ATTACHMENT D

SAMPLE RDI FILE LAYOUTS

FILE LAYOUT 1

Community Affairs – Fire Safety Master File Record Layout

RDI – Fire Safety Field Definitions (Master /1200 byte) AEC= F9

Position/ Columns	Field Name	Length	Provider	Required	Field Description
1-9	RDI Invoice Number	A9	OIT		Unique number assigned by RDI (Revenue delinquent invoice is TREA. OIT term)
10-13	Filler	A4			Blanks
14-15	AEC Code	A2	DCA	Yes	Constant F9 F9 is the default value (Application Encoder Card)
16	AEC Type	A1	DCA	yes	Type indicates what account money collected to be deposited into 1= Reg Fee - Default 2= Reg fee and penalty 3= penalty
17-25	Filler	A9			Blanks
26-40	Application ID Number	A15	DCA	yes	Account number (unique generated by Fire Safety) +Split byte
41-43	Filler	A3			Blanks
44-51	Original Bill - Bill Date	A8			Date original bill sent by Fire safety Format: mm/dd/yy
52-59	Original Bill - Due Date	A8			Date original bill due Format: mm/dd/yy
60-67	RDI bill Date	A8	OIT		Date delinquent bill sent by RDI Format: mm/dd/yy
68-75	RDI due date	A8	OIT		Date delinquent due Format: mm/dd/yy
76	Filler	A1			Blank
77-85	Total Amount Due	N7.2	DCA	yes	The Total Outstanding Debt to be collected by PENN CREDIT or RDI RDI. right justified, zero filled
86-89	Filler	A4			Blank
90-92	TON Code	A3	DCA	yes	'200'. (This field describes the type of notice. A 200 will tell us it is a delinquent.) Default IS 200
93-110	TON Text	A18	OIT		Type of Notice Text
111-119	FEID or SSN	A9	DCA	yes	Client Social Security Number or Federal Employer Identification Number.
120-128	Initial Amount	N7.2			Initial Amount Right justified, zero filled
129-137	Admin fees	N7.2			Amount of fees added to account Right justified, zero filled

Position/ Columns	Field Name	Length	Provider	Required	Field Description
138-146	Fines	N7.2			Amount of fines incurred Right justified, zero filled
147	Client Type	A1	DCA	yes	Client Type Code (I for Individual B for Business)
148-156	Penalties	N7.2			Amount of penalties incurred Right justified, zero filled
157-160	Filler	A4			Blank
161-200	Mailing Address Line 1	A40	DCA	yes	1st mail line to be formatted as (LASTNAME FIRSTNAME MI SUFIX)
201-240	Mailing Address Line 2	A40	DCA	yes	Address One
241-280	Mailing Address Line 3	A40	DCA	If Available	Address Two
281-320	Mailing Address Line 4	A40	DCA	If Available	Address Three
321-340	Postal City	A20	DCA	yes	Client City Info
341-342	State	A2	DCA	yes	Client State Info
343-347	Zip	A5	DCA	Yes	Client 5 digit zip code
348-350	Filler	A3			Blank
351-370	Contact Person Name	A20			Contact name (if name in mailing address is a company)
371-380	Contact Phone1	A10			Formatted as Area code + Phone. Ex: 9999999999
381-390	Contact Phone2	A10			Formatted as Area code + Phone Ex: 9999999999
391-400	Contact Phone 3	A10			Formatted as Area code + Phone Ex: 9999999999
401-415	Violation Statute Number	A15			Statute number of the violation being billed for
416-430	Docket Number	A15			Docket Number filed in Superior Court
431-450	Registration number	A20			Registration Number
451-465	Judgment amt	N13.2			Amount of judgment filed in court Right justified zero filled
466-480	Penalty Amount	N13.2			Amount of penalty assessed Right justified zero filled
481-490	Date judgment filed	A10			Date judgment filed mm/dd/yyyy
491-500	Date of birth	A10			Birth date of debtor mm/dd/yyyy

