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TO**

U.S. Census Bureau  
Governments Division  
Washington, DC 20233-6800

FORM **NPS-1**  
(4-29-2004)

## National Prisoner Statistics Summary of Sentenced Population Movement 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

### DATA SUPPLIED BY

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

### GENERAL INFORMATION

Please mail your completed questionnaire to the **U.S. Census Bureau** in the enclosed envelope before **March 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 6.5 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. 1121-0078, Washington, DC 20503.

**REPORTING INSTRUCTIONS**

- If you are unable to report an item using NPS definitions and reporting criteria, describe the definitions or criteria you used in the **NOTES** section.
- If your jurisdiction, by law or regulation, cannot have the type of inmate described by an item, write "**NA**" (Not Applicable) in the space provided.
- If your jurisdiction had the type of inmate but you are unable to determine the number separately by item, report the combined count in one item, write "**NR**" (Not Reported) in the remaining items, and specify in **NOTES**.
- If your jurisdiction can have the type of inmate described, but did not have any during December 31, 2004, enter "**0**" (Zero) in the space provided.

**SECTION I – YEAR-END PRISON COUNTS**

**1. On December 31, 2004, how many inmates under your custody —**

- Exclude inmates held in local jails, private facilities, and facilities in other jurisdictions.
- Include inmates held in any public facility run by your state, including halfway houses, camps, farms, training/treatment centers, and hospitals.

	Male	Female
<b>a. Had a total maximum sentence of more than 1 year</b> (Include inmates with consecutive sentences that add to more than 1 year.) . . . . .		
<b>b. Had a total maximum sentence of 1 year or less</b> . . . . .		
<b>c. Were unsentenced</b> . . . . .		
<b>d. TOTAL</b> (Sum of items 1a to 1c) . . . . .		

Mark (X) this box if custody numbers for 2004 are not comparable to 2003. Explain in NOTES.

**2. On December 31, 2004, how many inmates under your jurisdiction —**

	Male	Female
<b>a. Had a total maximum sentence of more than 1 year</b> (Include inmates with consecutive sentences that add to more than 1 year.) . . . . .		
<b>b. Had a total maximum sentence of 1 year or less</b> . . . . .		
<b>c. Were unsentenced</b> . . . . .		
<b>d. TOTAL</b> (Sum of items 2a to 2c) . . . . .		

Mark (X) this box if jurisdiction numbers for 2004 are not comparable to 2003. Explain in NOTES.

**Data reported for December 31, 2003**

Male	Female

← Update as needed

← Update as needed

**3. On December 31, 2004, how many inmates under your jurisdiction were housed in a privately operated correctional facility —**

- Exclude inmates housed in any publicly operated facility, even if under contract.
- Include inmates housed in any privately operated halfway houses, treatment facilities, hospitals, or other special facility.

	Male	Female
<b>a. In your State</b> .....	<input type="text"/>	<input type="text"/>

	Male	Female
<b>b. In another State</b> .....	<input type="text"/>	<input type="text"/>

	Male	Female
<b>c. Are these inmates included in item 2?</b> .....	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No

(If item 3c is "NO", explain in the NOTES section.)

**4. On December 31, 2004, how many inmates under your jurisdiction were housed in local facilities operated by a county or other local authority?**

- Exclude inmates housed in privately operated facilities (reported in items 3a and 3b).
- Include inmates housed in local facilities under contract or other arrangement.

	Male	Female
<b>a. TOTAL</b> .....	<input type="text"/>	<input type="text"/>

(If "0" (zero), skip to item 5.)

	Male	Female
<b>b. Are these inmates included in item 2?</b> .....	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No

(If item 4b is "NO", explain in the NOTES section.)

**5. On December 31, 2004, how many inmates under your jurisdiction were housed —**

- Exclude inmates housed in privately operated facilities (reported in items 3a and 3b) and inmates housed in local jails (reported in item 4a).

	Male	Female
<b>a. In Federal facilities</b> .....	<input type="text"/>	<input type="text"/>

**b. In other States' facilities —**

- Include only those inmates housed in State-operated facilities in other States.

	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

(If "0"(zero) in items 5a and 5b, skip to item 6.)

	Male	Female
<b>c. Are these inmates included in item 2?</b> .....	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No

(If item 5c is "NO", explain in the NOTES section.)

**Data reported for December 31, 2003**

	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

← Update as needed

	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

← Update as needed

	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

← Update as needed

	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

← Update as needed

**SECTION I – YEAR-END PRISON COUNTS – Continued**

**SECTION II – ADMISSIONS AND RELEASES DURING 2004**

**6. On December 31, 2004, how many inmates under your jurisdiction were —**

	Male	Female
<b>a. White</b> (not of Hispanic origin.) . . . . .		
<b>b. Black or African American</b> (not of Hispanic origin.) . . . . .		
<b>c. Hispanic or Latino</b> (If your system records indicate Hispanic origin separately from race, enter "NR" in item 6c and report counts in NOTES.) . . . . .		
<b>d. American Indian/Alaska Native</b> . . . . .		
<b>e. Asian</b> . . . . .		
<b>f. Native Hawaiian or other Pacific Islander</b> . . . . .		
<b>g. Additional categories in your information system – Specify</b>  		
<b>h. Not known</b> . . . . .		
<b>i. TOTAL</b> (Sum of items 6a to 6h should equal item 2d) . . . . .		

- Include only those inmates with a total maximum sentence of more than 1 year.
- Include inmates under your jurisdiction, regardless of where they are housed.
- Exclude short-term movements (less than 30 days) where jurisdiction is retained (e.g., to court and on furlough.)

