**Form CJ-38** OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx



**2022 CENSUS OF**

**STATE AND LOCAL LAW ENFORCEMENT AGENCIES**

**U.S. Department of Justice, Bureau of Justice Statistics**

Acting as collection agent: RTI International

**Please use this form to provide information on behalf of the following agency:**

*[XXXXXXXXXXXXXXX]*

**If the agency name printed above is incorrect, please call us at 1-800-845-7883.**

**Submit this form using one of the following four methods:**

* **Online:** [https://bjslecs.org/CSLLEA20](https://bjslecs.org/CSLLEA2018)22

**Agency ID:**

**Password:**

* **E-mail:** csllea@rti.org
* **Fax:** 1-866-354-4989 (toll-free)
* **Mail:** Use the enclosed postage-paid envelope

**Important:**

**If any of the following conditions applied to your agency as of June 30, 2022, you do not need to complete the entire questionnaire. Mark [X] the appropriate box below and return the survey using the return instructions in the box above.**

* Agency no longer in existence

Enter date agency ceased operations:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 *Month Day Year*

* Agency contracted or outsourced all law enforcement services to the following agency

Enter the name of the 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
* All the officers in the agency were paid via fee-for-service and not salary
* 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

**Indicate** **who completed this form:**

**Name:**

 *Last Name First Name MI*

**Title:**

**Phone:**

 *Area Code Number Extension*

**Fax:**

 *Area Code Number*

**E-mail:**

**Agency**

**Website:**

**NCIC-ORI:**

 **9-digit**

* Please retain a copy of your completed survey. Questionnaires completed online can be printed for your records.
* If you have any questions, call RTI toll-free at 1-800-845-7883, or send an e-mail to csllea@rti.org. When corresponding about this survey, please refer to the Agency ID number above.
* If you have any general comments or suggestions for improving the survey, please contact Elizabeth Davis of the Bureau of Justice Statistics by phone at 1-202-305-2667 or by e-mail at Elizabeth.Davis@usdoj.gov.

**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 32 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 (34 USC 10132), 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.

**INSTRUCTIONS**

**Please do not leave any items blank**.

* If the answer to a question is “none” or “zero,” write “0” in the space provided.
* Use an X when marking an answer in a box.

**VERIFY AGENCY HEAD CONTACT INFORMATION**

****

**The contact information at right is
on file for the head of this agency:**

Agency Head Name: *<<AgencyHeadName>>*

Agency Head Title: *<<AgencyHeadTitle>>*

Agency Address: *<<Address1>>*

*<<Address2>>*

*<<City>>, <<State>> <<Zip>>*

**Is this information correct?**

|  |
| --- |
| * + Yes
 |
| * + No *Provide correct information*
 |

|  |
| --- |
| New Agency Head Information |
| Name |  |
| Title |  |
| Address |  |

**SURVEY QUESTIONS**

****

1. **Who operates this agency?** *Mark [X] only one.*

|  |
| --- |
| * County or parish government
 |
| * Regional government
 |
| * Municipal (city, town or township) government

*Go to SURVEY INSTRUCTION Box on the next page.* |
| * Tribal government
* School district (K-12)
 |
| * 2-year college
 |
| * 4-year college or university
* State government

*Go to Question 2 on the next page.* |
| * Special district or authority (*Specify*):

*Go to Question 2 on the next page.* |

**2.** A **multi-agency system** is a formal organizational structure where a parent or primary agency oversees subordinate law enforcement agencies or components. In a multi-agency system, sub-agencies or sub-components typically address a specific jurisdiction or special law enforcement function. *For example*, a state-level Department of Public Safety may oversee multiple sub-agencies or sub-components such as narcotics enforcement, state bureau of investigation, intelligence, etc.

 NOT included are contractual law enforcement arrangements voluntarily agreed to by individual agencies and not required by state or local law.

**Is your agency part of a multi-agency system?**

|  |
| --- |
| * + Yes *Go to Question 2a*
 |
| * + No *Go to SURVEY INSTRUCTION BOX*
 |

**2a. Is your agency the parent or primary agency of the system?**

|  |  |
| --- | --- |
|  | Yes Please provide the name(s) of the sub-agencies or sub-components within the system that your agency oversees: |
|  | No Please provide the name of the parent or primary agency that oversees your sub-agency or sub-component: |

**SURVEY INSTRUCTION BOX**

**For the rest of this survey**, report for **only** the agency to which this survey request is addressed.

* If your agency oversees sub-agencies or sub-components, those sub-agencies or sub-components should complete their own survey.
* If your agency is a sub-agency or sub-component of a larger agency, please respond only for your sub-agency or sub-component.

**For campus law enforcement agencies** **only**, report for all campuses served by the agency to which this survey request is addressed.

