BROWN COUNTY S O

JULY 7 2014

	I	MATES HOUS	SED IN	COUN	VTY	1	DAY OF EAC	INMATES
		CAL	1		TRACT	i i	HOUSED E	
	М	F	N	M	F	i i	М	F
	1		1			1		
A. Pretrial Class C Misdemeanant	0	0	1	0	0	L L	0	0
			I			1		
B. Pretrial Class A & B Misdemeanant	18	6	1	0	0	L L	0	0
C. Convicted Misdemeanant	3	1 1	I	0	0 1	1 1	1 0	l I 0
D. Felons Whose Penalty has been		1	Ī			1 1		1
reduced to a Misdemeanor	1 0	0	î	0	0	1	0	. 0
	ľ		Ī			i i		
E. Bench Warrants (in-state only)	5	3	i	0	0	i i	0	0
F. Pretrial Felons (do no include			1		1	1		
Parole Violators and state jail felons)	48	19	1	0	0	Ĺ Ĺ	0	0
7. Pauela Wielekaus au Plus Mannaska	8	1 1	1	0	0	1 1	1 0	 0
G. Parole Violators or Blue Warrants	8	1	1	U		L L	1	1
H. Parole Violators with a New Charge	25	1	i	0	0	i i	0	. 0
I. Convicted Felons sentenced to	1		1			1		1
county jail time	4	1	1	0	0	L L	0	0
J. Convicted Felons sentenced to	I		1			1		
TDJC(ID/Boot Camp/SAFP, White			1			1		
Warrant, PIA)	17	11		0	0		0	0
	1		1			1	[
K. Federal Inmates	XXXXXXXX	XXXXXXXX		0	0	L L	XXXXXXXX	XXXXXXX
		l				1		
L. Pretrial State Jail Felons (SJF)	5	2		0	0		0	0
M. Convicted SJF sentenced to	1		1	_		1		
county jail time	2	1	+	0	0	1	0	0
N. Convicted SJF sentenced to	1					1	1	1 0
state jail time	4	0		0	0		0	0
O. Others (specify)	3	0		0	0	i i	0	0
			1		1	1		
TOTAL	142	46	1	0	0	1	0	0
P. Capacity (All County Facilities)	********	 XXXXXXXX	XXXX	XXXX	 xxxxxxxx	192	 xxxxxxxx	XXXXXXX
Q. Paper-Ready Inmates (ID/Boot Camp	I	AAAAAAAA	AAAA	AAAA	AAAAAAA	1 1 1	AAAAAAAA	
White Warrant, PIA) less than 45 days	4	1 1	XXXX	vvvv	YYYYYYY	[XXXXXXXXXXXXXXX]	1 0	1 0
R. Paper-Ready Inmates (ID/Boot Camp	4	1	AAAAA	AAAA	AAAAAAAA	ANANANANANA	1	1
White Warrant, PIA) 45 days or longer	1 0	1 0	XXXX	xxxx	XXXXXXXX	XXXXXXXXXXXX	1 0	0
miles marrane, ria, 13 days or ronger								1
S. Paper-Ready SAFP Inmates	0	1	XXXX	xxxx	xxxxxxx	XXXXXXXXXXXX	0	1 0

July 7, 2014 (Exhibit #26)

TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

BROWN COUNTY S O

DUE 5TH DAY OF EACH MONTH

T. List, by county the number of male and female inmates you are housing for another facility.

Contract

County

M
F

U. List, by county the number of male and female inmates you are housing in another facility.

Local Inmates housed elsewhere

County

M
F

V. Number of pregnant females that were booked into your facility the preceding month.

3 |

I Certify that the above information is complete and accurate.