Position/ Columns	Field Name	Length	Provider	Required	Field Description
501-784	Comments	A284			Comments about the account in free form text
785-792	Extract Date	A8	DCA	yes	Date record sent by Fire safety MM/DD/YY
793-800	Extract Time	A8	DCA	yes	Time Record sent by Fire safety HH:MM:SS
801-809	Finalist return zip code	A9	OIT		Zip code returned from finalist
810-814	Finalist return carrier route	A5	OIT		Finalist returned carrier route
815	Filler	A1			Blank
816-855	Finalist Return Mail Address 1	A40	OIT		Mail Address returned from Finalist
856-895	Finalist Return Mail Address 2	A40	OIT		Mail address returned from Finalist
896-935	Finalist Return Mail Address 3	A40	OIT		Mail address returned from Finalist
936-975	Finalist Return Mail Address 4	A40	OIT		Mail address returned from Finalist
976-1005	Finalist return City, State, Zip	A30	OIT		Mail address returned from Finalist
1006-1007	Postal Bar Code Length	A2	OIT		Length of Postal Bar Code
1008-1020	Postal Bar Code digits	A13	OIT		Postal Bar Code
1021-1028	Process date	A8	OIT		Date record received from Fire safety MM/DD/YY
1029-1036	Process time	A8	OIT		Time record received from Fire safety HH:MM:SS
1037-1062	Filler	A26			Blank
1063-1068	Print Process Sequence	A6	OIT		Print sequence number
1069-1132	Scan Line	A64	OIT		Scan line
1133-1140	Scanline Date	A8	OIT		Date scanline created mm/dd/yy
1141-1148	Scanline time	A8	OIT		Time scanline created HH:MM:SS
1149-1150	Filler	A2			Blank
1151-1158	Doc Generated Date	A8	OIT		Date invoice produced as mm/dd/yy
1159-1166	Doc Generated Time	A8	OIT		Time invoice produced as HH:MM:SS

Position/ Columns	Field Name	Length	Provider	Required	Field Description
1167-1192	Filler	A26			Blank
1193-1200	Job name	A8	OIT		Name of job that created invoice EX: RDI MMDD

FILE LAYOUT 2

NJ FamilyCare Record Layout

RDI – Family Care Field Definitions (Master /1200 byte)

AEC= K6

*	Columns	Field Name	Length	Field Description
*	1 - 9	RDI Invoice Number	A9	Unique number assigned by RDI
	10 - 13	Filler	A4	Blanks
	14 - 15	AEC Code	A2	Constant K6
	16 - 25	Filler	A10	Blanks
	26 - 40	Application ID Number	A15	Account ID (unique generated by Family care)
	41 – 43	Filler	A3	Blanks
	44 – 51	Original Bill - Bill Date	A8	Date original bill sent by Family care Format: mm/dd/yy
	52 – 59	Original Bill - Due Date	A8	Date original bill due Format: mm/dd/yy
*	60 – 67	RDI bill Date	A8	Date delinquent bill sent by RDI Format: mm/dd/yy
*	68 – 75	RDI due date	A8	Date delinquent due Format: mm/dd/yy
	76	Filler	A1	Blank
	77 - 85	Total Amount Due	N7.2	The Total Outstanding Debt to be collected by PENN Credit or RDI. Format: right justified, zero filled
	86 - 89	Filler	A4	Blank
	90 - 92	TON Code	A3	'200' . (This field describes the type of notice. A 200 will tell us it is a delinquent.)
*	93 - 110	TON Text	A18	Type of Notice Text
	111 - 119	FEID or SSN	A9	Client Social Security Number or Federal Employer Identification Number.
	120 - 128	Initial Amount	N7.2	Initial Amount Right justified, zero filled
	129 - 137	Admin fees	N7.2	Amount of fees added to account Right justified, zero filled
	138 - 146	Fines	N7.2	Amount of fines incurred Right justified, zero filled
	147 - 147	Client Type	A1	Client Type Code (I for Individual B for Business)
	148-156	Penalties	N7.2	Amount of penalties incurred Right justified, zero filled
	157- 160	Filler	A4	Blank
	161 - 200	Mailing Address Line 1	A40	1st mail line to be formatted as (LASTNAME FIRSTNAME MI SUFIX)
	201 - 240	Mailing Address Line 2	A40	Address One
	241 - 280	Mailing Address Line 3	A40	Address Two
	281 - 320	Mailing Address Line 4	A40	Address Three
	321 - 340	Postal City	A20	Client City Info
	341 - 342	State	A2	Client State Info

