TWC Data Exchange Request and Safeguard Plan

	CONTRACTOR INFORMATION	Please answer each question. Do not leave any unanswered.
1.	Legal name of requesting governmental entity/Responsible Financial Party	Williamson County Magistrate
2.	Entity Tax ID#	74-6000978
3.	Street Address – Line 1	508 S Rock Street
4.	Street Address – Line 2	
5.	City, State, Zip	Georgetown, TX 78626
6.	New request or renewal of an existing contract?	☐ New request ☒ Renewal of existing agreement Previous/Current Contract #: __2917PEN015_____ ☐ There are other contracts between TWC and the party not affected by this agreement, which are as follows:
7.	Type of entity and authority to contract	☒ Texas Local Government Code, Interlocal Cooperation Act (e.g., cities, counties) ☐ Texas Government Code, Interagency Cooperation Act (e.g., state agency) ☐ Federal Agency Authority ☐ If state agency, please specify authority
8.	Purpose for requesting information *(Check all that apply)*	☐ to assist in criminal investigations ☒ to assist in locating defendants, witnesses and fugitives in criminal cases ☒ to assist in locating persons with outstanding warrants ☐ to assist in locating probation absconders ☒ to assist in determining eligibility for public assistance/services ☐ other: please specify: (language will be inserted into contract)
9	Requested length of contract	☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☒ 5 years
10.	Requested start date	☐ For federal entities only: to correspond with start of fiscal year starting:
	DATA REQUESTED	**Please answer each question. Do not leave any unanswered.**
11.	Information requested *(Check the data being requested)*	☒Wage Records (WR): Wage Detail Inquiry: View wage information of ran individual. Coworker Search: View wages reported by an employer. ☒UI Benefits and Claimant Info (UI): Personal Information: View demographic information of r an individual. Claims: View unemployment insurance claim information. Payments: View unemployment insurance payment info. Employer Search: Search employers by name or address. ☐ Employer Records (ER) Employer Master File: Search Employer Master File and view state unemployment tax information.

12.	Method of receiving data	☒ **Online access:** Contractor access for lookup by SSN through password-protected log-in account. Number of individuals needing access accounts: ☒1-10 (The subscription rate is $1,500 per year.) ☐11-25 (The subscription rate is $2,000 per year.) ☐26-50 (The subscription rate is $3,500 per year.) * ☐Specify other quantity * * Please send a detailed justification on **organizational letterhead** if more than 25 accounts are requested. Volume/quantity of **ONLINE** users of Personal Identifiable Information (PII) information per year. Estimated number of individual records requested: Under 10,000 annually ☐ **Offline access**: Computer match done by TWC staff. Scheduled computer matching against file of SSNs or tax account numbers submitted by Requestor periodically. Frequency of requests: ☐Nightly ☐Weekly ☐ Bi-Weekly ☐ Monthly ☐Quarterly ☐Annually ☐ Other – specify: ☐ Ad hoc request for non-scheduled requests. Attach specifications (see pg. 5 for details) including data field names. ☐ One-time request for large quantity of records. Attach specifications (see pg. 5 for details) including data field names. ☐ One-time request for one or a few records. (Submit request to open.records@twc.state.tx.us or fax request to 512-463-2990.) Volume/quantity of offline records requested per submission: Estimated number of individual's in which sensitive personally identifiable information requested at any one time: ☐ 1-999: $250 ☐ 1,000 – 14,999: $300 ☐ 15,000 – 19,999: $375 ☐ 20,000 – 24,999: $500 ☐ 25,000 -Above: $1,000 Hourly rate for programming of a new request or modification of an existing job: $48.81. **De-identification:** If submitting SSNs to TWC, also include a unique identifier. For enhanced security, the return file will not include SSNs but instead will include only the unique identifier where feasible.

