PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. AGENCY/SUBAGENCY ORIGINATING REQUEST

U.S. Department of Justice/Bureau of Justice Statistics (BJS)

2. OMB CONTROL NUMBER

a. 1121 – 0111 [ ] b. NONE _____

3. TYPE OF INFORMATION COLLECTION *(X one)*

- [ ] a. NEW COLLECTION
- [ ] b. REVISION OF A CURRENTLY APPROVED COLLECTION
- [X] c. EXTENSION OF A CURRENTLY APPROVED COLLECTION
- [ ] d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED
- [ ] e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED
- [ ] f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER

4. TYPE OF REVIEW REQUESTED *(X one)*

- [X] a. REGULAR SUBMISSION
- [ ] b. EMERGENCY - APPROVAL REQUESTED BY: ____/____/____
- [ ] c. DELEGATED

5. SMALL ENTITIES

Will this information collection have a significant economic impact on a substantial number of small entities?

[ ] YES [X] NO

6. REQUESTED EXPIRATION DATE

- [X] a. THREE YEARS FROM APPROVAL DATE
- [ ] b. OTHER: / /

7. TITLE

National Crime Victimization Survey

8. AGENCY FORM NUMBER(S) *(if applicable)*

NCVS-110, NCVS-550.1, NCVS-554 Mailed Letters: NCVS-572(L), NCVS-572(L)SP, NCVS-572(L)CHIN-M, NCVS-572(L)CHIN-T, NCVS-572(L)KOR, NCVS-572(L)VIET, NCVS-573(L), NCVS-573(L)SP, NCVS-593(L), NCVS-593(L)SP, NCVS-594(L), NCVS-594(L)SP

9. KEYWORDS

CRIME in the U.S.

10. ABSTRACT

The National Crime Victimization Survey collects, analyzes, publishes, and disseminates statistics on the amount and type of crime committed against households and individuals in the U.S. Respondents include persons 12 years of age or older living in NCVS sampled households located throughout the United States.

11. AFFECTED PUBLIC *(Mark primary with "P" and all others that apply with "X")*

- [P] a. INDIVIDUALS OR HOUSEHOLDS
- [ ] b. BUSINESS OR OTHER FOR-PROFIT
- [ ] c. NOT-FOR-PROFIT INSTITUTIONS
- [ ] d. FARMS
- [ ] e. FEDERAL GOVERNMENT
- [ ] f. STATE, LOCAL OR TRIBAL GOVERNMENT

12. OBLIGATION TO RESPOND *(Mark primary with "P" and all others that apply with "X")*

- [P] a. VOLUNTARY
- [ ] b. REQUIRED TO OBTAIN OR RETAIN BENEFITS
- [ ] c. MANDATORY

13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN

a. NUMBER OF RESPONDENTS		100,700
b. TOTAL ANNUAL RESPONSES		201,400
(1) Percentage of these responses collected electronically		100 %
c. TOTAL ANNUAL HOURS REQUESTED		68,905
d. CURRENT OMB INVENTORY		67,657
e. DIFFERENCE *(+, -)*		1,248
f. EXPLANATION OF DIFFERENCE:	(1) Program change *(+, -)*	1,248
	(2) Adustment *(+, -)*	

14. ANNUALIZED COST TO RESPONDENTS *(In thousands of dollars)*

a. TOTAL CAPITAL/STARTUP COSTS	0.00
b. TOTAL ANNUAL COSTS (O&M)	
c. TOTAL ANNUALIZED COST REQUESTED	
d. CURRENT OMB INVENTORY	
e. DIFFERENCE *(+, -)*	
f. EXPLANATION OF DIFFERENCE:	
(1) Program change *(+, -)*	
(2) Adustment *(+, -)*	

15. PURPOSE OF INFORMATION COLLECTION *(Mark primary with "P" and all others that apply with "X")*

- [ ] a. APPLICATION FOR BENEFITS
- [ ] b. PROGRAM EVALUATION
- [P] c. GENERAL PURPOSE STATISTICS
- [ ] d. AUDIT
- [ ] e. PROGRAM PLANNING OR MANAGEMENT
- [X] f. RESEARCH
- [ ] g. REGULATORY OR COMPLIANCE

16. FREQUENCY OF RECORDKEEPING OR REPORTING *(X all that apply)*

- [ ] a. RECORDKEEPING
- [ ] b. THIRD PARTY DISCLOSURE
- [X] c. REPORTING:
  - [ ] (1) On Occasion
  - [ ] (2) Weekly
  - [ ] (3) Monthly
  - [ ] (4) Quarterly
  - [X] (5) Semi-Annually
  - [ ] (6) Annually
  - [ ] (7) Biennially
  - [ ] (8) Other *(Describe)*

17. STATISTICAL METHODS

Does this information collection employ statistical methods?

[X] YES [ ] NO

18. AGENCY CONTACT *(Person who can best answer questions regarding the content of this submission)*

a. NAME	b. TELEPHONE NUMBER *(Include area code)*
Michael Planty, BJS	202-514-9746