- Denotes Field to be filled in by OIT

*	Columns	Field Name	Length	Field Description
	343 - 347	Zip	A5	Client 5 digit zip code
	348 - 350	Filler	A3	Blank
	351 - 370	Contact Person Name	A20	Contact name (if name in mailing address is a company)
	371 - 380	Contact Phone1	A10	Formatted as Area code + Phone. Ex: 9999999999
	381 - 390	Contact Phone2	A10	Formatted as Area code + Phone Ex: 9999999999
	391 - 400	Contact Phone 3	A10	Formatted as Area code + Phone Ex: 9999999999
	401 – 410	Date of Birth	A10	Date of birth Format:mm/dd/yyyy
-	411 – 420	Case number	A10	Case number
	421- 430	Last payment date	A10	Last payment date Format: mm/dd/yyyy
	431 – 440	Last statement date	A10	Last statement date Format: mm/dd/yyyy
	441 – 455	County	A15	County
	456 – 467	NJFC Id	A12	NJFC Id
	468 – 482	Status	A15	Status
	483 – 492	Coverage end date	A10	Coverage end date Fomat: mm/dd/yyyy
	493 – 500	Filler	A8	Blank
	501 – 784	Comments	A284	Freeform comments about the account.
	785 - 792	Extract Date	A8	Date record sent by Family care MM/DD/YY
	793 - 800	Extract Time	A8	Time Record sent by Family care HH:MM:SS
*	801 - 809	Finalist return zip code	A9	Zip code returned from finalist.
*	810 - 814	Finalist return carrior route	A5	Finalist returned carrier route
	815	Filler	A1	Blank
*	816 - 855	Finalist Return Mail Address 1	A40	Mail Address returned from Finalist
*	856 - 895	Finalist Return Mail Address 2	A40	Mail address returned from Finalist
*	896 - 935	Finalist Return Mail Address 3	A40	Mail address returned from Finalist
*	936 - 975	Finalist Return Mail Address 4	A40	Mail address returned from Finalist

*	976 - 1005	Finalist return City,State,Zip	A30	Mail address returned from Finalist
*	1006 - 1007	Postal Bar Code Length	A2	Length of Postal Bar Code
*	1008 - 1020	Postal Bar Code digits	A13	Postal Bar Code
*	1021 - 1028	Process date	A8	Date record received from Family care MM/DD/YY
*	1029 - 1036	Process time	A8	Time record received from Family care HH:MM:SS
	1037 - 1062	Filler	A26	Blank
*	1063 - 1068	Print Process Sequence	A6	Print sequence number
*	1069 - 1132	Scan Line	A64	Scan line
*	1133 - 1140	Scanline Date	A8	Date scanline created mm/dd/yy
*	1141 - 1148	Scanline time	A8	Time scanline created HH:MM:SS
	1149 - 1150	Filler	A2	Blank
*	1151 - 1158	Doc Generated Date	A8	Date invoice produced as mm/dd/yy
*	1159 - 1166	Doc Generated Time	A8	Time invoice produced as HH:MM:SS
	1167 - 1192	Filler	A26	Blank
*	1193 - 1200	Jobname	A8	Name of job that created invoice EX: RDI

