

2018 CENSUS OF STATE AND LOCAL LAW ENFORCEMENT AGENCIES



U.S. Department of Justice, Bureau of Justice Statistics, and acting as collection agent: RTI International

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

[FILL AGENCY NAME HERE]

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/2018csllea>
 - Agency ID: _____
 - Password: _____
- E-mail: csllea@rti.org
- Fax: 1-866-354-7883 (toll-free)
- Mail: Use the enclosed postage-paid envelope

Important:

If any of the following conditions applied to your agency as of **December 31, 2017**, 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 next column.

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: _____

- 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 Shelley Hyland of the Bureau of Justice Statistics by phone at 1-202-616-1706 or by e-mail at Shelley.Hyland@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 30 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 CONTACT INFORMATION

The contact information at right is on file for this agency:

[Chief Name]

[Title]

[Agency Address]

Is this information correct?

Yes

No → Provide correct information:

SURVEY QUESTIONS

1. What type of government operates this agency? Mark [X] only one.

State

County or parish

Regional

Municipal (city, town or township)

School district (K-12)

2-year college

4-year college or university

Tribal

Special district or authority (Specify):

2. Is your agency primarily responsible for providing law enforcement services within the jurisdiction above?

Yes

No → Specify primary agency:

3. Enter your agency's total operating budget for the fiscal or calendar year that includes **December 31, 2017**. 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.


\$

If estimate, check here:

4. During 2017, 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. Do not leave any blank.

A. Patrol and response functions	Yes	No
1. Routine patrol services	<input type="checkbox"/>	<input type="checkbox"/>
2. Responding to citizen initiated requests for service	<input type="checkbox"/>	<input type="checkbox"/>
3. First response to criminal incidents	<input type="checkbox"/>	<input type="checkbox"/>
4. Arrest of criminal suspects	<input type="checkbox"/>	<input type="checkbox"/>
5. Special events/crowd control	<input type="checkbox"/>	<input type="checkbox"/>
6. Dispatching of calls for service	<input type="checkbox"/>	<input type="checkbox"/>
B. Criminal investigation for:	Yes	No
1. Homicide	<input type="checkbox"/>	<input type="checkbox"/>
2. Cybercrime	<input type="checkbox"/>	<input type="checkbox"/>
3. Arson	<input type="checkbox"/>	<input type="checkbox"/>
C. Traffic and vehicle-related functions	Yes	No
1. Traffic law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
2. Traffic direction and control	<input type="checkbox"/>	<input type="checkbox"/>
3. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
4. Parking enforcement and control	<input type="checkbox"/>	<input type="checkbox"/>
5. Commercial vehicle enforcement	<input type="checkbox"/>	<input type="checkbox"/>
D. Detention-related functions	Yes	No
1. Inmate transport	<input type="checkbox"/>	<input type="checkbox"/>
2. Booking and release of inmates	<input type="checkbox"/>	<input type="checkbox"/>
3. Operating a temporary holding cell (not for overnight detention)	<input type="checkbox"/>	<input type="checkbox"/>
4. Operating an <u>overnight</u> lockup or temporary holding facility <u>separate</u> from a jail	<input type="checkbox"/>	<input type="checkbox"/>
5. Operating 1 or more jails	<input type="checkbox"/>	<input type="checkbox"/>
E. Court-related functions	Yes	No
1. Providing court security	<input type="checkbox"/>	<input type="checkbox"/>
2. Serving process (i.e., legal notification)	<input type="checkbox"/>	<input type="checkbox"/>
3. Executing arrest warrants	<input type="checkbox"/>	<input type="checkbox"/>
4. Serving eviction notices	<input type="checkbox"/>	<input type="checkbox"/>
5. Enforcing protection orders	<input type="checkbox"/>	<input type="checkbox"/>
6. Enforcing child support orders	<input type="checkbox"/>	<input type="checkbox"/>
7. Apprehension of fugitives	<input type="checkbox"/>	<input type="checkbox"/>

F. Forensic services	Yes	No
1. Forensic crime scene investigation	<input type="checkbox"/>	<input type="checkbox"/>
2. Processing of digital evidence	<input type="checkbox"/>	<input type="checkbox"/>
3. Operating a forensic crime lab	<input type="checkbox"/>	<input type="checkbox"/>
G. Special public safety functions	Yes	No
1. Animal control	<input type="checkbox"/>	<input type="checkbox"/>
2. School crossing services	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency management	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire services	<input type="checkbox"/>	<input type="checkbox"/>
H. Task force participation for:	Yes	No
1. Gangs	<input type="checkbox"/>	<input type="checkbox"/>
2. Drug trafficking	<input type="checkbox"/>	<input type="checkbox"/>
3. Opioid abuse	<input type="checkbox"/>	<input type="checkbox"/>
4. Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>
5. Anti-terrorism	<input type="checkbox"/>	<input type="checkbox"/>
6. Other (<i>Specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
I. Specialized functions	Yes	No
1. Bomb/explosives disposal	<input type="checkbox"/>	<input type="checkbox"/>
2. Canine/K-9	<input type="checkbox"/>	<input type="checkbox"/>
3. Crime analysis	<input type="checkbox"/>	<input type="checkbox"/>
4. Firearm background checks	<input type="checkbox"/>	<input type="checkbox"/>
5. Search and rescue	<input type="checkbox"/>	<input type="checkbox"/>
6. Tactical operations (SWAT)	<input type="checkbox"/>	<input type="checkbox"/>
7. Underwater recovery	<input type="checkbox"/>	<input type="checkbox"/>
8. Operating a basic training academy	<input type="checkbox"/>	<input type="checkbox"/>
9. Providing direct victim assistance or programs	<input type="checkbox"/>	<input type="checkbox"/>
10. Providing law enforcement services to or on tribal lands	<input type="checkbox"/>	<input type="checkbox"/>
11. Other (<i>Specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

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5. Enter the number of **authorized full-time sworn** in your agency's budget and the number of **actual full-time and part-time paid agency employees** during the pay period that included **December 31, 2017**. Count employees who are regularly scheduled to work less than 35 hours per week as part-time. If none, enter 0.

	Authorized Full-Time	Actual Full-Time	Actual Part-Time
a. <i>Fully Sworn</i> : Officers with general arrest powers			
b. <i>Limited Sworn</i> : Officers with limited or no arrest powers			
c. Non-sworn employees	Not Applicable		
d. Total employees (Sum of rows a-c)	Not Applicable		

6. Enter the number of **actual full-time sworn officers by sex** for the pay period that included **December 31, 2017**. Each total should match the number reported in the same colored cell in Question 5. If none, enter 0.

	Fully Sworn	Limited Sworn
a. Male		
b. Female		
c. Total officers (Sum of rows a and b)		

7. Enter the number of **actual full-time sworn officers** that performed the following duties as their **primary** job responsibility for the pay period that included **December 31, 2017**. Count each officer only once. Each total should match the number reported in the same colored cell in Question 5. If none, enter 0.

	Fully Sworn	Limited Sworn
a. Patrol duties (including community policing officers)		
b. Investigative duties (e.g., detectives, investigators)		
c. K-12 school safety duties (e.g., school resource or liaison officer)		
d. Jail-related duties		
e. Court-related duties		
f. Other duties (<i>Specify</i>):		
g. Total officers (Sum of rows a-f)		

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.