BROWN COUNTY S O

FOR THE MONTH OF: FEBRUARY 2015

DUE 5TH DAY OF EACH MONTH

PART (A)

DAILY "PAPER-READY" INMATE COUNT

1		1		!	
DATE	NUMBER	DATE	NUMBER	DATE	NUMBER
- 1			4.0		
1	13	11	17	21	9
2	13	1 12	17	22	9
				1	
3	11	13	17	23	14
1					
4	11	14	17	24	13
1		1		1	
5	11	15	17	25	13
1					
6	11	16	13	26	13
1				1	
7	14	17	9	27	13
8	13	18	9	28	13
9	13	19	9	29	
10	12	20	9	30	
				1	
				31	

PART (B)

DURING THE REPORTING PERIOD, WERE THERE INMATES FOR WHICH ALL PAPERWORK AND PROCESSING HAD BEEN COMPLETED FOR 45 DAYS OR LONGER? YES IF YES, HOW MANY? 1

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

PART (C)

HOW MANY INMATES BECAME PAPER-READY DURING THE REPORTING MONTH? 13

HOW MANY INMATES WERE RELEASED/TRANSFERRED DURING THE REPORTING MONTH? 13

I CERTIFY THAT THE ABOVE INFORMATION AS COMPLETE AND ACCURATE.

TELEPHONE NUMBER

1000

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

FOR THE MONTH OF: FEBRUARY

2015

/ INMATES IDENTIFICATION OF PAPER TRAN	ACH MONTH
	ATE SFERED LEASED
3	
	2015
5	2015
6	2015
	2015
	2015
	2015
	2015
11	2015
12	2015
13 F BROOKS, SHANETHA LORAH	2015
	2015
	2015
	:
18 F MADDOX, BREANNA KEESHAY	
	<u> </u>
19 F BASS, HEATHER, NICOLE 08527627 01/15/2015 02/13/2015	
20 M DUDLEY, JIMMY LEE JR 05834922 01/20/2015 02/13/2015	
21 F SCHNEIDER, MARJORIE ELAINE 06484365 01/20/2015 02/13/2015	
22 M JOHNSON, JOSHUA JAMES 05838537 10/11/2013 02/25/2015	
23 F HICKMAN, JOHNELL LACARA 07470974 10/09/2014 02/25/2015	

TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

MARCH 2 2015 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 F County U. List, by county the number of male and female inmates you are housing in another facility. Local Inmates housed elsewhere County V. Number of pregnant females that were booked into your facility the preceding month. nformation is complete and accurate. I Phone Number Typed Name Phone Number Report Prepared by: DUPLICATE AS NECESSARY (Form POP-2) Revi ed 9/2009