

FORM FPS-2

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS



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FORMER PRISONER SURVEY

Roster Verification Form



State:												
Office/City:												
Data Provided by:												
Date of Site Visit:			/			/						
	mm			dd			yyyy					

Thank you for providing these rosters. If you have a few minutes, I'd like to verify this information and update it with you, before I begin to select the cases for inclusion in our study.

1. On what date was the roster created.

		/			/				
mm			dd			yyyy			

If separate male and female rosters are provided use Question 2. If one combined roster is provided skip to Question 3.

2. First, I'd like to confirm that all individuals on the male roster are male and all females on the female roster are females.

a. Are all **males** on this roster (the male roster), males?

Yes → If Yes go to:



No → If No, Please identify anyone on this list who is not male.

NORC will move females to the female roster. ↓
Cases Removed

b. Are all **females** on this roster (the female roster), females?

Yes → If Yes go to:



No → If No, Please identify anyone on this list who is not female.

NORC will move males to the male roster. ↓
Cases Removed

If only one roster is provided, use Question 3. If you have used Question 2, skip Question 3.

3. First, I'd like to confirm the gender of all entries on your roster.

a. NORC verifies that all cases are clearly marked. Are all cases clearly marked?

Yes → If Yes go to:



No → If No, I will need help in identifying the proper sex for these

cases. Please indicate for me which are male and which are female. NORC will add the sex for all missing cases. ↓
All Cases Marked

b. Is the gender listed for each individual on the list correct?

Yes → If Yes go to:



No → If No, Please identify anyone on this list who is not properly marked and

I will update accordingly. NORC will make any changes and verify that the sex of each case is properly marked. ↓
Cases Marked

Burden Statement: Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 10 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing the review form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

4. Next, I'd like to confirm that this list contains only individuals who meet our criteria for selection.

a. Is everyone on this list eighteen years of age or older?

Yes → If Yes go to:



No → If No, Please identify anyone on this list who is under
eighteen years old. NORC will strike out these cases. ↓
Cases Removed

b. Are all cases on this roster under active supervision? By active supervision I mean anyone who is required to regularly contact a supervisory (parole) authority in person, by mail, or by telephone.

Yes → If Yes go to:



No → If No, Please identify anyone on this list who is NOT on
active supervision. NORC will strike out these cases. ↓
Cases Removed

c. Did all these individuals serve time in state prison before being released to your supervision?

Yes → If Yes go to:



No → If No, Please identify anyone on this list who did NOT
serve time in state prison. NORC will strike out these cases. ↓
Cases Removed

d. Has anyone on this list absconded or had a warrant issued for his/her arrest, or is anyone being held in jail or prison?

Yes → If Yes, Please identify anyone who has
absconded or has a warrant issued. NORC will strike cases from roster. ↓
Cases Removed

No → If No go to:



e. Is anyone currently committed to a local treatment facility or half-way house?

Yes → If Yes, Please identify anyone who is
committed. NORC will strike cases from roster. ↓
Cases Removed

No → If No go to:



f. Has anyone on this list been transferred to another office?

Yes → If Yes, Please identify anyone who has been
transferred. NORC will strike cases from roster. ↓
Cases Removed

No → If No go to:



5. Next, I'd like to update this list to make it current.

a. Was anyone on this list removed from active supervision, absconded, or under warrant between the date the roster was created and today?

Yes → If Yes, Please identify anyone on this
list who is no longer on active supervision. NORC will remove these cases from the roster. ↓
Cases Removed

No → If No go to:



b. Has anyone been added to active supervision in your office since the date this roster was created?

Yes → If Yes, Please identify these individuals so they
can be added to the roster. NORC will add cases to roster. Verify that all additions were released from state prison and are eighteen or older. Place by gender. ↓
Cases Added

No → If No go to:



6. Finally, I'd like to confirm that no other cases that meet our criteria were inadvertently left off the roster.

Thank you for assisting me with these rosters. I can select the individuals to be included in the study now.

a. Are you aware of any cases that meet our criteria that may have been left off this list? Again we are looking for individuals who:

- are under active supervision
- were released from state prison
- are eighteen or older

Yes → If Yes, Please identify anyone who was left off the list. No

NORC will add cases to roster. ↓

Cases Added

Thank you for assisting me with these rosters. I can select the individuals to be included in the study now.