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

**FCC Form 2301(a) OMB Control No. 3060-1222**

**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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**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** |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 (3060-1222), Washington, DC 20554. We will also accept your comments via the Internet if your send them to [**pra@fcc.gov**](mailto: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**