* Denotes Field to be filled in by OIT

FILE LAYOUT 3

Generic File Record Layout

RDI – GENERIC 1200 byte

*	Columns	Field Name	Length	Field Description
*	1 – 9	RDI Invoice Number	A9	Unique number assigned by RDI
	10 – 13	Filler	A4	Blanks
	14 – 15	AEC Code	A2	Constant 'L2'
	16	Type	A1	Debt type, if applicable
	17 - 25	Filler	A9	Blanks
	26 – 40	Application ID Number	A15	Account number assigned by State Agency Format: mm/dd/yy
	41 – 43	Filler	A3	Blanks
	44 – 51	Original Bill - Bill Date	A8	Date original bill sent by State Agency Format: mm/dd/yy
	52 – 59	Original Bill - Due Date	A8	Date original bill due Format: mm/dd/yy
*	60 – 67	RDI Bill Date	A8	Date delinquent bill sent by RDI Format: mm/dd/yy
*	68 – 75	RDI Due date	A8	Date delinquent due Format: mm/dd/yy
	76	Filler	A1	
	77 – 85	Total Amount Due	N8.2	The Total Outstanding Debt to be collected by Collection Agency or RDI
	86 – 89	Filler	A4	Blank
	90 – 92	TON Code	A3	'200' (This field describes the type of notice. A 200 will tell us it is a delinquent, a '100' will tell us it is an initial.)
*	93 – 110	TON Text	A18	Type of Notice Text (delinquent or initial)
	111 – 119	FEID or SSN	A9	Client Social Security Number or Federal Employer Identification Number.
	120 – 128	Original Bill Amount	N7.2	Original amount billed
	129 – 137	Administrative Fees	N7.2	Amount of administrative fees added to account
	138 – 146	Collected Amount	N7.2	To Date amount collected from debtor
	147	Debtor Code	A1	"B" for business; "I" for individual
	148 – 160	Filler	A13	Blanks
	161 – 200	Mailing Address Line 1	A40	1st mail line to be formatted as (LASTNAME FIRSTNAME MI SUFIX)
	201 – 240	Mailing Address Line 2	A40	Should only be filled if account has ATTN: information
	241 – 280	Mailing Address Line 3	A40	Debtor street address information

* Denotes Field to be filled in by RDI

*	Columns	Field Name	Length	Field Description
	281 – 320	Mailing Address Line 4	A40	Additional Street Info
	321 – 340	Postal City	A20	Debtor city info
	341 – 342	State	A2	Debtor state info
	343 – 347	Zip	A5	Debtor 5 digit zip code
*	348 – 350	Filler	A3	Blank
*	351 – 370	Contact Person Name	A20	Contact name within company
*	371 – 380	Contact Phone1	A10	Formatted as Area code + Phone. Ex: 9999999999
*	381 – 390	Contact Phone2	A10	Formatted as Area code + Phone Ex: 9999999999
*	391 – 400	Contact Phone 3	A10	Formatted as Area code + Phone Ex: 9999999999
	401 – 408	DOB	A8	Debtor's date of birth Format: mm/dd/yy
	409 – 419	Lien Number	A11	Lien number
	420 – 430	Lien Amount	A11	Lien amount
	431 – 438	Lien Date	A8	Lien date
	439 – 440	Drivers License State	A2	Drivers license state
	441 – 470	Drivers License Number	A30	Drivers license number
	471 – 478	Last Payment Date	A8	Last payment date Format: mm/dd/yy
	479 – 490	Last Payment Amount	A12	Last payment amount
	491– 500	Filler	A10	Blank
	501 – 784	Comments	A284	Comments made about accounts
	785 – 792	Extract Date	A8	Date record sent by State Agency to RDI Format: mm/dd/yy
	793 - 800	Extract Time	A8	Time record sent by State Agency to RDI Extracted Format: HH:MM:SS
*	801 – 809	Finalist Return Zip Code	A9	Zip code returned from finalist.
*	810 – 814	Finalist Return Carrier Route	A5	Finalist returned carrier route
	815	Filler	A1	Blank
*	816 – 855	Finalist Return Mail Address 1	A40	Mail address returned from Finalist

