

FORM **CJ-10A**

**DEATHS IN CUSTODY — 2009**  
**ANNUAL SUMMARY ON INMATES**  
**IN PRIVATE AND MULTI-JURISDICTION JAILS**

U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT  
 RTI International

## DATA SUPPLIED BY

NAME		TITLE			
OFFICIAL ADDRESS	Number and street address			City	State    ZIP Code
	TELEPHONE	Area Code	Number	FAX NUMBER	Area Code    Number
E-MAIL ADDRESS					

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

**GENERAL INFORMATION**

- If you need assistance, call Tim Flanigan of RTI toll-free at **1-800-334-8571, ext. 2-7743** or e-mail **bjsdcrp@rti.org**
- **Please return your completed questionnaire within 30 days of receipt.** Return all pages **ONLINE** or by **FAX**, or **MAIL**.
- **ONLINE:** <https://bjsdcrp.rti.org>
- **FAX (TOLL FREE):** (866) 800-9179
- **MAIL:** RTI International, Attn: Tim Flanigan, Project Number: 0212335.001.002.300 • 3040 Cornwallis Road, P.O. Box 12194 Research Triangle Park, NC 27709-2194

**What facilities are included in this data collection?**

All confinement facilities, including detention centers, jails, and other correctional facilities, intended for adults but sometimes holding juveniles which are either privately owned and operated or administered by two or more governments (or a board composed of representatives from two or more governments).

- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- INCLUDE inmates held for jurisdictions other than the participating jurisdictions.
- EXCLUDE facilities that are exclusively used as temporary holding or lockup facilities from which inmates are usually transferred within 72 hours and not held beyond arraignment. (Data on deaths in these facilities will be obtained in a separate collection.) If your facility holds inmates beyond arraignment, report data on ALL inmates, including those held in separate holding or lockup areas within your facility.
- EXCLUDE deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form. Please contact BJS staff for assistance at 202-307-0765 or "askbjs@usdoj.gov".

**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 15 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, NW, Washington, DC 20531. Do not send your completed form to this address.

## INMATE COUNTS AND DEATHS

**1. How many persons under the supervision of your jail facility were —**

**a. CONFINED in your jail facility on December 31, 2009?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- When exact numeric answers are not available, provide estimates and mark (☒) in the box beside each figure.

Inmates on	Male	Female
December 31, 2009	<input type="text"/>	<input type="text"/>

**b. ADMITTED to your jail facility during 2009**

- INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances.
- If annual admission figures are not available, please provide a monthly or weekly admission estimates and mark (☒) in the appropriate box.

New admissions during 2009	Male	Female
	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Annual	<input type="checkbox"/> Annual
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly

**2. Between January 1, 2009, and December 31, 2009, what was the average daily population of all jail confinement facilities operated by your jail?**

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2009, through December 31, 2009, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.
- When exact numeric answers are not available, provide estimates and mark (☒) in the box beside each figure.

	Male	Female
Average daily population	<input type="text"/>	<input type="text"/>

**3. Between January 1, 2009, and December 31, 2009, how many persons died while under the supervision of your jail?**

- INCLUDE deaths of ALL persons —  
 CONFINED in your jail facility; or  
 UNDER YOUR JURISDICTION but out to court or in special facilities (e.g. Hospitals, halfway houses, work arms, and medical/treatment/release centers); or  
 WHILE IN TRANSIT to or from your facilities while under your supervision.

	Male	Female
Number of inmate deaths	<input type="text"/>	<input type="text"/>

### INSTRUCTIONS

- **IF NO DEATHS ARE REPORTED** in item 3, return the completed form to RTI International.
- **IF A FORM CJ-10 "DEATHS IN CUSTODY 2009 – ANNUAL DEATH REPORT ON INMATES IN PRIVATE AND MULTI- JURISDICTION JAILS" HAS ALREADY BEEN SUBMITTED** for each death reported in item 3, then return this completed **FORM CJ-10A** to RTI International.
- **IF A FORM CJ-10 HAS NOT BEEN SUBMITTED** for any of the deaths reported in item 3, please complete and return a **FORM CJ-10** for each of these deaths with your completed **FORM CJ-10A**.

*An additional FORM CJ-10 for 2009 has been included with this questionnaire. If a FORM CJ-10 has not been submitted for more than 1 death reported in item 3 above, make copies of page 2 and 3 of the enclosed FORM CJ-10 for each additional death.*