

RETURN TO	NORC 1525 East 55 th Street Chicago, Illinois 60615	FORM NSIDS - 2 (7-15-99)	1999 National Survey of Indigent Defense Systems	NATIONAL OPINION RESEARCH CENTER ACTING AS COLLECTING AGENT FOR BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE

In correspondence pertaining to this survey, please refer to the number at the top left of the address label (Please correct any error in name, mailing address, and ZIP Code)

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INFORMATION SUPPLIED BY					
Name			Title		
OFFICIAL ADDRESS	Number and street or P.O. Box/Route number		City	State	ZIP Code
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E-MAIL ADDRESS			AGENCY WEB SITE ADDRESS	Area code	Number

FROM THE DIRECTOR, BUREAU OF JUSTICE STATISTICS

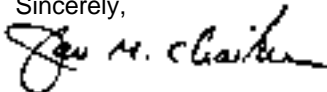
The Bureau of Justice Statistics (BJS) is conducting a sample survey of counties in the United States to obtain much needed information about funding for criminal indigent defense services. The survey will collect expenditure information on public defender, assigned counsel and contract programs funded by your county. Expenditure data for criminal indigent defense services in each of the 50 States were last collected in 1986. Funding for this project was provided by the Bureau of Justice Assistance (BJA).

Your county has been selected to participate in the survey. Please find a copy of the survey attached. The critical information that your county provides will be used to make current national and state estimates on the amount of money spent on criminal indigent defense services. Findings from this survey will be sent to all respondents and will be available from the BJS web site at www.ojp.usdoj.gov/bjs.

Public reporting burden for this collection is estimated to average 1 hour per response, including 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, 810 Seventh Street, N.W., Washington, D.C. 20531.

The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes collection of these data. The request for information is in accordance with the clearance requirement of the Paperwork Reduction Act of 1980, as amended (44 U.S.C. 3507). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate and timely. Please complete the survey within 14 days and return it in the enclosed envelope. Thank you for your cooperation in this important data collection effort.

Sincerely,



Jan M. Chaiken, Ph.D.
Director, Bureau of Justice Statistics

Enclosure

Instructions for Completing County Questionnaire

1. The label on the front cover contains the name of your county. We have identified your county as funding one or more criminal indigent defense programs (public defender, assigned counsel and/or contract system). **If this county does not provide partial or total funding for any criminal indigent defense programs, or if you have any questions, please e-mail NORC at 4911nsids@norcmail.uchicago.edu, or call NORC at 1-800-577-1486.**
2. Please answer each question by marking the appropriate box and/or by printing the requested information in the space provided.
3. The reference period for the survey is fiscal year (FY) 1999, July 1, 1998 to June 30, 1999. If you can only respond for a different 12 month period, please indicate the dates in Question 2, and use that 12 month period to respond to all questions.
4. Please mail the completed questionnaire within 14 days in the pre-addressed, pre-paid envelope provided. While you are not required to respond, your participation is needed for the success of this survey.

1. The reference period for the survey is fiscal year (FY) 1999, July 1, 1998 to June 30, 1999. Can you provide expenditure information for your county for this reporting period?

1 Yes → Skip to Question 3

2 No

2. If you can only provide expenditure information for a different 12 month period, please indicate the dates below.

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Month Day Year to Month Day Year

USE THIS REFERENCE PERIOD FOR ALL QUESTIONS.

3. How much money did your county expend (total operating expenditures) for criminal indigent defense services in FY 1999? (If actual data are not available, please provide your best estimate.)

FY 1999: \$.00

4. Do the total expenditures for FY 1999 include any of the following services?

(Mark (X) yes or no for each type of service)

- | Yes | No | Type of service |
|----------------------------|----------------------------|--------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | a. Expert services |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | b. Investigator services |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | c. Transcript services |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | d. Interpreter services |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | e. Social services |

Public Defender Programs

5. In FY 1999, did your county provide funds for one or more public defender programs? (Under this system, a salaried staff of full-time or part-time attorneys render defense services through a public or private nonprofit organization or as direct government employees.) Include contracts awarded to public defender program(s).

1 Yes 2 No → Skip to Question 8 on the next page

6a. Please enter the total amount of funding by your county for public defender program(s) in FY 1999. (If actual data are not available, please provide your best estimate.)

Total FY 1999: \$.00

6b. Of the total entered in 6a, what amount was for contracts awarded to public defender program(s)? (If none, enter "0".)

FY 1999
Public Defender Contracts: \$.00

7. Please provide the program name, address, contact person and amount of funding for each public defender program funded by your county.

