

FORM CJ-38

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
(NORC acting as data collection agent)



## 2014 CENSUS OF STATE AND LOCAL LAW ENFORCEMENT AGENCIES

Please correct any errors in the name and address information that is printed below.

OFFICIAL NAME OF AGENCY (If different from above) ▶

9-DIGIT NCIC-ORI NUMBER ▶

COUNTY WHERE HEADQUARTERS LOCATED ▶

### PERSON COMPLETING THE FORM

|                         |           |            |           |                |           |        |
|-------------------------|-----------|------------|-----------|----------------|-----------|--------|
| <b>NAME</b> ▶           | Last Name | First Name | MI        | <b>TITLE</b> ▶ |           |        |
| <b>TELEPHONE</b> ▶      | Area Code | Number     | Extension | <b>FAX</b> ▶   | Area Code | Number |
| <b>E-MAIL ADDRESS</b> ▶ |           |            |           |                |           |        |

**IMPORTANT – If any of the following conditions applied to your agency as of June 30, 2014, you do not need to complete the entire questionnaire. Mark [X] the appropriate box below and return the survey using the return instructions below.**

1  Agency no longer in existence

→ Enter date agency ceased operations

/  /   
mm/dd/yyyy

- 2  Agency employed only part-time officers AND the total combined hours worked for these officers averaged less than 35 hours per week
- 3  All the officers in the agency were unpaid volunteers
- 4  Agency was private (i.e., not operated with funds from a state, local, special district, or tribal government)
- 5  Agency was operated by the Federal government

#### RETURN INSTRUCTIONS

- Please submit your completed form by using the web reporting option at <http://connectcai.norc.org/go/cslea>, mailing it to NORC in the enclosed postage-paid envelope, or faxing it (each page) toll-free to 1-888-326-9412.
- If you have any questions, call NORC toll-free at 1-877-233-5671, or send an e-mail to [cslea@norc.org](mailto:cslea@norc.org)
- If you have any general comments or suggestions for improving the survey, please contact Andrea Burch of the Bureau of Justice Statistics by phone at 1-202-307-1138 or by e-mail at [Andrea.Burch@usdoj.gov](mailto:Andrea.Burch@usdoj.gov)
- When corresponding about this survey, please refer to the 8-digit number shown above the pre-printed address information.
- Retain a copy of your completed survey for 1 year.

#### INSTRUCTIONS FOR COMPLETING THE FORM

- Unless otherwise noted, please answer all questions using June 30, 2014 as a reference.
- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When an exact numeric response is not available, provide an estimate and mark the estimate box.
- Please do not leave any items blank.

#### 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 60 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 (42 USC 3732), 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.

**1. What type of government operates this agency?**

Mark (X) only one.

- 1  State
- 2  County or parish
- 3  Municipal
- 4  Township
- 5  Regional
- 6  School district
- 7  Special district or authority
- 8  Tribal

**2. During 2014, did your agency perform these patrol, response, and criminal investigation functions either regularly or when needed? Mark "yes" or "no" for each listed function.**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. First response to criminal incidents .....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Patrol service.....                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Responding to citizen requests for service.... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Arrest of criminal suspects .....              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Special events crowd control .....             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Dispatching calls for service.....             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Homicide investigations.....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Arson investigations.....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Cybercrime investigations.....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Forensic crime scene investigations.....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**3. During 2014, did your agency perform these traffic, vehicle-related, and special public safety functions either regularly or when needed? Mark "yes" or "no" for each listed function.**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Traffic law enforcement.....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Traffic direction and control.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Accident investigation.....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Parking enforcement and control..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Commercial vehicle enforcement.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Animal control.....                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. School crossing services.....        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Fire services .....                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Emergency medical services.....      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Emergency management .....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**4. During 2014, did your agency perform these detention-related and court-related functions either regularly or when needed? Mark "yes" or "no" for each listed function.**

