

FORM CJ-9



DEATHS IN CUSTODY — 2009
ANNUAL DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION

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

NAME **david hanson** TITLE **lieutenant**

OFFICIAL ADDRESS **1200 champagne drive** City **covington** State **LA** ZIP Code **70433**

TELEPHONE **985 2781026** FAX **985 2781027** Area Code **985** Number **2781027**

E-MAIL ADDRESS **davidhanson@stpsa.com**

Reporting Period

 2009 annual (January 1 — December 31)

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

What deaths should be reported?

- **INCLUDE** deaths of **ALL** persons —
 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 2009, how many persons died while under the supervision of your local jail jurisdiction?

Number of deaths

1

Instructions:

- **IF A DEATH OCCURRED**, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 16 for each inmate death.
- **IF NO DEATHS**, please indicate in the space above.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this **LOCAL INMATE DEATH REPORT ONLINE**, or by **FAX** or **MAIL** within 30 days of receipt.
- **ONLINE**: <https://bjscrm.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
- If you need assistance, call Tim Flanigan of RTI International toll-free at 1-800-334-8571, ext. 2-7743 or e-mail bjscrm@rti.org.

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.

