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:
2 Off N Tid.	
3. Officer Name, Title:	
4. Officer Telephone Number:	5. Officer E-Mail Address:
4. Officer Telephone Number.	5. Officer E-Wall 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	n (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

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

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	Charge for Each Ancillary	Number of Times Fee has
			(types)	Service	been Charged

IV. Variable Site Commission Payments

Facility Name	Facility Type	ADP (for jails)	Monthly Amount of Variable Site Commission Payments

V. Fixed Site Commission Payments

Contracting Party	Contract Identifier	Fixed Site Commissions Required by Contract	Facilities Covered by Contract	Facility Type	ADP (for jails)

VI. Video Calling Services

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				

VII. Disability Access

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				

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 60 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-xx), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of [[XX]].

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507