

FORM CJ-9  
(10-13-2009)



**DEATHS IN CUSTODY** 2017  
**QUARTERLY REPORT ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
RTI International  
Crime, Violence, and Justice  
Research Program

DATA SUPPLIED BY

NAME J. Miller TITLE Warden

OFFICIAL ADDRESS Number and street or P.O. box/Route number  
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- Reporting Period (Mark only one.)
- Quarter 1 (January 1 — March 31)
  - Quarter 2 (April 1 — June 30)
  - Quarter 3 (July 1 — September 30)
  - Quarter 4 (October 1 — December 31)

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

**What deaths should be reported?**

- **INCLUDE** deaths of ALL persons 1  
 CONFINED in your jail facilities, whether housed under your own or another jurisdiction;  
 UNDER YOUR JURISDICTION but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities;  
 UNDER YOUR JURISDICTION but out to court;  
 WHILE IN TRANSIT to or from your facilities while under your jurisdiction.
- **EXCLUDE** deaths of ALL persons —  
 CONFINED in facilities operated by two or more jurisdictions or those held in privately operated jails.  
 UNDER YOUR JURISDICTION but in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).  
 UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction  
 IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

**During the reporting quarter marked above, how many persons died while under the supervision of your local jail jurisdiction?**

Number of deaths 1

**Instructions:**

- **IF NO DEATHS**, please disregard.
- **IF A DEATH OCCURRED**, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 16 for each inmate death.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this quarterly report and each associated **LOCAL INMATE DEATH REPORT** by **FAX** or **MAIL** within 30 days of the end of each quarter.
- **FAX (TOLL-FREE):** 1-888-###-####.
- **MAIL:** RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194
- If you need assistance, call Chris Ellis of RTI International toll-free at 1-800-###-####, or e-mail [jaildeaths@rti.com](mailto:jaildeaths@rti.com).

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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.