

2020 LAW ENFORCEMENT EMPLOYEE INFORMATION FORM

Please complete by December 13, 2020

ORI AGENCY COUNTY

	MALE	FEMALE	TOTAL
1. NUMBER OF FULL-TIME SWORN LAW ENFORCEMENT OFFICERS WITH FULL ARREST POWERS			
2. NUMBER OF FULL-TIME CIVILIAN LAW ENFORCEMENT EMPLOYEES.			
3. TOTAL FULL-TIME LAW ENFORCEMENT OFFICERS AND CIVILIAN EMPLOYEES (This should be the total of line 1 and line 2).			
4. TOTAL PART-TIME SWORN LAW ENFORCEMENT OFFICERS WITH FULL ARREST POWERS.			
5. TOTAL AUXILIARY LAW ENFORCEMENT OFFICERS.			

**ADDITIONAL INFORMATION REQUESTED
PLEASE PRINT**

Agency Head Title/Name: _____
Street: _____
City: _____ Zip: _____
Telephone Number: _____ Fax Number: _____

I-UCR Contact Person(s) - Please Provide Name, Direct Telephone Number including Extension and Email Address.

Name: _____
Email Address: _____
Telephone Number: _____

DATE PREPARED PREPARED BY APPROVED CHIEF/SHERIFF TELEPHONE NUMBER