Sheriff's Signature

Phone Number

Typed Name

Date

DUPLICATE AS NECESSARY

Report Prepared by: (print or type)
(Form POP-2) Revised 9/2009

Phone Number

TEXAS COMMISSION ON JAIL STANDARDS MONTHLY PAPER-READY INMATE ROSTER

BROWN COUNTY S O FOR THE MONTH OF: JUNE 2014

M			STATE	DATE	DATE	DATE
	/	INMATES	IDENTIFICATION	OF	PAPER	TRANSFERED
	F	NAME	NUMBER (SID)	CONFINEMENT	READY	OR RELEASED
1	M	EISENHAUER, JONATHAN SHANE	06418144	03/25/2014	05/20/2014	06/16/2014
2	F	GONZALES, BRIDGET	08767059	05/13/2014	06/09/2014	06/25/2014
3	M	HARLING, PHILLIP SIDNEY	02374399	08/09/2013	06/12/2014	06/30/2014
			1	1	1	
4	M	MIRANDA,DAVID MARCUS	07429461	04/01/2014	06/12/2014	
5	M	MASON, CHARLES THOMAS	08554869	04/17/2014	06/12/2014	1
6	F	TOOMER, OLIVIA SOPHIA	08946084	05/29/2014	06/12/2014	07/02/2014
7	F	THOMAS, MYRIAH	08992607	05/29/2014	06/12/2014	
8	F	MORGAN, KETURAH	08676901	05/30/2014	06/12/2014	07/02/2014
9	M	FIELDS, EDWARD FRANKLIN	08867347	04/01/2014	06/25/2014	
101	M	MARTINEZ,GUADALUPE JR	08555771	05/13/2014	06/25/2014	
			[
1						
12			1			
13		<u> </u>	1		<u> </u>	1
L4		<u> </u>		1		
15				1	1	1
L6						
17		[[1	1
18						
19					1	
1						
0						
21			1		1	
2				1		
3					Ì	
24			I I		1	
5			I	1	1	I

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

Bally & Should	
SHERIFF"S SIGNATURE	DATE
TYPED NAME	TELEPHONE NO.

(FORM PR-2) REVISED 9/2009

DUPLICATE AS NECESSARY

TEXAS COMMISSION ON JAIL STANDARDS MONTHLY PAPER-READY REPORT

BROWN COUNTY S O

FOR THE MONTH OF:

JUNE 2014

DUE 5TH DAY OF EACH MONTH

PART (A) DAILY "PAPER-READY" INMATE COUNT

DATE	NUMBER	DATE	NUMBER	DATE	NUMBER
DATE	HOLDER				
1	1	1 11	7	21	8
2	2	12	7	22	8
2		1	·		
3	2	13	7	23	8
4	2	14	7	24	7
4				i i	
5	8	15	7	25	7
6	8	16	7	26	5
7	8		7	27	5
				1	
8	8	18	9	28	5
9	8	19	8	29	5
10	7	20	8	30	5

PART (B)

DURING THE REPORTING PERIOD, WERE THERE INMATES FOR WHICH ALL PAPERWORK AND PROCESSING HAD BEEN COMPLETED FOR 45 DAYS OR LONGER? NO IF YES, HOW MANY? 0

ON THE LAST DAY OF THE PERIOD, HOW MANY OF THESE ARE STILL CONFINED? 0

PART (C)

HOW MANY INMATES BECAME PAPER-READY DURING THE REPORTING MONTH? 9

HOW MANY INMATES WERE RELEASED/TRANSFERRED DURING THE REPORTING MONTH? 5

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

TELEPHONE NUMBER SHERIFF'S SIGNATURE DATE TYPED NAME

REPORT PREPARED BY: (PRINT OR TYPE)

TELEPHONE NUMBER

IF NOT SIGNED BY THE SHERIFF, PLEASE SUBMIT A LETTER OF AUTHORIZATION, SIGNED BY THE SHERIFF, INDICATING THE NAMES OF THE INDIVIDUALS AUTHORIZED TO SIGN.

(FORM POP-2) REVISED 9/95

DUPLICATE AS NECESSARY