1. **Enter your agency’s total operating budget for the fiscal or calendar year that included June 30, 2022 and your agency’s total operating budget for the PREVIOUS fiscal or calendar year that included June 30, 2021.** *If not available, provide an estimate and mark [X] the estimate checkbox. Include jails administered by your agency. Exclude building construction costs and major equipment purchases*

***2022***  *: If estimate, check here:*

**$**

 ***2021***  *If estimate, check here:*

**$**

1. **During 2022, did your agency perform any of these functions on a regular basis or have primary responsibility for performing when needed?** *Mark [X] Yes or No for each function.*

|  |  |  |
| --- | --- | --- |
| **A. Patrol and response functions** | **Yes** | **No** |
| 1. Arrest of criminal suspects
 |  |  |
| 1. Dispatching of calls for service
 |  |  |
| 1. First response to criminal incidents
 |  |  |
| 1. Responding to citizen-initiated requests for service
 |  |  |
| 1. Routine patrol services
 |  |  |
| 1. Special events/crowd control
 |  |  |
| **B. Criminal investigation for:** | **Yes** | **No** |
| 1. Arson
 |  |  |
| 1. Cybercrime
 |  |  |
| 1. Homicide
 |  |  |
| **C. Traffic and vehicle-related functions** | **Yes** | **No** |
| 1. Accident investigation
 |  |  |
| 1. Commercial vehicle enforcement
 |  |  |
| 1. Traffic law enforcement
 |  |  |
| **D. Detention-related functions** | **Yes** | **No** |
| 1. Booking and release of inmates
 |  |  |
| 1. Detainee or inmate transport
 |  |  |
| 1. Operating a temporary holding cell

(not for overnight detention) |  |  |
| 1. Operating an overnight lockup or temporary holding facility separate from a jail
 |  |  |
| 1. Operating 1 or more jails
 |  |  |
| **E. Court-related functions** | **Yes** | **No** |
| 1. Apprehension of fugitives
 |  |  |
| 1. Enforcing child support orders
 |  |  |
| 1. Enforcing protection orders
 |  |  |
| 1. Executing arrest warrants
 |  |  |
| 1. Providing court security
 |  |  |
| 1. Serving eviction notices
 |  |  |
| 1. Serving process (i.e., legal notification)
 |  |  |
| **F. Forensic services** | **Yes** | **No** |
| 1. Digital evidence examination
 |  |  |
| 1. Firearms examinations (other than NIBIN)
 |  |  |
| **F. Forensic services (continued)** | **Yes** | **No** |
| 1. Footwear or tire tread examination
 |  |  |
| 1. Forensic crime scene investigation
 |  |  |
| 1. Latent fingerprint examination
 |  |  |
| 1. Operating a forensic crime lab
 |  |  |
| **G. Special public safety functions** | **Yes** | **No** |
| 1. Animal control
 |  |  |
| 1. Emergency management
 |  |  |
| 1. Emergency medical services
 |  |  |
| 1. Fire services
 |  |  |
| 1. Responding to mental health calls
 |  |  |
| 1. School crossing services
 |  |  |
| **H. Task force participation for:** | **Yes** | **No** |
| 1. Anti-terrorism
 |  |  |
| 1. Auto theft
 |  |  |
| 1. Drug trafficking
 |  |  |
| 1. DUI
 |  |  |
| 1. Gangs
 |  |  |
| 1. Human trafficking
 |  |  |
| 1. Opioid abuse
 |  |  |
| 1. Other (*Specify*):
 |  |  |
| 1. **Specialized functions**
 | **Yes** | **No** |
| 1. Bomb/explosives disposal
 |  |  |
| 1. Canine/K-9
 |  |  |
| 1. Crime analysis
 |  |  |
| 1. Firearm background checks
 |  |  |
| 1. Operating a basic training academy
 |  |  |
| 1. Providing direct victim assistance or programs
 |  |  |
| 1. Providing law enforcement services to or on tribal lands
 |  |  |
| 1. School Resource Officers (SROs)
 |  |  |
| 1. Search and rescue
 |  |  |
| 1. Tactical operations (SWAT)
 |  |  |
| 1. Underwater recovery
 |  |  |
| 1. Other (*Specify*):
 |  |  |

1. **Enter the number of full-time and part-time *paid* agency employees for the pay period that included June 30, 2022.** *Count employees who were regularly scheduled to work less than 35 hours per week as part-time. If none, enter 0.*

|  |  |  |
| --- | --- | --- |
|  | **Full-Time** | **Part-Time** |
| 1. Sworn *o*fficers with general arrest powers
 |  |  |
| 1. Officers with limited or no arrest powers (e.g., jail or court officers in some agencies)
 |  |  |
| 1. Non-sworn/civilian personnel
 |  |  |
| 1. ***Total employees (Sum of rows a-c)***
 |  |  |

1. **Enter the number of full-time personnel by sex for the pay period that included June 30, 2022.** *Each total should match the number reported in the same colored cell in Question 4. If none, enter 0.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Male** | **Female** | **Total**  |
| 1. Sworn officers with general arrest powers
 |  |  |  |
| 1. Officers with limited or no arrest powers (e.g., jail or court officers in some agencies)
 |  |  |  |
| 1. Non-sworn/civilian personnel
 |  |  |  |

1. **Enter the number of full-time sworn officers by race and Hispanic origin for the pay period that included June 30, 2022.** *The total reported in 7i should match the number reported in the same colored cell in Questions 5 and 6. If none, enter 0.*

|  |  |
| --- | --- |
|  | **Number** |
| 1. White, non-Hispanic
 |  |
| 1. Black or African American, non-Hispanic
 |  |
| 1. Hispanic or Latino
 |  |
| 1. American Indian or Alaska Native, non-Hispanic
 |  |
| 1. Asian, non-Hispanic
 |  |
| 1. Native Hawaiian or Other Pacific Islander, non-Hispanic
 |  |
| 1. Two or more races
 |  |
| 1. Not known
 |  |
| 1. ***Total full-time sworn officers (Sum of rows a-h)***
 |  |

**Thank You!**

Thank you for participating in this survey. Please retain a copy for your records. If you have any questions about this survey, please contact the CSLLEA team at 1-800-845-7883 or csllea@rti.org.