of Prisons Served by Provider:**  |
| **8. Number of Jails Served by Provider with Average Daily Population (ADP) of 0-350:** |
| **9. Number of Jails Served by Provider with ADP of 350-999:** |
| **10. Number of Jails Served by Provider with ADP of 1000 or more:**  |

**II. ICS Rates**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name** | **Facility Type** | **ADP (for jails)** | **Intrastate Rate** | **Intrastate Rates Different from Listed Rate** | **Interstate Rate** | **Interstate Rates Different from Listed Rate** | **International Rate** |
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**II(a). Narrative Description of ICS Rates**

1. **In this space, please list all per-minute intrastate rates that are different from the provider’s average Intrastate Rate (*see* Section II, Column 4):**
2. **In this space, please list all per-minute interstate rates that are different from the provider’s average Interstate Rate (*see* Section II, Column 6):**

**III. Ancillary Service Charges**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility Name** | **Facility Type** | **ADP (for jails)** | **List of Ancillary Service Fees (types)** | **Charge for Each Ancillary Service** | **Number of Times Fee has been Charged** |
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**IV. Variable Site Commission Payments**

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| **Facility Name** | **Facility Type** |  **ADP (for jails)** | **Monthly Amount of Variable Site Commission Payments** |
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**V. Fixed Site Commission Payments**

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| **Contracting Party** | **Contract Identifier**  | **Fixed Site Commissions Required by Contract** | **Facilities Covered by Contract** | **Facility Type** | **ADP (for jails)** |
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**VI. Video Calling Services**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name** | **Facility Type** | **ADP (for jails)** | **Total Video Calling Minutes of Use** | **Per-Minute Rate for Video Calling** | **List of Ancillary Service Fees (types)** | **Charge for Each Ancillary Service** | **Number of Times Fee has been Charged** |
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**VII. Disability Access**

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| **Facility Name** | **Facility Type** | **ADP (for jails)** | **Number of Disability-Related Calls** | **Number of Problems Experienced with Disability-Related Calls** | **List of Ancillary Service Fees (types)** | **Charge for Each Ancillary Service** | **Number of Times Fee has been Charged** |
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