Approved Exceptions
As of May 1, 2013, 2012

Following are the technical requirements approved by the Defensive Driving Board for the following courts:

1001   Pima County Consolidated Justice Court

Any school wishing to do business with any of the above referenced courts are required to comply with the court's approved reporting requirements, which are provided below.

In order to test for the correct reporting and transmission, please call the court contact listed to test the receipt of registrations and completions to the specific court.

Courts much notify the Defensive Driving Program at ddrive@azcourts.az.gov when a school meets the approved court requirements.

Approved Defensive Driving Report Exception

For Pima County Consolidated Justice Court

Contact:

Lisa Royal
Pima County Consolidated Justice Court
115 N. Church
Tucson, Arizona 85701
(520) 740-3510

Defensive Driving School File Formats

New Registrations file
* **Description:** This file should contain one record for each defendant that has recently registered for the class, but has not yet completed the class.

* **Filename: ddsNewXXXXMMDDYYYY.csv**
  * XXXX – The School's acronym. This will be provided to you by Pima County Consolidated Justice Courts (PCCJC).
  * MMDDYYYY – Date file was sent to PCCJC. MM – two-digit month, DD – two-digit day, YYYY – four-digit year.

* **Data Format:**
  * Data should be in an ASCII, comma-delimited format (Comma Separated Values) with no headers.

  * Each row is separated by a Carriage Return or Line Feed (or both) and should represent one defendant's information.

  * Each column is separated by a comma and should be organized as shown in the table below.

  * Do not pad fields that are shorter than the size specified in Data type.
    * *Special Note: Do not use commas (,) in the data fields.* Commas, carriage returns, and line feeds should only be used to separate the data fields and rows.

Column	Data type	Description	Example
Last Name	Char(255)	The defendant's last name.	SMITH
First Name	Char(255)	The defendant's first name.	JOHN
Middle Initial	Char(1)	The defendant's Middle Initial. (Optional. Can be null if unknown)	D
License #	Char(10)	The defendant's drivers license number.	D07595327
License State	Char(2)	The abbreviation of the State in which the license was issued.	AZ
Violation Date	Date(10)	The date the violation occurred. Use MM/DD/YYYY format.	03/15/2008
Violation Code	Char(10)	The charge code on the defendant's traffic citation indicating the type of offense.	28-692.A1
Court Date	Date(10)	The court hearing date the violation will be reviewed. (As indicated on the defendant's traffic citation) use MM/DD/YYYY format.	12/21/2012
Agency	Char(2)	The Acronym of the agency that issued the citation. (Optional. Can be null if unknown)	SO DP
Case Number	Char(12)	PCCJC's case number associated with the violation. (Optional. Can be null if unknown)	TR65-112665 TR65112665

Revised 11/13/2008

			TR65112665A TR65-112665A
Citation Number	Char(14)	The traffic citation number associated with the violation. (As indicated on the defendant's traffic citation)	85681347
Date of Birth	Date(10)	The defendant's date of birth. Use MM/DD/YYYY format.	11/26/1965
Pay Date	Date(10)	The date the Defensive Driving class fees were paid in full. (Optional. If the fees are not paid when this file is sent, this field should be null.)	04/01/2008
SSN	Char(9)	The Social Security Number of the defendant. (Optional. If the defendant's SSN is not known, this field should be null.)	501918045
Address Line 1	Char(30)	The defendant's street address. (Optional. If the defendant's street address is not known, this field should be null.)	115 N. Church Ave.
Address Line 2	Char(30)	Additional defendant street address information. (Optional. If the defendant's street address is not known, this field should be null.)	Apartment #1200
City	Char(15)	The defendant's city of residence. (Optional. If the defendant's street address is not known, this field should be null.)	Tucson
State	Char(2)	The defendant's state of residence. (Optional. If the defendant's street address is not known, this field should be null.)	AZ
Zip	Char(6)	The defendant's address zip code. (Optional. If the defendant's street address is not known, this field should be null.)	85001

Completed Registrations file – Case number unknown

- **Description:** This file should contain one record for each defendant that has recently completed the Defensive Driving class. This file should only contain records where the Pima County Consolidated Justice Courts (PCCJC) case number is not included. The PCCJC case number is the case number that relates to the defendant's traffic violation.

- **Filename: ddsNoCaseXXXXMMDDYYYY.csv**
  - XXXX – The School's acronym. This will be provided to you by PCCJC.
  - MMDDYYYY – Date file was sent to PCCJC. MM – two-digit month, DD – two-digit day, YYYY – four-digit year.

- **Data Format:**
  - Data should be in an ASCII, comma-delimited (Comma Separated Values) format with no headers.

  - Each row is separated by a Carriage Return or Line Feed (or both) and should represent one defendant's information.

  - Each column is separated by a comma and should be organized as shown in the table below.

  - Do not pad fields that are shorter than the size specified in Data type.
    - *Special Note: Do not use commas in the data fields.* Commas, carriage returns, and line feeds should only be used to separate the data fields and rows.