Denotes Field to be filled in by RDI

*	Columns	Field Name	Length	Field Description
*	856 – 895	Finalist Return Mail Address 2	A40	Mail address returned from Finalist
*	896 – 935	Finalist Return Mail Address 3	A40	Mail address returned from Finalist
*	936 – 975	Finalist Return Mail Address 4	A40	Mail address returned from Finalist
*	976 – 1005	Finalist Return City, State, Zip	A30	Mail address returned from Finalist
*	1006 - 1007	Postal Bar Code Length	A2	Length of Postal Bar Code
*	1008 - 1020	Postal Bar Code Digits	A13	Postal Bar Code
*	1021 - 1028	Process Date	A8	Date record received from State Agency Format: MM/DD/YY
*	1029 - 1036	Process Time	A8	Time record received from State Agency Format: HH:MM:SS
	1037 - 1062	Filler	A26	Blanks
*	1063 - 1068	Print Process Sequence	A6	Print sequence number
*	1069 - 1132	Scan Line	A64	Scan line
*	1133 - 1140	Scan Line Date	A8	Date scan line created Format: mm/dd/yy
*	1141 - 1148	Scan Line Time	A8	Time scan line created Format: HH:MM:SS
	1149 - 1150	Filler	A2	Blanks
*	1151 - 1158	Doc Generated Date	A8	Date invoice produced Format: MM/DD/YY
*	1159 - 1166	Doc Generated Time	A8	Time invoice produced Format: HH:MM:SS
	1167 - 1192	Filler	A26	Blanks
*	1193 - 2000	Job name	A8	Name of job that created invoice EX: RDI

* Denotes Field to be filled in by RDI

FILE LAYOUT 4

RDI Payment File Record Layout

RDI Regular PAYMENT FILE FIELD DEFINITIONS
(100 bytes) (AEC = a2,a3)

*	Columns	Field name	Length	Field description
	1-6	Payment date	A6	The date collection agency received the payment **Required field** Format is mmddyy
*	7-10	Batch number	A4	Batch number assigned by CRAS
*	11	Address change box	A1	Always move zero.
*	12-20	Document Locator Number	A9	Document Locator Number assigned by CRAS.
	21-50	Application Id Number	A30	Application Id Number from Master file reformatted to be 30 bytes. See attached for instructions on how to format field. **Required field**.
	51-53	Payment Type	A3	ACK=check, CA=cash, MO=Money order
	54-56	Filler	A3	Blank
	57-65	Amount paid	N7.2	Amount of payment from client. Format: ZZZZZZ9.99 **Required Field**
*	66-71	Last 6 digits of DLN	N6	Last 6 digits of DLN
	72-80	RDI Invoice Number	A9	RDI Invoice number from Master File. **Required Field**
*	81	Account check digit	A1	Account check digit
	82-83	AEC Code	A2	AEC Code from Master file. **Required field**.
*	84	Soil Flag	A1	'y' if payment made thru soil.
	85-87	Agency Received	A3	Who collected Debt? Will be filled in as OSI,DEP,REV, OPD, PENN, etc... **Required Field.**
	88-90	Method of Collection	A3	Compromise or Garnishment Format: 'COM' or 'GAR' Only filled in if debt compromised or garnished.
*	91 - 99	User Defined Area	A8	Blank
	100	Manual flag	A1	'y' if manual payment

* Denotes field to be filled in by OIT

FILE LAYOUT 5

RDI Status File Record Layout

RDI STATUS FILE FIELD DEFINITIONS (80 Bytes)

*	Columns	Field name	Length	Field description
	1-9	RDI Invoice Number	A9	Number assigned by RDI TO account. **Required**
	10 -24	Application Id	A15	Application Id Number From Master **Required**
	25	Filler	A1	Blank
	26 - 27	AEC Code	A2	Application Encoder Code **Required**
	28 - 30	Status Code	A3	Status of Account to be updated. See attached for Status codes and Descriptions. **Required**
	31 - 38	Status Date	A8	Date Status changed. Format: mmddyyyy **Required**
	39 - 80	Filler	A42	Blank