

Annual Report of Adult Lock-Up for 2011

Department or Agency _____

Department or Agency ORI _____

Lock-Up Location or Precinct Name _____

Lock-up Location ORI _____

Total # of detentions during year Males _____ Females _____

Total # of juveniles (15 and under placed in lock-up) Males _____ Females _____

Total # of reported JJDPA violations

Secure detention violation Males _____ Females _____

Sight and sound separation Males _____ Females _____

Jail removal violation Males _____ Females _____

Total # of cells in your lockup _____

Total # of detention areas in your lockup _____

If they are designated as Male and Female, what is the breakdown?

Males _____ Females _____

Total # of persons held regardless of age held **on 12/31/11 only**

Males _____ Females _____

Complete a form for each individual lock-up that your department operates

Address _____

City _____

Zip Code _____

County _____

Telephone Number _____

Chief of Police (**signature**) _____

Chief of Police (**printed**) _____

Date: ____/____/2012

Please return this completed form by February 1, 2012 to:

New York State Commission of Correction

AE Smith Building, 12th Floor

80 South Swan Street

Albany, New York 12210

ATTN: James E. Lawrence