

FORM NPS-8
(03-13-2020)

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
and ACTING AS COLLECTING AGENT
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

CENSUS USE ONLY

a. Report year

b.

Card ___ of ___ Cards

**REPORT OF INMATE UNDER SENTENCE OF DEATH
NATIONAL PRISONER STATISTICS**

RETURN TO

U.S. Census Bureau
ATTN: Economic Reimbursable Surveys Division 4600 Silver Hill
Rd, 6H048G, Washington, DC 20233

**Important – Please read instructions on reverse
before completing this form.**

1. State		Inmate's Dept. of Corrections ID.		11. Date of arrest for capital offense		Month	Year
2. Inmate name		First	Middle Initial	12. Date of conviction for capital offense		Month	Year
3. Sex – Mark (X) appropriate box.				13. Date of sentence for capital offense		Month	Year
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female				14a. Inmate status on December 31, 2019. Mark (X) appropriate box.			
4a. Ethnicity – Mark (X) appropriate box.				1 <input type="checkbox"/> Under sentence of death – <i>Continue with item 14b</i>			
1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Non-Hispanic or Non-Latino 3 <input type="checkbox"/> Not known				2 <input type="checkbox"/> Sentence of death removed – <i>Skip to items 14c and 14d</i>			
4b. Race – Mark one or more.				14b. Was this inmate on escape or at a mental hospital on December 31, 2019?		Month	Year
1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian		5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander 6 <input type="checkbox"/> Additional racial category in your information system – <i>Specify</i> <input checked="" type="checkbox"/>		1 <input type="checkbox"/> Yes, on escape – <i>Enter month and year of escape</i>		Month	Year
5. Date of birth		Month	Year	2 <input type="checkbox"/> Yes, at a mental hospital – <i>Enter month and year of transfer to mental hospital</i>		Month	Year
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	3 <input type="checkbox"/> No			
6. Capital offense(s) for which imprisoned		Number of death sentences imposed		14c. Reason for inmate's removal from under sentence of death – Mark (X) appropriate box.		Month	Year
1 <input type="checkbox"/> Murder 2 <input type="checkbox"/> Rape 3 <input type="checkbox"/> Kidnap 4 <input type="checkbox"/> Other – <i>Specify</i>		_____		1 <input type="checkbox"/> Executed – <i>Enter date and skip to item 15</i>		Month	Year
				2 <input type="checkbox"/> Deceased by other causes – <i>Enter date and skip to item 16</i>		Month	Year
7. Marital status at time of first imprisonment for capital offense				3 <input type="checkbox"/> Capital sentence declared unconstitutional by State or U.S. Supreme Court		Month	Year
1 <input type="checkbox"/> Married – <i>Include common law marriage</i>				4 <input type="checkbox"/> Sentence commuted		Month	Year
2 <input type="checkbox"/> Divorced or separated				5 <input type="checkbox"/> Conviction affirmed, sentence overturned by appellate or higher court		Month	Year
3 <input type="checkbox"/> Widowed				6 <input type="checkbox"/> Conviction and sentence overturned by appellate or higher court		Month	Year
4 <input type="checkbox"/> Never married				7 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/>		Month	Year
5 <input type="checkbox"/> Not known				8 <input type="checkbox"/> Information not available at this office		Month	Year
8. Highest year of education completed at time of first imprisonment for capital offense				14d. Current status of inmate removed from sentence of death – Mark (X) the one box showing the inmate's status as of the day you fill out this report, i.e., TODAY.			
1 <input type="checkbox"/> 7th grade or less 2 <input type="checkbox"/> 8th grade 3 <input type="checkbox"/> 9th grade 4 <input type="checkbox"/> 10th grade 5 <input type="checkbox"/> 11th grade 6 <input type="checkbox"/> 12th grade – (Include GED)		7 <input type="checkbox"/> 1st year of college 8 <input type="checkbox"/> 2nd year of college 9 <input type="checkbox"/> 3rd year of college 10 <input type="checkbox"/> 4th year of college 11 <input type="checkbox"/> More than 4 years of college 12 <input type="checkbox"/> Not Known		1 <input type="checkbox"/> Under new sentence of _____			
9. Legal status at time of capital offense				2 <input type="checkbox"/> Awaiting retrial to determine guilt			
<i>Mark (X) appropriate box. NOT UNDER SENTENCE</i>				3 <input type="checkbox"/> Awaiting resentencing only (guilt affirmed)			
1 <input type="checkbox"/> No charges pending				4 <input type="checkbox"/> Found not guilty in retrial			
2 <input type="checkbox"/> Charges pending				5 <input type="checkbox"/> All charges on capital offense dropped			
UNDER SENTENCE				6 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/>			
3 <input type="checkbox"/> On probation				7 <input type="checkbox"/> No action has been taken since removal from sentence of death			
4 <input type="checkbox"/> On parole				8 <input type="checkbox"/> Information not available at this office			
5 <input type="checkbox"/> On escape				15. Method of execution – Mark (X) one box showing how the inmate was executed.			
6 <input type="checkbox"/> Imprisoned				1 <input type="checkbox"/> Lethal injection			
7 <input type="checkbox"/> Other – <i>Specify legal status</i> _____				2 <input type="checkbox"/> Electrocutation			
8 <input type="checkbox"/> UNKNOWN				3 <input type="checkbox"/> Lethal gas			
10a. Prior felony conviction(s) – Mark (X) appropriate box.				4 <input type="checkbox"/> Hanging			
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Skip to item 11</i>				5 <input type="checkbox"/> Firing squad			
10b. Were any of these convictions for criminal homicide?				6 <input type="checkbox"/> Other – <i>Specify</i> _____			
Yes, prior conviction for <input checked="" type="checkbox"/>				16. Cause of death other than execution Mark (X) the appropriate box.			
1 <input type="checkbox"/> Murder 2 <input type="checkbox"/> Involuntary manslaughter 8 <input type="checkbox"/> Manslaughter 9 <input type="checkbox"/> Voluntary manslaughter 3 <input type="checkbox"/> Vehicular manslaughter		4 <input type="checkbox"/> Attempted murder 5 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Natural causes			
				2 <input type="checkbox"/> Suicide			
				3 <input type="checkbox"/> Murdered by another inmate			
				4 <input type="checkbox"/> Other – <i>Specify</i> _____			