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| a. Operating 1 or more jails .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Booking and release of inmates .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Inmate transport .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Operating OVERNIGHT lockup or temporary holding facility SEPARATE from a jail ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Operating a temporary holding facility (NOT FOR OVERNIGHT DETENTION) .....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Court security .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Serving process (i.e., legal notification).....                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Executing arrest warrants.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Apprehension of fugitives .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Serving eviction notices.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k. Enforcing protection orders.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l. Enforcing child support orders.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**5. During 2014, did your agency have a contract or outsource agreement to RECEIVE these services from another law enforcement agency or justice entity? Mark "yes" or "no" for each listed service. Please see the functions listed in items 2 and 4 for examples of services in these categories.**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Patrol and response (refers to 2a-2f) .....    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Criminal investigation (refers to 2g-2j) ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Detention-related (refers to 4a-4e).....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Court-related (refers to 4f-4l) .....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**6. During 2014, did your agency have a contract or outsource agreement to PROVIDE these services to another law enforcement agency or justice entity? Mark "yes" or "no" for each listed service. Please see the functions listed in items 2 and 4 for examples of services in these categories.**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Patrol and response (refers to 2a-2f) .....    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Criminal investigation (refers to 2g-2j) ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Detention-related (refers to 4a-4e).....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Court-related (refers to 4f-4l) .....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**7. During 2014, did your agency have one or more active, ongoing partnerships with any PRIVATE SECURITY firms that included a formal written agreement?**

- 1  Yes
- 2  No

8. During 2014, did your agency provide law enforcement services (e.g., make arrests, investigate crimes) on TRIBAL LANDS? The term "tribal lands" includes areas also labeled Indian Country, federal or state recognized reservations, trust lands, Alaska Native villages, and/or tribal communities.

- 1  Yes
- 2  No

9. Enter the number of stations, SEPARATE from headquarters, operated by your agency as of June 30, 2014. If none, enter 0.

|   | Number |
|---|--------|
| a. District/precinct/division stations.....         | _____  |
| b. Fixed-site neighborhood/community stations ..... | _____  |
| c. Mobile neighborhood/community stations .....     | _____  |

10. Enter your agency's total operating budget for the fiscal or calendar year that included June 30, 2014. 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, mark (X) here

11. Enter the number of AUTHORIZED FULL-TIME positions and enter the number of ACTUAL FULL-TIME and PART-TIME paid employees during the pay period that included June 30, 2014. Authorized full-time positions refer to the total number of approved paid positions in your agency's budget, including vacant paid positions and those filled by actual paid employees scheduled to work 35 or more hours per week. Count employees who are regularly scheduled to work less than 35 hours per week as part-time. If none, enter 0.

|   | AUTHORIZED | ACTUAL    |           |
|---|------------|-----------|-----------|
|   | Full-time  | Full-time | Part-time |
| a. Sworn personnel (defined as those with general arrest powers)..... | _____      | _____     | _____     |
| b. Officers with restricted or no arrest powers.....                  | _____      | _____     | _____     |
| c. All other personnel not included in "a" or "b".....                | _____      | _____     | _____     |
| d. Total AUTHORIZED positions and ACTUAL employees (sum a-c).....     | _____      | _____     | _____     |

12. Enter the number of FULL-TIME SWORN personnel with general arrest powers (entered in 11a) by RACE/ETHNIC ORIGIN and SEX during the pay period that included June 30, 2014. Count each employee only once. If none, enter 0.

|   | Number |        |
|---|--------|--------|
|   | Male   | Female |
| a. White, not of Hispanic origin.....                                     | _____  | _____  |
| b. Black or African American, not of Hispanic origin.....                 | _____  | _____  |
| c. Hispanic or Latino.....  | _____  | _____  |
| d. American Indian or Alaska Native, not of Hispanic origin.....          | _____  | _____  |
| e. Asian, not of Hispanic origin.....                                     | _____  | _____  |
| f. Native Hawaiian or Other Pacific Islander, not of Hispanic origin..... | _____  | _____  |
| g. Two or more races.....   | _____  | _____  |
| h. Race/Ethnicity not known.....  | _____  | _____  |
| i. TOTAL FULL-TIME SWORN personnel (sum of a-h).....                      | _____  | _____  |

