

<b>RETURN TO</b>	Bureau of Justice Statistics Corrections Unit 810 Seventh Street, NW, Washington, DC 20531		FORM <b>CJ-5B</b> (6-30-00)		<b>2000 ANNUAL SURVEY OF JAILS IN INDIAN COUNTRY</b>		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS	
<b>DATA SUPPLIED BY</b>								
<b>NAME</b>					<b>Title</b>			
<b>ADDRESS</b>	Number and street or P.O. box/Route			City		State	Zip Code	
<b>TELEPHONE</b>	Area Code	Number	Extension	<b>FAX NUMBER</b>	Area Code	Number		
<b>E-MAIL ADDRESS</b>								

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

**GENERAL INFORMATION**

- If you have any questions about completing this form, please call **Todd Minton** at **(202) 305-9630**.
- Please mail your completed questionnaire to the Bureau of Justice Statistics in the enclosed envelope before **July 31, 2000** or FAX (all) pages to **(202) 514-1757**
- Please retain a copy of the completed form for your records.

**Who does this survey cover?**

All confinement facilities, including detention centers, jails, and other correctional facilities operated by tribal authorities or the Bureau of Indian Affairs.

- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).

All persons under your jail supervision.

- INCLUDE all confined adults and juveniles (i.e., persons under age 18).
- INCLUDE persons in special programs administered by your jail/correctional facility (e.g., electronic monitoring, house arrest, community service, day reporting, boot camps, work release, weekenders, and other alternatives to incarceration).
- INCLUDE persons on transfer to treatment facilities but who remain under your legal jurisdiction.
- INCLUDE persons held for other jurisdictions.

**What data are to be excluded from this survey?**

- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE any persons housed in a correctional facility not operated by your jurisdiction.

**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 hour 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.

## INSTRUCTIONS

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example 1,234 (  )

## SECTION I — INMATE COUNTS AND MOVEMENTS

## 1. On June 30, 2000, how many persons were –

a. CONFINED in this facility? \_\_\_\_\_ ☐

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for other jurisdiction.
- EXCLUDE inmates on AWOL escape, or long-term transfer to other jurisdictions.

## b. Under jail supervision but NOT CONFINED?

- INCLUDE all persons in community-based programs run by this facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs, boot camps, and other programs).
- EXCLUDE inmates on weekend programs. A weekend program allows offenders to serve their sentences of confinement on the weekend (e.g., Friday–Sunday).

\_\_\_\_\_ ☐c. Total (Sum of items 1a and 1b) \_\_\_\_\_ ☐

## 2. On the weekend prior to June 30, 2000, did this facility have a weekend program?

- A weekend program allows offenders to serve their sentences of confinement on the weekend (e.g., Friday–Sunday).

1 ☐ Yes – How many inmates participated? \_\_\_\_\_ ☐2 ☐ No

## 3a. During the 30 day period from June 1, 2000, to June 30, 2000, on what day did this facility hold the greatest number of persons?

June \_\_\_\_\_, 2000

## b. How many persons were CONFINED on that day?

Number that day \_\_\_\_\_ ☐

## 4. On June 30, 2000, how many persons CONFINED in this facility were –

a. Males age 18 or older ..... ☐b. Females age 18 or older..... ☐c. Males under age 18 ..... ☐d. Females under age 18..... ☐e. TOTAL (Sum of items 4a to 4d should equal item 1a)..... ☐

## 5. Of all male and female juveniles CONFINED in this facility on June 30, 2000, how many were tried, or awaiting trial in ADULT court?

Number of juveniles (under age 18) held as adults \_\_\_\_\_ ☐

## 6. Of all persons CONFINED in this facility on June 30, 2000, how many were –

a. Convicted ..... ☐

- Include probation and parole violators with no new sentence

b. Unconvicted ..... ☐c. TOTAL (Sum of items 6a and 6b should equal item 1a) ..... ☐

7. On June 30, 2000, how many persons **CONFINED** in this facility, regardless of conviction status, had an offense type of –

a. Felony ..... ☐

b. Misdemeanor ..... ☐

c. Other – Specify  
..... ☐

d. **TOTAL** (Sum of items 7a to 7c should equal item 1a) ..... ☐

8. On June 30, 2000, how many persons **CONFINED** in this facility, regardless of conviction status, had as their most serious offense –

a. Driving while intoxicated or driving under the influence of alcohol or drugs ..... ☐

b. A drug law violation ..... ☐

9. During the 30 day period from June 1, 2000, to June 30, 2000, how many persons were –

a. New admissions to this jail facility

- INCLUDE persons officially booked into and housed in your facilities by formal legal document or by the authority of the courts or some other official agency.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.

