

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS**2008 CENSUS OF STATE AND LOCAL
LAW ENFORCEMENT AGENCIES****Law Enforcement Management and Administrative Statistics**

Please correct any errors in the name and address information printed below.

Name	Title
Telephone	Fax
Email address	

INFORMATION SUPPLIED BY

IMPORTANT - If any of the following conditions applied to your agency as of September 30, 2008, you do not need to complete this questionnaire. Mark (X) the appropriate box and return the survey form using the return instructions below.

- Agency no longer existed (enter date agency ceased operations _____)
- Agency contracted or outsourced to the agency listed below for performance of all law enforcement services
Enter the name of agency providing contractual services _____
- Agency employed only part-time officers AND the total combined hours worked for these officers averaged less than 35 hours per week.
- All the officers in the agency were unpaid volunteers
- Agency was private (i.e., not operated with funds from a state, local, special district, or tribal government)
- Agency was operated by the Federal government

INSTRUCTIONS FOR COMPLETING THE FORM

Unless otherwise noted, please answer all questions using September 30, 2008, as a reference. If the answer to a question is none or zero, write "0" in the space provided. When an exact numeric response is not available, provide an estimate and mark with an asterisk (*). If the question is not applicable, write "NA" in the space provided. If the answer to a question is not available or is unknown, write "DK" (don't know) in the space provided. **Do not leave any items blank.** Please use blue or black ink and print as neatly as possible using CAPITAL letters. Please retain a copy of the completed survey for your records. If you have any questions or need assistance in completing the questionnaire, please contact xxxxx xxxxx of the xxxxxxxxxxxxxxxxxxxxxxxxxxxx by phone at xxx-xxx-xxxx or by email at xxxxx@xxxxxx.xxx. If you have general comments or suggestions for improving the survey, please contact Brian Reaves of the Bureau of Justice Statistics by phone at 202-616-3287 or by email at Brian.Reaves@usdoj.gov.

