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 xxxx xxxx of the xxxxxxxxxxxxx by phone at xxx-xxx-xxxx or by email at xxxx@xxxxxxxx. 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:

- - 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 a overnight lockup or temporary holding facility SEPARATE from a jail • .
- Operating a temporary holding cell (NO overnight)
- Inmate tránsport .
- 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 .

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



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

b.	Fixed-site neighborhood/	
	community stations	

- community stations...... c. Mobile neighborhood/
- c. Mobile heighborhood/ 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)
- 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

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

Full-time	Part-time	