

RETURN TO

**Corrections Statistics Unit
Bureau of Justice Statistics
810 Seventh Street, NW
Washington, DC 20531
FAX: (202) 514-1757**

**FORM NPS-5
(12-6-2005)**

**DEATHS IN CUSTODY, 2006
— QUARTERLY SUMMARY OF DEATHS IN
STATE JUVENILE RESIDENTIAL FACILITIES**



DATA SUPPLIED BY

NAME			Title		
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code	Number
E-MAIL ADDRESS					

State _____

Reporting Quarter *(Mark only one.)*

- First (January 1 — March 31)
- Second (April 1 — June 30)
- Third (July 1 — September 30)
- Fourth (October 1 — December 31)

What deaths should be reported?

- **Include** deaths of ALL persons —

CONFINED in your juvenile residential facilities, whether housed under your jurisdiction or that of another State (include both detention and reception/diagnostic centers);

UNDER YOUR JURISDICTION but housed in private correctional facilities, whether located in or out of State;

UNDER YOUR JURISDICTION but in special facilities (e.g., hospitals, mental health/substance abuse treatment centers, halfway houses, farms, ranch/forestry programs, training schools, boot camps, and police/court lockups); or

WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

- **Exclude** deaths of ALL persons —

CONFINED in local facilities, whether located in or out of State;

UNDER YOUR JURISDICTION but housed in a State-operated facility in another State.

UNDER YOUR JURISDICTION but housed in homeless, runaway, or other shelters, group homes, independent living residences, or foster homes.

During the reporting quarter marked above, how many persons died while held in your State juvenile residential facilities?

	Male	Female
Number of deaths	_____	_____

Instructions:

- **For each death reported, complete a death information form (NPS-5A). Please complete items 1 through 16 for each inmate death.**
- **DO NOT SEND FORMS BY U.S. MAIL; anthrax-screening procedures delay and damage forms.**
- **If you need assistance, call the Bureau of Justice Statistics at (202) 307-0765. Please FAX completed forms to (202) 514-1757, or SEND by parcel delivery to the address listed at the top of this sheet.**
- **Return this quarterly summary and each associated NPS-5A form within 60 days of the end of each quarter.**

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 5 minutes 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, N.W., Washington, DC 20531.