CJ-5			OMB No. 1	1121-0094: Approval Expires 5/31/2016
RETURN TO	U.S. Census Bureau Governments Division Washington, DC 20233-6800	FORM CJ-5 (3-7-2014) 2014 AN SURVEY O	FJAUS	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT U.S. DEPARTMENT OF COMMERCE OMICS AND STATISTICS ADMINISTRATION U.S. CENSUS BUREAU
		DATA SUPPLIED BY	{	
Name		Title		
OFFICIAL ADDRESS			City	State ZIP Code

Extension

FAX

NUMBER

(Please correct any error in name, mailing address, and ZIP Code)

Area Code

Number

GENERAL INFORMATION

- If you have any questions, call the U.S. Census Bureau at 1-800-253-2078, or e-mail govs.asj@census.gov.
- Please complete the questionnaire before July 31, 2014 using the web-reporting option (see the web flyer for details), by mailing the completed form to the U.S. Census Bureau in the enclosed envelope, or by FAXing all pages to 1-888-262-3974.
- Please retain a copy of the completed form for your records.

Area code

TELEPHONE

E-MAIL ADDRESS Number

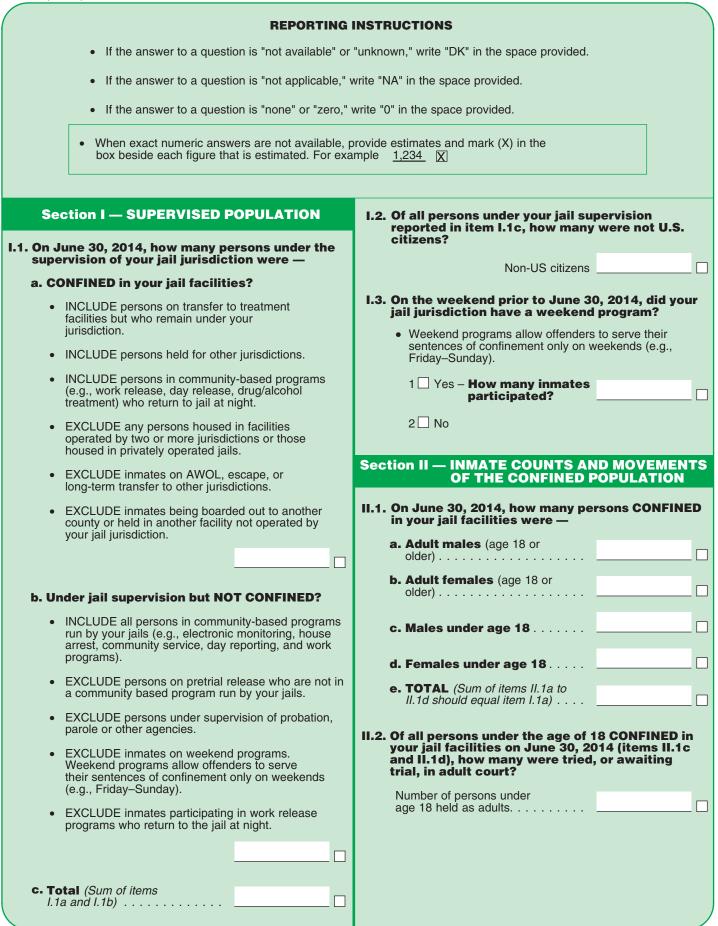
What types of facilities are included in this survey?

Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.

- INCLUDE jails and city/county correctional centers.
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- INCLUDE temporary holding or lockup facilities if they are part of your combined function.
- EXCLUDE temporary holding or lockup facilities that are not part of your combined function from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is a temporary holding or lockup facility, DO NOT complete this form – contact Leslie Miller at 1–800–253–2078.
- · EXCLUDE facilities reporting to form CJ-5D, which collects data from jail jurisdictions that are selected with certainty to participate in the Annual Survey of Jails.

Burden statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 1/4 hours 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 survey, 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.



II.3. Of all persons CONFINED in you on June 30, 2014, how many w		II.5. On June 30, 2014, how many persons CONFINED in your jail facilities were held for —		
 For persons with more than one status with the most serious offer 		 For persons with a multiple hold, count them only once with priority being Federal, State, and local. 		
 For convicted inmates include p violators with no new sentence. 	robation and parole	a. Federal authorities		
a. Convicted		1. U.S. Marshals Service		
How many were —		2. Federal Bureau of Prisons 🗌 3. U.S. Immigration and		
1. Unsentenced inmates or awaiting sentencing		Customs Enforcement (I.C.E.).		
2. Sentenced inmates		4. Bureau of Indian Affairs .		
b. Unconvicted		5. Other – Specify _⋠		
How many were —		b. State prison authorities		
1. Awaiting trial/ arraignment		1. For your state		
2. Awaiting transfer/hold for other authorities		2. For other states 🗌		
		c. Other local jail jurisdictions		
3. Other		 EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates). 		
		1. Within your state		
II.4. On June 30, 2014, how many po CONFINED in your jail facilities	ersons were —	2. Outside your state		
a. White , not of Hispanic origin		d. TOTAL (Sum of items II.5a to II.5c)		
b. Black or African American , not of Hispanic origin	0	II.6. a. During the 30-DAY period from June 1 to June 30, 2014, on what day did your facility hold the greatest number of inmates?		
c. Hispanic or Latino	□	 Peak population should be equal to or greater than 		
d. American Indian/Alaska Native , not of Hispanic origin .		the confined inmate population reported in item I.1a.		
e. Asian, not of Hispanic origin				
f. Native Hawaiian or Other Pacific Islander, not of		b. How many persons were CONFINED on that day?		
Hispanic origin	□	Number that day		
g. Two or more races , not of Hispanic origin				
h. Additional categories in you information system — Specify				
i. Not known				
j. TOTAL (Sum of items II.4a to II.4i should equal item I.1a)				
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