

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

**FCC Form 2301(a)**

**Estimated Time Per Response: 80 Hours**

**OMB Control No. 3060-1222 /Not Yet Approved by OMB**

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 shall identify the specific information which it claims is subject to confidential treatment.

**I. Basic Information**

<b>1. Provider Name:</b>	<b>2. Reporting Period:</b>
<b>3. Officer Name, Title:</b>	
<b>4. Officer Telephone Number:</b>	<b>5. Officer E-Mail Address:</b>
<b>6. Total Number of Correctional Facilities Served by Provider:</b>	
<b>7. Number of Prisons Served by Provider:</b>	
<b>8. Number of Jails Served by Provider with Average Daily Population (ADP) of 0-349:</b>	
<b>9. Number of Jails Served by Provider with ADP of 350-999:</b>	

**10. Number of Jails Served by Provider with ADP of 1000 or more:**

## **I(a). Narrative Description of Facilities**

**1. Correctional Facilities Served Less than a Full Year:** In this space, provide the names of all correctional facilities served for less than a full year during the reporting period and the dates during which you served there. [Facility Name], From [Month]/[Date] to [Month]/[Date]]. If all correctional facilities listed in the form were served for the entirety of the reporting period, you must enter “N/A: No correctional facility listed in this form was served for the year covered by the reporting period.” here.

**2. Explanation of Alternative Method for Determining ADP:** In this space, provide the names of all correctional facilities reported in Section I, Items (8), (9), or (10), that reflect an alternative method for calculating ADP. A facility that does not calculate ADP for those jails. As used in this form, an alternative method for calculating ADP is a facility that uses a method specified in Section I, Item (8), of dividing the sum of all inmates in a facility for each day by the number of days in the year.

**3. Partnerships with Other ICS Providers:** In this space, explain each partnership you have with other providers for the provision of ICS. This explanation shall include: the partner’s name; the name of each correctional facility; the name of the primary partner; and the types of the ICS calls billed by each partner. Example: “Company [X] partners with Company [Y] for the provision of ICS at Facility [AA]. Company [Y] is the billing party for all prepaid and debit calls from Facility [AA].” The explanation also shall include the ICS-related functions provided by each partner as well as the arrangement among the parties. As used in this form, “partnership” means a contract or other arrangement among two or more entities potentially bill consumers for the provision of ICS to inmates at a correctional facility. “primary partner” means the partner that has the contract or other arrangement with the correctional authority for the provision of ICS at that facility.

correctional facilities that you  
those facilities (e.g.: [Facility  
are served by you during the  
was served for less than a full

of all jails for which the ADP  
Also describe the method used to  
any method other than the  
of the preceding calendar year

in any other company for the  
al facility subject to the  
For example: "Company [X] is  
r [AA]. Company [X] is the  
or all collect calls from Facility  
well as any revenue sharing  
ngement under which two or  
y. As used in this form,  
al facility's contracting







**II(a). Narrative Description of ICS Rates**

**1. Intrastate Rates Different from Listed Rate:** In this space, provide all rates for any minutes of an ICS call where you charged a rate different from the Intrastate Rate provided in Section II (*see* Section II, Columns 6(a). Debit/Prepaid Rate & 6(b). Collect Rate):

\* **Debit/Prepaid Rates:**

\* **Collect Rates:**

**2. Interstate Rates Different from Listed Rate:** In this space, provide all rates for any minutes of an ICS call where you charged a rate different from the Interstate Rate provided in Section II (*see* Section II, Columns 8(a). Debit/Prepaid Rate & 8(b). Collect Rate):

\* **Debit/Prepaid Rates:**

\* **Collect Rates:**

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ferent













**VI. RESERVED**





**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 (3060-1222), Washington, DC 20554. We will also accept your comments via the Internet if you 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 3060-1222.

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