NPS-	1 B						OMB No	o. 1121-0102: Approval Expires 12/31/2004
RETURN TO	Gov	Census Bur ernments Di shington, DC		FORM NPS-1 (4-28-2004)	Nation	al Prisoner S ce Year-end 2004		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS and ACTING AS COLLECTING AGENT U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU
				D	ATA SUP	PLIED BY		
NAME						Title		
TELEPHON	١E	Area Code	Number		Extension	FAX NUMBER	Area Code	Number
E-MAIL ADDRES	S							

GENERAL INFORMATION

Please mail your completed questionnaire to the **U.S. Census Bureau** in the enclosed envelope before **January 31, 2005**, or **FAX** all pages to **1–888–891–2099**.

If you have questions about completing the form, please call **Pamela Butler** toll-free at 1-800-253-2078.

What types of inmates are included?

Inmates under your jurisdiction on December 31, 2004

- INCLUDE inmates under your jurisdiction held in your prison facilities (e.g., prisons, penitentiaries, and correctional institutions; boot camps; prison farms; reception, diagnostic, and classification centers; release centers, halfway houses, and road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners).
- INCLUDE inmates who are temporarily absent (less than 30 days), out to court, or on work release.
- INCLUDE inmates under your jurisdiction held in local jails, private facilities, and other States' or Federal facilities.
- INCLUDE inmates in your facilities who are serving a sentence for your jurisdiction and another jurisdiction at the same time.
- EXCLUDE inmates held in your facilities for another jurisdiction.

Inmates under your custody on December 31, 2004

- INCLUDE all inmates held in your facilities.
- INCLUDE inmates housed in your facilities for other jurisdictions.
- EXCLUDE inmates held in local jails, private facilities, and facilities in other jurisdictions.

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. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the 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, Washington, DC 20531; and to the Office of Management and Budget, OMB No. 1121-0102, Washington, DC 20503.

 If you are unable to report criteria you used in the NC If your jurisdiction, by law of Applicable) in the space provide the combined count NOTES. If your jurisdiction can have "0" (Zero) in the space provide the space provid	an item using DTES section, rovided. type of inmat in one item, e the type of ovided. YE y inmates of	g NPS definition cannot have the e but you are ur write " NR " (Not inmate describe CAR-END PR under your	e type of inmate de nable to determine Reported) in the r d, but did not have	iteria, describe f escribed by an i e the number se remaining items e any on Decen TS	tem, write " NA " (Not parately by item, , and specify in nber 31, 2004, enter
 Exclude inmates held in local jails, pri facilities in other jurisdictions. Include inmates held in any public fac including halfway houses, camps, farr centers, and hospitals. 	ility run by yc	our state,	Data report	ed for Decem	iber 31, 2003
a. Had a total maximum sentence of more than 1 year	Male	Female	Male	Female	
(Include inmates with consecutive sentences that add to more than 1 year.)					← Update as needed
b. Had a total maximum sentence of 1 year or less					
c. Were unsentenced					
d. TOTAL (Sum of items 1a to 1c)					
Mark (X) this box if custody numbers comparable to 2003. Explain in NOT		not			
2. On December 31, 2004, how man jurisdiction —	y inmates (under your			
a. Had a total maximum sentence of more than 1 year (Include inmates with	Male	Female	Male	Female	
consecutive sentences that add to more than 1 year.)					← Update as needed
b. Had a total maximum sentence of 1 year or less					
c. Were unsentenced					
d. TOTAL (Sum of items 2a to 2c)					
Mark (X) this box if jurisdiction numb comparable to 2003. Explain in NOT		are not			

3. On December 31, 2004, how man jurisdiction were housed in a pri- correctional facility —	housed in a privately operated			Data reported for December 31, 2003			
 Exclude inmates housed in any publif under contract. 	icly operated fa	cility, even					
 Include inmates housed in any privat houses, treatment facilities, hospitals 	tely operated h s, or other spec	alfway ial facility.					
	Male	Female		Male	Female		
a. In your State			-			← Update as needed	
b. In another State	Male	Female	-				
c. Are these inmates included in item 2?	1 Yes 2 No	1 Yes 2 No					
(If item 3c is "NO", explain in the NOTE	ES section.)						
4. On December 31, 2004, how may jurisdiction were housed in loca by a county or other local autho	I facilities o	Inder your perated					
• Exclude inmates housed in privately (reported in items 3a and 3b).	operated facilit	ies					
 Include inmates housed in local facil other arrangement. 	ities under cont Male	tract or Female		Male	Female		
						A Depart if available	
a. TOTAL						Report if available	
b. Are these inmates included in item 2?	Male 1 Yes 2 No	Female 1					
(If item 4b is "NO", explain in the No	OTES section.)						
5. On December 31, 2004, how mai jurisdiction were housed —	ny inmates u	ınder your					
 Exclude inmates housed in privately (reported in items 3a and 3b) and im 							
jails (reported in item 4a).	Male	Female		Male	Female		
a. In Federal facilities						← Report if available	
b. In other States' facilities —							
 Include only those inmates housed in facilities in other States. 	n State-operate Male	ed Female		Male	Female		
						Report if available	
(If "0"(zero) in items 5a and 5b, skip							
c. Are these inmates included in item 2?	Male 1 - Yes 2 - No	Female 1 - Yes 2 - No					
(If item 5c is "NO", explain in the N	OTES section.)						

6. On December 31, 2004, what wa prison system?	is the capac Male	Female
a. Rated capacity (The number of beds or inmates assigned by rating officials to institutions within your jurisdiction.)		
b. Operational capacity (The number of inmates that can be accommodated based on staff, existing programs, and services in institutions within your jurisdiction.)		
c. Design capacity (The number of inmates that planners or architects intended for all institutions within your jurisdiction.)		
NOTES		
Please review last year's explanatory n corrections, additions, or deletions nec		
Please mark (x) box to indicate that updated the notes.	you have revie	wed and