13. Enter the number of FULL-TIME SWORN personnel who RETURNED TO EMPLOYMENT WITH YOUR AGENCY from active military duty during 2013? If none, enter 0. If your agency does not track this information, please mark (X) in the "Do Not Track" checkbox.

|  | Number | Do Not Track             |
|--|--------|--------------------------|
| RETURNING FULL-TIME SWORN personnel..... | _____  | <input type="checkbox"/> |

14. Enter the number of FULL-TIME SWORN personnel that worked in the following capacities for the pay period that included June 30, 2014. Personnel may be counted in more than one category, but the number in each category should not exceed the number of ACTUAL FULL-TIME SWORN personnel entered in 11a. If none, enter 0.

|   | Number |
|---|--------|
| a. UNIFORMED officers with REGULARLY ASSIGNED DUTIES that include responding to citizen calls for service.....                        | _____  |
| b. Community Policing Officers or other sworn personnel specifically designated to engage in community policing activities.....       | _____  |
| c. School Resource Officers or other sworn personnel whose primary duties are related to school safety (exclude crossing guards)..... | _____  |

15. Enter the number of FULL-TIME SWORN personnel that worked PRIMARILY in each of the following major operational areas for the pay period that included June 30, 2014. The total should equal the number of ACTUAL FULL-TIME SWORN personnel entered in 11a. Count each employee only once. If none, enter 0.

**FULL-TIME SWORN personnel working PRIMARILY in each duty area**

|   | Number |
|---|--------|
| a. Law enforcement duties.....  |        |
| b. Jail-related duties.....   |        |
| c. Court-related duties.....  |        |
| d. Other SINGLE operational area not specified above.....                     |        |
| e. MULTIPLE operational areas that INCLUDE law enforcement duties.....        |        |
| f. MULTIPLE operational areas that do NOT include law enforcement duties..... |        |
| g. <b>TOTAL FULL-TIME SWORN personnel (sum a-f, should equal 11a)</b> .....   |        |

16. During 2014, did your agency perform these SPECIALIZED SERVICES either regularly or when needed? Mark "yes" or "no" for each listed service.

|  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| a. Bomb/explosives disposal.....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Search and rescue.....                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Tactical operations (e.g., SWAT).....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Canine/K-9.....                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Underwater recovery.....                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Operating a basic training academy..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Operating a forensic crime lab.....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Crime analysis.....                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Other, please specify.....              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| _____                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

17. During 2014, did your agency provide any of the following SERVICES regarding FIREARM BACKGROUND CHECKS or PERMITS? Mark "yes" or "no" for each listed service.

|   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Conduct background check for attempted purchase.....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Issue Purchase-only permits.....                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Issue Carry-only permits (including concealed carry).....            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Issue Carry permits that may also be used to purchase a firearm..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

18. During 2014, did your agency have DEDICATED PERSONNEL to provide DIRECT VICTIM ASSISTANCE services to victims or their families on at least a part-time basis?

- 1  Yes
- 2  No

19. During 2014, did your agency actively participate in one or more multidisciplinary response teams, task forces, or formal PARTNERSHIPS with OTHER VICTIM SERVICE PROVIDERS (e.g. shelters or safe houses, crisis counseling organizations, organizations providing victim compensation or legal services, victim support groups)?

- 1  Yes
- 2  No

20. During 2014, did your agency participate in these types of SPECIALIZED TASK FORCES either regularly or when needed? Mark "yes" or "no" for each listed task force.

|   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Gangs.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Anti-terrorism.....                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Violent crime (other than gangs and anti-terrorism)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Cyber-crimes against children.....                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Human trafficking.....                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Drug trafficking.....                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Firearms trafficking.....                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. DWI/DUI prevention.....                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Auto theft prevention.....                               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

21. During 2014, did your agency partner with INTERNATIONAL or FOREIGN AGENCIES for criminal investigative support? Mark "yes" or "no" for each listed partnership.

|  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| a. INTERPOL.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Direct contact with foreign government or agency..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Other, please specify.....                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| _____  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |