## **Annual Probation Survey – Agency Information Form**

Please respond to the questions below. Send the completed form via fax to (866) 509-7471 or via e-mail to <u>bjs-aps-help@rti.org</u> by DATE. If you have any questions, please call the RTI Agency Support Team at (866) 334-4175.

Agency Name:		
supervision as well as inactiv	onsibility for supervising adults on any formous supervision, sometimes called "bench probes monitoring or surveillance with or without a	ation." We're interested in any
	adults on any form of	
	ult probationers, on December 31, 2016, ho rovide a breakdown between number of fel	
Felons:	Misdemeanants:	Total:
Please provide contact info	rmation for your agency.	
	<b>Data Provider</b> The most knowledgeable person to provide data on adult probation.	Head of Agency
		Check here if same as Data Provider □
Salutation (e.g., Mr. or Ms.)		
First Name		
Last Name		
Title		
Mailing Address	Street:	Street:
	City, State:	City, State:
	Zip:	Zip:
Phone Number		
Fax Number		
E-mail Address		

This collection has been approved by the Office of Budget and Management (OMB No. 1121-0339: Approval Expires 02/28/2019). 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 and reviewing this form. Send comments regarding this burden estimate or any aspect of this form, 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.