New admissions ..... ☐

b. Final discharges from this jail facility?

- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond, other pretrial release, transfers to other jurisdictions, and death).
- EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment facilities, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).

Final discharges ..... ☐

10. Between July 1, 1999, and June 30, 2000 –

a. How many persons died while **CONFINED** in this facility?

- Enter 0 if no deaths.

Number of deaths ..... ☐

b. Of those who died, how many committed suicide?

Number of completed suicides ..... ☐

c. How many persons **ATTEMPTED** suicide while **CONFINED** in this facility?

Number of attempted suicides ..... ☐

## SECTION II — POPULATION SUPERVISED IN THE COMMUNITY

COMPLETE ITEMS 11 and 12 IF THIS FACILITY SUPERVISES PERSONS IN THE COMMUNITY, OTHERWISE GO TO ITEM 13.

11. On June 30, 2000, how many persons under your jail supervision who were **NOT CONFINED** were –

- EXCLUDE inmates on weekend programs.

a. Convicted ..... ☐

b. Unconvicted..... ☐

c. **TOTAL** (Sum of items 11a and 11b should equal item 1b) ..... ☐

12. On June 30, 2000, how many persons under your supervision who were **NOT CONFINED** participated in –

a. Electronic monitoring..... ☐

b. Home detention without electronic monitoring..... ☐

c. Community service ..... ☐

d. Day reporting..... ☐

e. Other pretrial supervision ..... ☐

f. Other alternatives to incarceration ..... ☐

g. **TOTAL** (Sum of items 12a to 12f should equal item 1b)..... ☐

### SECTION III — FACILITY OPERATIONS

**13. Does this facility detoxify CONFINED persons from drugs or alcohol?**

- 1 ☐ Yes — **On June 30, 2000, how many inmates were being detoxified?**

Inmates \_\_\_\_\_ ☐

- 2 ☐ No

**14. Does this facility have a separate holding area, or other temporary detention unit?**

- 1 ☐ Yes — **What is the maximum number of inmates that can be held in these temporary holding areas?**

Inmates \_\_\_\_\_ ☐

- 2 ☐ No

**15. On June 30, 2000, what was the total rated capacity of this facility, excluding separate temporary holding areas reported in item 14?**

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.
- If rated capacity is not available, estimate by using the design capacity and mark the box.

Rated capacity \_\_\_\_\_ ☐

**16. Are there any definite plans to add to this facility, close this facility, or renovate the existing facility between July 1, 2000, and June 30, 2003?**

Mark (☒) all that apply.

- Report all plans that have received final administrative approval, even though the necessary funds may not have been authorized.

- 1 ☐ Add on to existing facility  
2 ☐ Build a new facility  
3 ☐ Close this facility  
4 ☐ Renovate existing space

- 5 ☐ No change planned — Go to item 18

**17. What is or will be the NET EFFECT of these changes?**

Mark (☒) ONLY one box.

- 1 ☐ No change in bed capacity

- 2 ☐ An increase in capacity of \_\_\_\_\_ ☐ beds

- 3 ☐ A decrease in capacity of \_\_\_\_\_ ☐ beds

**18. On June 30, 2000, was this facility under a Tribal, State, or Federal COURT ORDER or CONSENT DECREE —**

**a. To limit the number of inmates it can house?**

- 1 ☐ Yes — **What is the maximum number of inmates this facility is allowed to house?**

\_\_\_\_\_ ☐

- 2 ☐ No

**b. For conditions of confinement?**

- 1 ☐ Yes — Specify

\_\_\_\_\_  
\_\_\_\_\_

- 2 ☐ No

**19. On June 30, 2000, were any offenders under your jail jurisdiction housed by other authorities due to crowding in your facility?**

- Include inmates housed by other local governments, tribal authorities, and State or Federal authorities solely to ease crowding.

- 1 ☐ Yes — **How many?** \_\_\_\_\_ ☐ Inmates

- 2 ☐ No