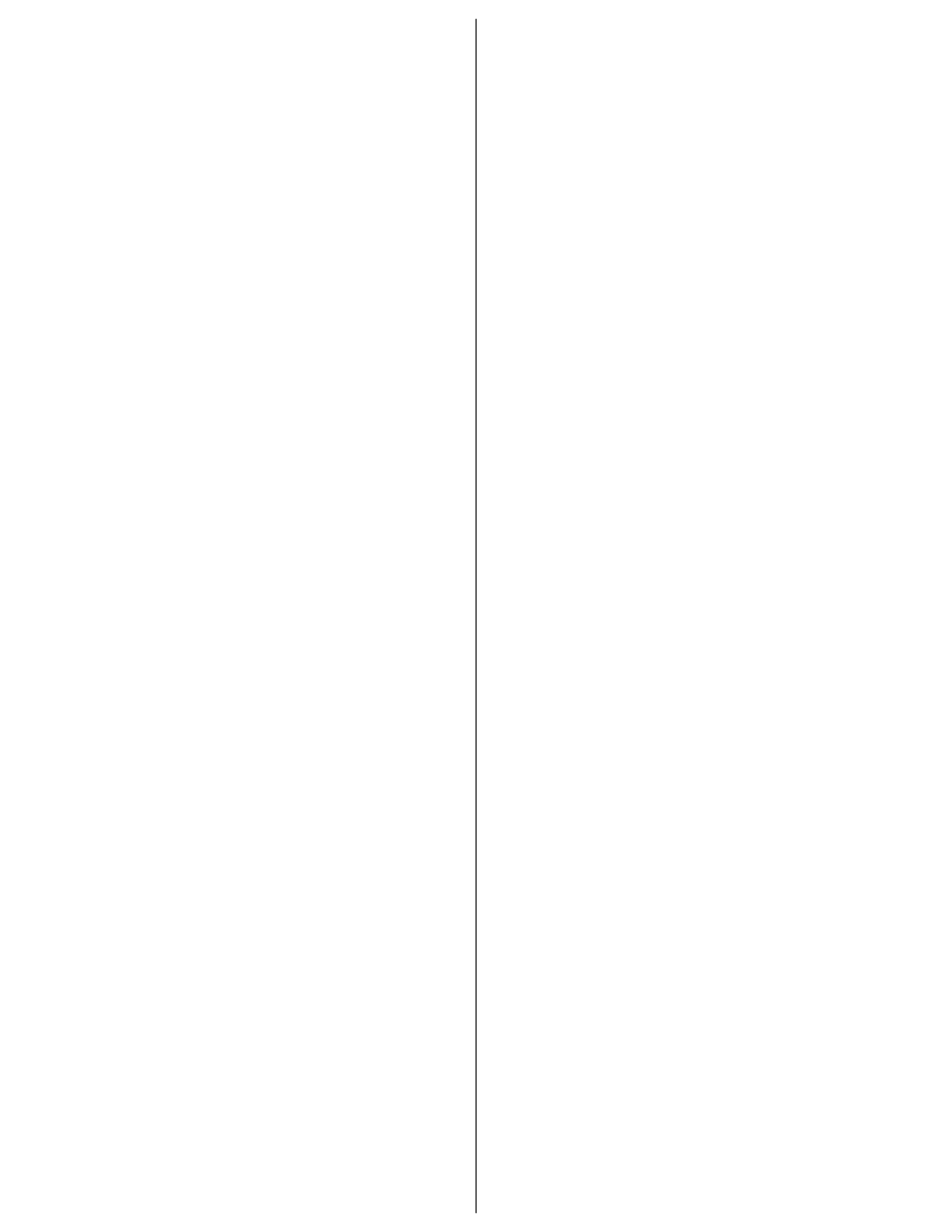
INSTRUCTIONS FOR RETURNING THE FORM

There are three ways to submit this survey:

- 1) Complete the survey online at <http://xxx.xxxxxxxx.xxx>
If completing the survey online, please make sure to enter your ID NUMBER, which is located at the top right of this page. Without the ID NUMBER, you will not be able to complete the survey online.
- 2) Mail the survey to xxxx using the enclosed postage-paid envelope.
- 3) Fax the survey to xxxx at xxx-xxx-xxxx.

BURDEN STATEMENT

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 USC 3732), authorizes this information collection. Although this survey is voluntary, we urgently need your cooperation to make the results comprehensive, accurate, and timely. We greatly appreciate your assistance.



During 2008, which of the following functions did your agency perform on a regular basis or have primary responsibility for performing when needed? Mark (X) one box per line.

a. Patrol and response functions

- First response to criminal incidents
- Routine patrol services
- Responding to citizen requests for service
- Arrest of criminal suspects
- Special events/crowd control
- Dispatching of calls for service
- None of the above

b. Criminal investigation functions

- Homicide investigations
- Arson investigations
- Cybercrime investigations
- Other criminal investigations
- Forensic processing of crime scenes
- None of the above

c. Traffic and vehicle-related functions

- Traffic direction and control
- Accident investigation
- Parking enforcement and control
- Commercial vehicle enforcement
- Traffic law enforcement
- None of the above

d. Detention-related functions

- Operating 1 or more jails
- Booking and release of inmates
- Operating an overnight lockup or temporary holding facility SEPARATE from a jail
- Operating a temporary holding cell (NO overnight)
- Inmate transport
- None of the above

e. Court-related functions

- Providing court security
- Serving process
- Executing arrest warrants
- Serving eviction notices
- Enforcing protection orders
- Enforcing child support orders
- Apprehension of fugitives
- None of the above

f. Special public safety functions

- Animal control
- School crossing services
- Emergency medical services
- Fire services
- Emergency management
- None of the above

g. Task force participation

- Drug trafficking
- Gangs
- Human trafficking
- Violent crime
- Anti-terrorism
- Other (specify - _____)
- None of the above

h. Specialized functions

- Bomb/explosives disposal
- Search and rescue
- Tactical operations (SWAT)
- Underwater recovery
- Operating a basic training academy
- Operating a crime lab
- None of the above

1. Enter the number of stations, SEPARATE from headquarters, operated by your agency as of September 30, 2008. If none, enter "0".

a. District/precinct/division stations. . . .

Number

- b. Fixed-site neighborhood/ community stations.
- c. Mobile neighborhood/ community stations.

2. Enter the number of **AUTHORIZED FULL-TIME** positions in your agency as of September 30, 2008.

Sworn	Civilian

3. Enter the number of **ACTUAL PAID** employees during the pay period that included September 30, 2008. Count employees who are regularly scheduled to work less than 35 hours or more per week as part-time. If none, enter 0.

- a. Sworn personnel with full general arrest powers.
- b. Officers with restricted or no arrest powers.
- c. All other personnel not included in a or b above.
- d. **TOTAL AGENCY EMPLOYEES** (sum of rows a-c)

Full-time	Part-time

4. How many of your agency's **FULL-TIME** sworn personnel with general arrest powers (from 4a above), serve in the following capacities. Officers may be counted in more than one category, but the number in each row should not exceed the number of FULL-TIME personnel entered in 4a above. If none, enter 0.

	Number
UNIFORMED officers with REGULARLY ASSIGNED DUTIES that included responding to citizen calls for service	
Community Policing Officers, Community Relations Officers or other sworn personnel specifically designated to engage in community policing activities	
School resource officers or other sworn personnel whose primary duties are related to school safety (exclude crossing guards)	

5. Of the **FULL-TIME** sworn personnel with full general arrest powers (from 4a above) how many worked in each of the major operational areas listed below?

a. Full-time sworn personnel working primarily in a **SINGLE** duty area

- Law enforcement duties
- Jail-related duties
- Court-related duties
- Other operational area

Number

b. Full-time sworn personnel working in **MULTIPLE** duty areas

- Law enforcement and jail-related duties
- Law enforcement and court-related duties
- Jail and court-related duties Law enforcement, jail, and court duties
- Other split-duty combination not listed