A. First public defender program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

B. Second public defender program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

C. Third public defender program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

D. Fourth public defender program

a. Program/Agency name

b. Contract person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

If your county provided funds for more than four public defender programs in FY 1999, please e-mail NORC at 4911insids@norcmail.uchicago.edu for instructions, or call 1-800-577-1486

Assigned Counsel Programs

8. In FY 1999, did your county provide funds for one or more assigned counsel programs? (Under this system, a list is developed of private bar members willing to accept indigent defense cases on a judge-by-judge or court-by-court basis. This system may have an administrative component governing the appointment and processing of cases by a private bar member.)

1 Yes 2 No → *Skip to Question 11 on page 6*

9. What was the total amount of funding by your county for assigned counsel program(s) in FY 1999? (If actual data are not available, please provide your best estimate.)

FY 1999: \$.00

10. Please provide the program name, address, contact person and amount of funding for each assigned counsel program funded by your county.

A. First assigned counsel program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

B. Second assigned counsel program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

C. Third assigned counsel program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

D. Fourth assigned counsel program

a. Program/Agency name

b. Contact person

c. Street/P.O. Box

d. Street/P.O. Box

e. City

f. State

g. Zip Code

()

h. Area code + Phone number

i. FY 1999 County Funding: \$.00

**If your county provided funds for more than four
assigned counsel programs in FY 1999,
please e-mail NORC at
4911insids@norcmail.uchicago.edu
for instructions, or call 1-800-577-1486**

Contract Attorney Programs

11. In FY 1999, did your county provide funds for one or more contract attorney programs? (Under this system, contracts with individual attorneys, bar associations, private law firms, or consortiums or groups of attorneys are used to provide representation.) Exclude contracts awarded to public defender programs.

1 Yes 2 No → Skip to Question 14 on the next page

12. What was the total amount of funding by your county for contract attorney program(s) in FY 1999? Exclude contracts awarded to public defender programs. (If actual data are not available, please provide your best estimate.)

FY 1999: \$.00

13. Please provide information about the administrator for each contract attorney program funded by your county. Include name of the organization, address, and contact person.

A. Administrator of Contract Program(s)

_____ a. Program/Agency name

_____ b. Contact person

_____ c. Street/P.O. Box

_____ d. Street/P.O. Box

_____ e. City

_____ f. State _____ g. Zip Code

()

_____ h. Area code + Phone number

i. FY 1999 County Funding: \$.00

B. Administrator of Contract Program(s)

_____ a. Program/Agency name

_____ b. Contact person

_____ c. Street/P.O. Box

_____ d. Street/P.O. Box

_____ e. City

_____ f. State _____ g. Zip Code

()

_____ h. Area code + Phone number

i. FY 1999 County Funding: \$.00

C. Administrator of Contract Program(s)

_____ a. Program/Agency name

_____ b. Contact person

_____ c. Street/P.O. Box

_____ d. Street/P.O. Box

_____ e. City

_____ f. State _____ g. Zip Code

()

_____ h. Area code + Phone number

i. FY 1999 County Funding: \$.00

D. Administrator of Contract Program(s)

a. Program/Agency name _____

b. Contact person _____

c. Street/P.O. Box _____

d. Street/P.O. Box _____

e. City _____

f. State _____ g. Zip Code _____

()

h. Area code + Phone number _____

i. FY 1999 County Funding: \$ _____ .00

FY 1998 and FY 1997 Expenditures

14. How much money did your county expend (total operating expenditures) for criminal indigent defense services in FY 1998 and FY 1997? (If actual data are not available, please provide your best estimate.)

a. FY 1998: \$ _____ .00

b. FY 1997: \$ _____ .00

15. Do the total expenditures for FY 1998 include any of the following services?

(Mark (X) yes or no for each type of service)

Yes No Type of Service

1 2 a. Expert services

1 2 b. Investigator services

1 2 c. Transcript services

1 2 d. Interpreter services

1 2 e. Social services

16. Do the total expenditures for FY 1997 include any of the following services?

(Mark (X) yes or no for each type of service)

Yes No Type of Service

1 2 a. Expert services

1 2 b. Investigator services

1 2 c. Transcript services

1 2 d. Interpreter services

1 2 e. Social services

If your county provided funds for more than four contract attorney programs in FY 1999, please e-mail NORC at 4911nsids@norcmail.uchicago.edu for instructions, or call 1-800-577-1486

Thank you for your participation. Please mail your completed questionnaire to:
National Opinion Research Center
1525 East 55th Street
Chicago, IL 60615