Column	Data type	Description	Example
Last Name	Char(255)	The defendant's last name. (required)	SMITH
First Name	Char(255)	The defendant's first name. (required)	JOHN
Middle Initial	Char(1)	The defendant's Middle Initial. (Optional. Can be null if unknown)	D
License #	Char(10)	The defendant's drivers license number.	D07595327
License State	Char(2)	The abbreviation of the State in which the license was issued.	AZ
Violation Date	Date(10)	The date the violation occurred. Use MM/DD/YYYY format.	03/15/2008
Violation Code	Char(10)	The charge code on the defendant's traffic citation indicating the type of offense.	28-692.A1
Court Date	Date(10)	The court hearing date the violation will be reviewed. (As indicated on the defendant's traffic citation) use MM/DD/YYYY format.	12/21/2012
Agency	Char(2)	The Acronym of the agency that issued the citation. (Optional. Can be null if unknown)	SO DP
Citation Number	Char(14)	The traffic citation number associated with the violation. (as indicated on the defendant's traffic	85681347

		citation)	
Date of Birth	Date(10)	The defendant's date of birth. Use MM/DD/YYYY format.	11/26/1965
Pay Date	Date(10)	The date the Defensive Driving class fees were paid in full. (Optional. If the fees are not paid when this file is sent, this field should be null.)	04/01/2008
Completion Date	Date(10)	The date the defendant completed the Defensive Driving class. (Optional. If the course was taken but never completed by the defendant, this field should be null.)	07/10/1856
SSN	Char(9)	The Social Security Number of the defendant. (Optional. If the defendant's SSN is not known, this field should be null.)	501918045
Address Line 1	Char(30)	The defendant's street address. (Optional. If the defendant's street address is not known, this field should be null.)	115 N. Church Ave.
Address Line 2	Char(30)	Additional defendant street address information. (Optional. If the defendant's street address is not known, this field should be null.)	Apartment #1200
City	Char(15)	The defendant's city of residence. (Optional. If the defendant's street address is not known, this field should be null.)	Tucson
State	Char(2)	The defendant's state of residence. (Optional. If the defendant's street address is not known, this field should be null.)	AZ
Zip	Char(6)	The defendant's address zip code. (Optional. If the defendant's street address is not known, this field should be null.)	85001

Completed Registrations file – Case number known

* **Description:** This file should contain one record for each defendant that has recently completed the Defensive Driving class. This file should only contain records where the Pima County Consolidated Justice Courts (PCCJC) case number is included. The PCCJC case number is the case number that relates to the defendant's traffic violation.

* **Filename: ddsCompleteXXXXMMDDYYYY.csv**
    * XXXX – The School's acronym. This will be provided to you by PCCJC.
    * MMDDYYYY – Date file was sent to PCCJC. MM – two-digit month, DD – two-digit day, YYYY – four-digit year.

* **Data Format:**
    * Data should be in an ASCII, comma-delimited format (Comma Separated Values) with no headers.

    * Each row is separated by a Carriage Return or Line Feed (or both) and should represent one defendant's information.

    * Each column is separated by a comma and should be organized as shown in the table below.

    * Do not pad fields that are shorter than the size specified in Data type.
        * *Special Note: Do not use commas (,) in the data fields* Commas, carriage returns, and line feeds should only be used to separate the data fields and rows.

Column	Data type	Description	Example
Last Name	Char(255)	The defendant's last name. (required)	SMITH
First Name	Char(255)	The defendant's first name. (required)	JOHN
Middle Initial	Char(1)	The defendant's Middle Initial. (Optional. Can be null if unknown)	D
License #	Char(10)	The defendant's drivers license number.	D07595327
License State	Char(2)	The abbreviation of the State in which the license was issued.	AZ
Violation Date	Date(10)	The date the violation occurred. Use MM/DD/YYYY format.	03/15/2008
Violation Code	Char(10)	The charge code on the defendant's traffic citation indicating the type of offense.	28-692.A1
Court Date	Date(10)	The court hearing date the violation will be reviewed. (As indicated on the defendant's traffic citation) use MM/DD/YYYY format.	12/21/2012
Agency	Char(2)	The Acronym of the agency that issued the citation. (Optional. Can be null if unknown)	SO DP
Case	Char(12)	PCCJC's case number associated with the	TR65-112665

Number		violation.	TR65112665 TR65112665A TR65-112665A
Citation Number	Char(14)	The traffic citation number associated with the violation. (As indicated on the defendant's traffic citation)	85681347
Date of Birth	Date(10)	The defendant's date of birth. Use MM/DD/YYYY format.	11/26/1965
Pay Date	Date(10)	The date the Defensive Driving class fees were paid in full. (Optional. If the fees are not paid when this file is sent, this field should be null.)	04/01/2008
Completion Date	Date(10)	The date the defendant completed the Defensive Driving class. (Optional. If the course was taken but never completed by the defendant, this field should be null.)	07/10/1856
SSN	Char(9)	The Social Security Number of the defendant. (Optional. If the defendant's SSN is not known, this field should be null.)	501918045
Address Line 1	Char(30)	The defendant's street address. (Optional. If the defendant's street address is not known, this field should be null.)	115 N. Church Ave.
Address Line 2	Char(30)	Additional defendant street address information. (Optional. If the defendant's street address is not known, this field should be null.)	Apartment #1200
City	Char(15)	The defendant's city of residence. (Optional. If the defendant's street address is not known, this field should be null.)	Tucson
State	Char(2)	The defendant's state of residence. (Optional. If the defendant's street address is not known, this field should be null.)	AZ
Zip	Char(6)	The defendant's address zip code. (Optional. If the defendant's street address is not known, this field should be null.)	85001

Revised 11/13/2008