**7. Between January 1, 2004, and December 31, 2004, how many sentenced inmates under your jurisdiction were admitted as —**

	Male	Female
<b>a. New court commitments</b> (Include probation violators entering prison on the probated sentence.) . . . . .		
<b>b. Parole violators —</b>		
<b>(1) with a new sentence</b> . . . . .		
<b>(2) Without a new sentence</b> (Include violators returned without a new sentence, those held pending a hearing, and those not formally revoked.) . . . . .		
<b>c. Other conditional release violators</b> (Include returns from mandatory release other than parole, and shock probation.)		
<b>(1) with a new sentence</b> . . . . .		
<b>(2) without a new sentence</b> . . . . .		
<b>d. Transfers from other jurisdictions</b> (Include inmates received from other jurisdictions to continue sentences already in force.) . . . . .		
<b>e. AWOL returns, with or without new sentences</b> . . . . .		
<b>f. Escapee returns, with or without new sentences</b> . . . . .		
<b>g. Returns from appeal or bond</b> (Include all inmates reinstated after long-term absences of more than 30 days.) . . . . .		
<b>h. Other admissions – Specify</b>  		
<b>i. TOTAL</b> (Sum of items 7a to 7h) . . . . .		

**8. Between January 1, 2004, and December 31, 2004, how many sentenced inmates released from your jurisdiction were —**

**a. Unconditional releases**

	Male	Female
<b>(1) Expirations of sentence</b> (Include inmates who served their maximum sentence minus credits.) . . . . .		
<b>(2) Commutations</b> (Include inmates whose sentence was lowered to time served to allow for an immediate unconditional release.) . . . . .		
<b>(3) Other unconditional releases – Specify</b> _____		

**b. Conditional releases**

<b>(1) Probations</b> (Include inmates released on shock probation or placed on probation and conditionally released.) . . . . .		
<b>(2) Supervised mandatory releases</b> (Include inmates who by law had to be conditionally released.) . . . . .		
<b>(3) Discretionary paroles</b> . . . . .		
<b>(4) Other conditional releases – Specify</b> _____		

<b>c. Deaths</b> . . . . .		
<b>d. AWOLS</b> . . . . .		
<b>e. Escapes from confinement</b>		
<b>f. Transfers to other jurisdictions</b> (Include inmates sent to other jurisdictions to continue sentences already in force.) . . . . .		
<b>g. Releases to appeal or bond</b>		
<b>h. Other releases – Specify</b> _____		
<b>i. TOTAL</b> (Sum of items 8a to 8h) . . . . .		

**9. How many inmates with a total maximum sentence of more than one year were —**

	Male	Female
<b>a. Under your jurisdiction on January 1, 2004</b> . . . . .		
<b>b. Admitted during 2004</b> (Transcribe from item 7i) . . . . .		
<b>c. Released during 2004</b> (Transcribe item 8i) . . . . .		
<b>d. Under your jurisdiction on December 31, 2004</b> (Add items 9a and 9b, subtract item 9c, should equal item 2a.) . . . . .		

**SECTION III – INMATE DEATHS**

- Include all inmates who died under your jurisdiction, regardless of where the death occurred.
- Include all sentenced and unsentenced inmates.

**10. Between January 1, 2004 and December 31, 2004, how many inmates under your jurisdiction died as a result of —**

	Male	Female
<b>a. Execution</b> . . . . .		
<b>b. Illnesses/natural causes</b> (Exclude AIDS related deaths.)		
<b>c. Acquired Immune Deficiency Syndrome (AIDS)</b> (Include deaths due to Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS related diseases.) . . . . .		
<b>d. Suicide</b> . . . . .		
<b>e. Accidental injury to self</b> (Include all inmates who accidentally caused their own death (e.g., falls, mishandling of equipment, and choking on food.) . . . . .		
<b>f. Homicide committed by other inmates</b> . . . . .		
<b>g. Other homicide</b> . . . . .		
<b>h. Other causes – Specify</b> _____		
<b>i. TOTAL</b> (Sum of items 10a to 10h) . . . . .		

**SECTION IV – HIV/AIDS**

**SECTION V – NOTES**

**11. During 2004, were any inmates under your custody tested for the antibody to the Human Immunodeficiency Virus (HIV) that causes AIDS?**

- a. 1  Yes  
 2  No – Skip to item 12.

**b. Under what circumstances were inmates tested?**

(1) All incoming inmates . . . . 1  Yes 2  No

(2) All inmates currently in custody . . . . . 1  Yes 2  No

(3) All inmates at time of release . . . . . 1  Yes 2  No

(4) Random samples of inmates while in custody . 1  Yes 2  No

(5) High risk groups – Specify  
 1  Yes 2  No

(6) Upon inmate request . . . . 1  Yes 2  No

(7) Upon court order . . . . . 1  Yes 2  No

(8) Upon clinical indication of need . . . . . 1  Yes 2  No

(9) Upon involvement in incident . . . . . 1  Yes 2  No

(10) Other circumstances – Specify  
 1  Yes 2  No

**12. On December 31, 2004, how many inmates under your custody were —** (Include all inmates under your custody, regardless of sentence length.)

	Male	Female
<b>a. Asymptomatic HIV positive</b> (Inmates who were HIV positive but had no HIV-related symptoms.) . . . . .	<input type="text"/>	<input type="text"/>
<b>b. Infected with lesser forms of symptomatic HIV disease</b> (Inmates who had symptoms of HIV infection but without a confirmed AIDS diagnosis.) . . . . .	<input type="text"/>	<input type="text"/>
<b>c. Confirmed to have AIDS</b> . . . . .	<input type="text"/>	<input type="text"/>
<b>d. TOTAL</b> (Sum of items 12a to 12c) . . . . .	<input type="text"/>	<input type="text"/>

Please review last year's explanatory notes and make any corrections, additions, or deletions necessary for 2004.

Please mark (x) box to indicate that you have reviewed and updated the notes.