

RETURN TO
U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

FORM **CJ-38S**
 (6-29-2000)
**2000 CENSUS OF STATE AND LOCAL
 LAW ENFORCEMENT AGENCIES**
**Law Enforcement Management and
 Administrative Statistics**

U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT
 U.S. DEPARTMENT OF COMMERCE
 ECONOMICS AND STATISTICS ADMINISTRATION
 U.S. CENSUS BUREAU

(Please correct any error in name, mailing address, and ZIP Code above)

Agency Internet Home Page address:
 (If none, mark (X) here)

Agency central e-mail address for citizen use:
 (If none, mark (X) here)

INFORMATION SUPPLIED BY

Name		Title				
POSTAL ADDRESS	▶ Number and street or P.O. box/Route number	City	State	ZIP Code		
PHYSICAL ADDRESS	▶ If different from postal address – Number and street	City	State	ZIP Code		
E-MAIL ADDRESS	▶					
TELEPHONE	▶ Area code	Number	Extension	FAX NUMBER	▶ Area code	Number

Enter the year the agency began operation with sworn personnel _____

IMPORTANT — Please read the instructions below prior to completing the questionnaire.

- If any of the following conditions apply, you do not need to complete this questionnaire. Mark (X) the appropriate box and return survey using the enclosed postage paid envelope.
 - Agency is no longer in existence
 - Agency contracts or "outsources" to the agency listed below for performance of all services –
 Full name of the agency that performs these services

 - Agency employs only part-time officers AND the total combined hours worked for these officers averages less than 35 hours per week
 - All of the officers within the agency volunteer their time (i.e., are unpaid)
 - Agency is private (i.e., not operated with funds from a state, local, special district, or tribal government)

GENERAL INFORMATION

- Please submit your data by using the web-reporting option at **harvester.census.gov/cslllea**, mail your completed questionnaire to the U.S. Census Bureau in the enclosed postage-paid envelope, or FAX, (each page) toll-free to **1-812-218-3304 before July 28, 2000.**
- Please retain a copy of the completed survey for your records.
- If you have any questions, call **Theresa Reitz** toll-free at **1-800-352-7229**, or email to **cslllea@census.gov**

INSTRUCTIONS

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and place an asterisk (*) next to the figure.

1. What type of government operates this agency?

Mark (X) only one.

- State Township Tribal
 County or Parish Regional Special district or authority
 Municipal School district

2. Which of the following law enforcement services did your agency provide on a regular basis during the 12-month period ending June 30, 2000?

Mark (X) all that apply.

Criminal investigation for:

- Homicide
 Arson
 Other crimes
 Crime prevention
 Drug law enforcement
 First response to criminal incidents
 Patrol services
 Responding to citizen calls/requests for service
 Traffic law enforcement
 None of the above

3. Are the law enforcement services provided by your agency normally limited to a special jurisdictional area (e.g., airports, parks, schools, etc.)?

Yes - Specify area

No

4. Does your agency PRIMARILY perform enforcement or investigation activities related to a specific category of laws (e.g., agricultural, alcoholic beverage, gaming, natural resources, etc.)?

Yes - Specify category of laws

No

5. Which of the following functions did your agency perform on a routine basis during the 12-month period ending June 30, 2000? Mark (X) all that apply.

- Providing court security
 Serving civil process
 Operating one or more jails
 Executing arrest warrants
 Participating in a multi-agency drug task force
 Operating a training academy
 Dispatching calls for service
 Search and rescue operations
 Tactical operations (SWAT)
 None of the above

6. Enter the number of facilities or sites, SEPARATE FROM HEADQUARTERS, operated by your agency as of June 30, 2000. If none, enter 0.

	Number
a. District/Precinct stations	
b. Fixed neighborhood/community substations	
c. Mobile neighborhood/community substations	

7. Enter the number of AUTHORIZED FULL-TIME SWORN paid agency positions on June 30, 2000.

8. Enter the number of ACTUAL full-time and part-time paid agency employees during the pay period including June 30, 2000. Full-time employees are those regularly scheduled for 35 or more hours per week. If none, enter 0.

- a. Sworn personnel with general arrest powers
 b. Officers without general arrest powers
 c. Nonsworn employees
 d. TOTAL (Sum of lines a+b+c) . .

	Full-time	Part-time
a.		
b.		
c.		
d.		

9. Of the total number of FULL-TIME sworn personnel with general arrest powers, entered in 8a, enter the number of uniformed officers whose REGULARLY ASSIGNED DUTIES included responding to citizen calls/requests for service. If none, enter 0.

10. Of the total number of FULL-TIME sworn personnel with general arrest powers, entered in 8a, how many served as:
If none, enter 0.

- a. Community Policing Officers, Community Resource Officers, Community Relations Officers, or other sworn personnel specifically designated to regularly engage in community policing activities
 b. School Resource Officers, School Liaison Officers, or other sworn personnel whose primary duties are related to school safety

11. Of the total number of FULL-TIME sworn personnel with general arrest powers, entered in 8a, how many performed the following duties as their PRIMARY job responsibility? Count each officer only once. If none, enter 0.

- a. Patrol duties
 b. Investigative duties (e.g., detectives)
 c. Jail-related duties.
 d. Court security duties.
 e. Process serving duties

	Number
a.	
b.	
c.	
d.	
e.	

12a. Enter your agency's total operating budget for the 12-month period that includes June 30, 2000. If data are not available, provide an estimate and mark with an asterisk(*). Include jails administered by your agency. Exclude building construction costs and major equipment purchases.

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b. Which 12-month period best reflects the budget amount entered in 12a? Mark (X) only one.

- Calendar year Fiscal year

13. Enter the total estimated value of money, goods, and property received by your agency from a drug asset forfeiture program during calendar year 1999. If no money, goods or property were received, enter 0.

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