## 2018 CENSUS OF STATE AND LOCAL LAW ENFORCEMENT AGENCIES





Acting as collection agent: RTI International								
Please use this form to provide information on behalf of the following agency:								
	If the agency name printed above is inc	correct, pie	ase can us at	1-000-045-7005.				
Sub	mit this form using one of the following four methodologie: <a href="https://bjslecs.org/CSLLEA2018">https://bjslecs.org/CSLLEA2018</a>	ds:	E-mail: cslle	a@rti.org				
	Agency ID:	•	<b>Fax:</b> 1-866-3	54-4989 (toll-free)				
	Password:	•	Mail: Use the	e enclosed postage	-paid envelope			
Imp	portant:	Indicate who completed this form:						
	ny of the following conditions applied to your ncy as of June 30, 2018, you do not need to	Name:						
	plete the entire questionnaire. Mark [X] the		Last Name	First Name	MI			
app	ropriate box below and return the survey using the rn instructions in the box above.	Title:						
	Agency no longer in existence	Phone:						
L	Enter date agency ceased operations:		Area Code	Number	Extension			
		Fax:						
	Month Day Year	I UXI	Area Code	Number				
	Agency contracted or outsourced all law							
	enforcement services to the following agency	E-mail:						
	Enter the name of the agency providing contractual services:	Agency						
	501,1145,1541,1555	Website:						
	Agency employed only part-time officers <u>and</u> the total combined hours worked for these officers averaged less than 35 hours per week	Ques		by of your complete opleted online can				
	All the officers in the agency were unpaid volunteers	• If you	ı have any que	estions, call RTI toll	-free at 1-800-			
	All the officers in the agency were paid via fee-for- service and not salary	<ul> <li>845-7883, or send an e-mail to csllea@rti.org. When corresponding about this survey, please refer to the Agency ID number above.</li> <li>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.</li> </ul>						
	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							
Feder	Burden al agencies may not conduct or sponsor an information collection, and a perso	Statement n is not required	to respond to a colle	ection of information, unless	s 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.

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## **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:  Is this information correct?	Agency Head Name: Agency Head Title: Agency Address:					
☐ Yes ☐ No → Provide correct information:	Agency Head Name: Agency Head Title: Agency Address:					
SURVEY QUESTIONS						
1. Who operates this agency? Mark [X] only one.  State government County or parish government Regional government Municipal (city, town or township) government Tribal government School district (K-12) 2-year college 4-year college or university Special district or authority (Specify):						
2. Enter your agency's total operating budget for the fiscal or calendar year that includes June 30, 2018. 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. \$						
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primary responsibility for performing when needed? Mark [X] Yes or No for each function. A. Patrol and response functions Yes F. Forensic services No Yes No 1. Forensic crime scene investigation 1. Routine patrol services 2. Responding to citizen-initiated П П 2. Processing of digital evidence requests for service 3. Operating a forensic crime lab 3. First response to criminal incidents G. Special public safety functions Yes No 4. Arrest of criminal suspects 1. Animal control 5. Special events/crowd control 2. School crossing services 6. Dispatching of calls for service 3. Emergency medical services B. Criminal investigation for: Yes No 4. Emergency management 1. Homicide П 5. Fire services 2. Cybercrime H. Task force participation for: Yes No П 3. Arson 1. Gangs C. Traffic and vehicle-related functions Yes No 2. Drug trafficking 1. Traffic law enforcement 3. Opioid abuse 2. Traffic direction and control 4. DUI 3. Accident investigation 5. Auto theft 4. Parking enforcement and control Human trafficking 5. Commercial vehicle enforcement 7. Anti-terrorism D. Detention-related functions Yes No 8. Other (Specify): 1. Detainee or inmate transport 2. Booking and release of inmates I. Specialized functions Yes No 3. Operating a temporary holding cell 1. Bomb/explosives disposal (not for overnight detention) 4. Operating an overnight lockup or 2. Canine/K-9 temporary holding facility separate 3. Crime analysis from a jail 4. Firearm background checks П П 5. Operating 1 or more jails 5. Search and rescue E. Court-related functions Yes No 6. Tactical operations (SWAT) 1. Providing court security 7. Underwater recovery 2. Serving process (i.e., legal notification) 8. Operating a basic training academy 9. Providing direct victim assistance or П 3. Executing arrest warrants programs 4. Serving eviction notices 10. Providing law enforcement services to or on tribal lands 5. Enforcing protection orders 11. Other (Specify): 6. Enforcing child support orders 7. Apprehension of fugitives

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3. During 2018, did your agency perform any of these functions on a regular basis or have

4.	Enter the number of <u>full-time</u> and <u>part-time</u> paid agency employees for the pay period that included June 30, 2018. Count employees who are regularly scheduled to work less than 35 hours per week as part-time. If none, enter 0.							
		Full-Time	Part-Time					
	a. Sworn: Officers with general/full arrest powers							
	<ul> <li>b. Limited Authority: Officers with limited or no arrest powers (e.g., jail or court officers in some agencies)</li> </ul>							
	c. All other personnel not included in a or b above (e.g., civilian employees)							
	d. Total employees (Sum of rows a-c)							
5.	Enter the number of <u>full-time</u> officers by <u>sex</u> for the pay post total should match the number reported in the same colore Male	eriod that includ d cell in Question Female	ed June 30, 2018.  4. If none, enter 0.  Total					
	a. Sworn: Officers with general/full arrest	remale	Total					
	powers powers							
	b. Limited Authority: Officers with limited or no arrest powers (e.g., jail or court officers in some agencies)							
6.	Enter the total number of full-time officers who served as	School Resourc	e Officers or					
•	whose primary duties were related to safety in K-12 school	ols (exclude cros						
	the last pay period of the 2017-2018 school year. If none, e	nter 0.	Number					
	a. Sworn: Officers with general/full arrest powers		Number					
	b. Limited Authority: Officers with limited or no arrest powers							
	c. Total full-time officers (Sum of rows a and b)							
7. Enter the number of <u>full-time</u> officers that worked in each of the major duty areas period that included June 30, 2018. Count each full-time officer only once. Each total state number reported in the same colored cell in Question 4. If none, enter 0.								
	Full-time officers who work primarily in a SINGLE duty area	Sworn	Limited Authority					
	a. Law enforcement duties							
	b. Jail-related duties							
	c. Court-related duties							
	d. One other duty area not specified above							
	Full-time officers whose work is split equally across MULTIPLE duty areas	Sworn	Limited Authority					
	e. Multiple duties, including law enforcement duties							
	f. Multiple duties, not including law enforcement duties							
	g. Total full-time officers (Sum of rows a-f)							
C	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 <a href="mailto:csllea@rti.org">csllea@rti.org</a> .							