

Agency Information Form

Please review the information below. Indicate whether the head of agency information is correct and make updates as needed. Also, please designate a survey respondent and indicate whether the respondent would be able to complete the survey via the Internet.

Information on file	<u>Head of Agency</u>	
	Updated information	
Agency Head Name:	<input type="text"/>	
Agency Name 1:	<input type="text"/>	
Agency Name 2:	<input type="text"/>	
Address 1:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State, Zip:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Attn:	<input type="text"/>	
Email:	<input type="text"/>	
Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Fax:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> All information is correct.		

Designated Survey Respondent

If requested, would the designated respondent be able to respond to the survey through the Internet? Yes No

Designated Respondent:	<input type="text"/>	
Agency Name 1:	<input type="text"/>	
Agency Name 2:	<input type="text"/>	
Address 1:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State, Zip:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Attn:	<input type="text"/>	
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Please turn to the next page for instructions on how to reply and for contact information.

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. Public reporting burden for this collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect 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; and to the Office of Management and Budget, OMB No. 1121-XXXX, Washington, DC 20503.



Please fax or email this information to Westat by XX/XX, 2014

Fax: 301-279-4508

Email: bjscapsa@westat.com

Attn: CAPSA Survey

If you have any questions, please telephone 1-888-329-8124 or email bjscapsa@westat.com.