INSTRUCTIONS

Please complete one card for each person who: (1) entered your State's correctional system under sentence of death at any time during the report year, or (2) had received a sentence of death in a previous year but was not previously reported. Attempt to answer all items.

Item b. Card of Cards. Complete this item to insure proper accounting of all persons under sentence of death in your correctional system who have not been previously reported.

Item 4a. Ethnicity. Hispanic or Latino persons are those of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Item 4b. Race

(1) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(2) **Black or African American.** A person having origins in any of the black racial groups of Africa.

(3) **American Indian or Alaska Native.** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

(4) **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(5) **Native Hawaiian or Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(6) **Additional categories in your system.** Any designation not covered by the above categories. Please specify in the space provided.

Item 5. Date of Birth. Enter two digits for month (e.g., January=01) and four digits for year.

Item 6. Capital offense for which imprisoned. Mark **only** those offenses for which a capital sentence was levied in this jurisdiction. Enter the number of death sentences the inmate received in the space provided.

Item 7. Marital status at time of first imprisonment for capital offense. "Time of first imprisonment" refers to the inmate's original time of arrival at **prison** after his first sentencing to death. Separated does **not** include separation because of imprisonment.

Item 8. Highest year of education completed at time of first imprisonment for capital offense. Time frame as in Item 7 above. Include high school equivalency (GED) as "12th grade."

Item 9. Legal status at time of capital offense. If the person was known to be free in all states with no criminal charges pending at the time of the offense(s) in Item 6, mark "Not under sentence no charges pending."

Item 10a. Prior felony conviction(s). If the person was known to have been convicted of any felony **before being convicted** of the offense(s) in Item 6, mark "Yes" and answer Item 10b.

Item 10b. Prior conviction for criminal homicide. If any prior felony conviction referenced in Item 10a was for criminal homicide, mark "Yes" and mark the type(s) of criminal homicide. If convicted of a type not listed, mark "other" and specify the type.

Item 12. Date of conviction for capital offense. Generally a person receives only one conviction for a single or multiple capital offenses. In this case, enter the month and year the inmate was found guilty of the capital offense(s) in Item 6. If a person was convicted of more than one capital offense and received more than one death sentence, not all on the same date, record the **earliest date** that the person was found guilty. If a person's previous conviction for the offense(s) shown in Item 6 was overturned, but the person was subsequently retried and found guilty, enter the **most recent** month and year of conviction. **Do not** enter the date an appeal was rejected or the person was admitted to prison.

Item 13. Date of sentence for capital offense. Enter the date the person was formally sentenced to death by the court. The date must be the same as or later than the conviction date in Item 12.

Item 14a. Inmate status on December 31, ____. Indicate whether or not the inmate was under sentence of death at the end of the report year.

Item 14b. Indicate if the inmate was on escape or at a mental hospital. Enter the month and year of escape or transfer to mental hospital.

Item 14c. Reason for removal from sentence of death. Complete this item **only** if the sentence of death was removed during the report year or earlier. Mark the box which most accurately describes the means by which the death sentence was removed.

14d. Current status of Inmate removed from sentence of death. Mark the one box which best describes the inmate's legal status as of **THE DATE THIS REPORT IS COMPLETED**. If "Under new sentence", enter length of new sentence.