	SAFEGUARD REQUIREMENTS	Please answer each question. Do not leave any unanswered.
13.	How will data be viewed? Select one of the three options.	1) ☒ We will **ONLY** view screen information. (Respond to #14-19, check "N/A" to #20 and #21.) 2) ☐ We will use electronic copies of screen prints (PDF), or ☐ We will transfer data into an electronic record. (Respond to #14-20, check "N/A" to #21.) 3) ☐ We will use paper copies of screen prints, or ☐ We will transfer information into paper records format. (Respond to #14-19 and #21, check "N/A" to #20)
14.	Will non-employees be provided access to the data? Express written contract language authorizing data sharing with non-employees is required for re-distribution of information accessed.	☒ Only direct employees will be provided access. ☐ Persons who are not employees may/will be provided access. Please specify those that apply: ☐ Data Center Operators ☐ Other Governmental Contractors: Please specify:
15.	Will the data you are requesting be disclosed to any other entity? Express written contract language authorizing data sharing with non-employees is required for re-distribution of information accessed.	☒ Yes - Specify: County Courts at Law; only to provide backup for indigency claims ☐ No
16.	What access control methods will you use for access to the TWC information?	☒ Texas State Requirements under Title 1, Part 10, TAC Sec. 202, or comparable standards ☐ National Institute of Secure Technology (NIST) or comparable standards ☐ IRS Publication 1075 or comparable standards
17.	How will your organization assess your security posture?	☒ Vulnerability testing ☒ Penetration testing ☒ Audits ☐ Other – Please specify: Specify frequency for each that was checked: Annually
18.	Are background checks performed on employees who will access information? Can vary depending on office location	☐ No, background checks are not performed ☐ Yes, background checks are performed. If yes, state when background checks are performed: ☐ Pre-employment ☐ Periodic checks during employment
19.	How will you have an auditable trail?	☒ I will keep a worksheet that includes at a minimum, the person making the inquiry, the reason for the inquiry, identifying information regarding the case or claim for which the inquiry was made, and the date the inquiry was made. ☐ Other, If Other specify:
20.	How will you encrypt the data at rest?	☐ Please specify: ☒ N/A – We do not keep data at rest.
21.	When will data destruction occur?	☒ Consistent with Texas State Libraries and Archives Commission (state records retention laws) ☐ Consistent with other standards: Please specify:

		☐ N/A - We do not retain data.
	CONTACTS	
22.	Point of Contact Name (for daily matters)	Jamie Carrillo
23.	Point of Contact Title	Pretrial Court Services Director
24.	Point of Contact Phone	512-943-1496
25.	Point of Contact E-mail	jamie.carrillo@wilco.org
26.	Point of Contact Address	508 S. Rock Street, Georgetown, TX 78626
27.	Alternate Point of Contact Name and Title	Brad Weems, Williamson County Clerk Criminal Division Supervisor
28.	Alternate Point of Contact Phone	512-943-1151
29.	Alternate Point of Contact E-mail	bweems@wilco.org
30.	Alternate Point of Contact Address	If different from Point of Contact: 405 MLK, Mail Unit 14, Georgetown, TX 78626
31.	Signatory Name	Bill Gravell Jr.
32.	Signatory Title	County Judge
33.	Signatory Phone Number	512-943-1550
34.	Signatory E-mail	ctyjudge@wilco.org
35.	Signatory Address	If different from Point of Contact: 710 S Main St, #101 Georgetown, TX 78626
36.	Data Technology Contact Name	Richard Semple
37.	Data Technology Contact Phone	512-943-1489
38.	Data Technology Contact E-mail	rsemple@wilco..org
39.	Invoice Recipient Name	Jamie Carrillo; copy to Brad Weems as well
40.	Invoice Recipient Phone Number	512-943-1496
41.	Invoice Recipient Title	Pretrial Court Services Director
42.	Invoice Recipient E-mail	jamie.carrillo@wilco.org; copy to bweems@wilco.org
43.	Invoice Recipient Address	If different from Point of Contact N/A

All statements and information on this form are true and correct to the best of my knowledge.
The person signing is authorized to legally bind their organization to the terms of the contract.

_____Date _____
Signature Authority

_____
Printed Name

For questions on how to complete this request form, contact DEContracts@twc.state.tx.us.

STOP HERE if you are only seeking online access.

If Sending Batch Files or Computer Matching – Offline Charge Details are on the next page.

OFFLINE INFORMATION REQUEST SPECIFICATIONS

(Describe in detail and be as specific as possible.)

1. Provide a reason for the request *(e.g., statutory citation or rule number)*:

2. Is this a one-time or an ongoing request? ☐ One-Time ☐ On-going
   If ongoing, specify time duration and frequency of data exchange *(e.g., Annual for the next three calendar years, Quarterly, Monthly)*:

3. Description of the request *(If you require a particular data run, clearly specify the data needed, such as wage records, employer records, UI benefits information, etc.)*:

4. If other specific data elements are requested, provide a data format.