state jail time

P. Capacity (All County Facilities)
Q. Paper-Ready Inmates (ID/Boot Camp

R. Paper-Ready Inmates (ID/Boot Camp

S. Paper-Ready SAFP Inmates

White Warrant, PIA) less than 45 days

White Warrant, PIA) 45 days or longer

O. Others (specify)

TOTAL

SEPT 10 2018

					DUE 5TH D	AY OF EAC	H MONTH
	INN	MATES HOUSED	IN COUN	TY	11	LOCAL I	NMATES
	LOC	CAL CON		RACT	11	HOUSED EI	SEWHERE
	M	F	M	F	11	М	F
		11			11		1
A. Pretrial Class C Misdemeanant	0	0	2	1	П	0	0
	1		1	1.1	11		
B. Pretrial Class A & B Misdemeanant	12	5	0	1	11	0	0 1
	1	11	1	- 11	11		
C. Convicted Misdemeanant	0	0	0	0 11	11	0	0
D. Felons Whose Penalty has been	1	11	1	11	. 11	-	
reduced to a Misdemeanor	0	0	0	0	11	0	0
		1 11	1		1.1		
E. Bench Warrants (in-state only)	7	0	0	0 11	11	0	0
F. Pretrial Felons (do no include	1				1.1		
Parole Violators and state jail felons)	53	10	9	11	11	0	0
	1		- 1	- 11	1.1	0	
G. Parole Violators or Blue Warrants	10	1 1	0	1	П	0	0
]		11	1.1	0	1 0 1
H. Parole Violators with a New Charge	24	7	0	0	-1-1	0	1
I. Convicted Felons sentenced to		1 11		11	1.1	0	1 0
county jail time	2	0	0	0	11	0	
J. Convicted Felons sentenced to	1	1 11	1	11	11		1
TDJC(ID/Boot Camp/SAFP, White		1 11		0 11	1 1	0	1 0
Warrant, PIA)	15	3	0	0	- 1	U	1
	1		0 1	0 11	1	vvvvvvv	XXXXXXX
K. Federal Inmates	XXXXXXXX	XXXXXXXX	0	0	1	ΑΛΛΛΛΛΛ	AAAAAAA
	1	1 11		0 11	1.1	1 0	1 0
L. Pretrial State Jail Felons (SJF)	1	1 1	0	0	- L		1
M. Convicted SJF sentenced to			0 1	0 11	1	l 0	1 0
county jail time	1	0	0	0	1	ı	1
N. Convicted SJF sentenced to	Ţ	1 11	1		1		

September 10, 2018 (Exhibit #10)

| XXXXXXXX | XXXXXXXX | XXXXXXXXXXXX

XXXXXXX XXXXXXX XXXXXXX XXXXXXXX

TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

BROWN COUNTY S O

SEPT 10 2018

DITE ETH DAY OF FACH MONTH

							DUE	5TH DAY OF E	ACH MO	HTMC
T. List, by county the number of male ar	nd female in	nmates	you ar	e housing	for and	other :	facility.			
County				М		F				
COLEMAN	İ	5	0	XXXXXXXX	XXXXXX					
MCCULLOCH CO SHERIFF	i	5	4	XXXXXXXX	XXXXXX					
TAYLOR	Ĺ	0	9	XXXXXXXX	XXXXXX					
BROWNWOOD POLICE DEPARTMENT	1	2	1	XXXXXXXX	XXXXXX					
U. List, by county the number of male an	nd female i	nmates	you an	e housing	in anot	ther f	acility.			
o. 2250, 27 orani,								Local		
								housed	elsew	here
	County							M		F
I Certify that the above information is				lity the p	preceding	g mone	11.			6
Sheriff's Signature	-						Phone Num	per		
Sheriff's Signature							09/10/201	8		
Typed Name							Date			
Report Prepared by: (print or type)	_						Phone Num	ber		

FOR THE MONTH OF: AUGUST 2018

	M	INMATES	STATE	DATE OF	PAPER	DATE TRANSFERED
	/ F	NAME	NUMBER (SID)	CONFINEMENT	READY	OR RELEASED
1	M	ROBLES, JUAN GONZALES JR	08597744	06/05/2018	08/14/2018	09/04/2018
1	 M		05585243	06/07/2018	08/14/2018	09/04/2018
	 M		04289119	07/16/2018	08/14/2018	09/04/2018
1	 F	RAY, CHINA NICOLE	50571674	07/16/2018	08/14/2018	08/29/2018
5	 M	JORDY, JUSTIN ALLEN	08566765	07/31/2017	08/17/2018	
6	 M	SALAZAR, REYNALDO RAY	06384016	03/23/2018	08/17/2018	08/20/2018
7	 F	ALLDREDGE, ASHLEY NICOLE	08333982	05/02/2018	08/17/2018	09/05/2018
8	 M	POWELL, AARON JAMES	50528753	08/02/2018	08/17/2018	
9	 M		04464020	02/13/2018	08/23/2018	
0	M		08453566	07/18/2018	08/23/2018	
1	 F		08292016	07/21/2018	08/23/2018	
.2	 M	GONZALES, NATHAN BLAKE	08329439	08/13/2018	08/23/2018	1
.3	 M	GUERRA, RICKY JAMES	08298585	09/27/2017	09/07/2018	
4	 M	 COPPIC, JESSE MICHAEL	08494739	02/21/2018	09/07/2018	
15	M	 RODRIGUEZ, JOSE LUIS	02174710	07/30/2018	09/07/2018	
16	1					1
 17	1	I I			1	
18	1					
19		F &				
20	1		1			
21	1					
22	1					
23			1			
24						
	1	1-				

09/10/2018 DATE SHERIFF'S SIGNATURE TELEPHONE NO.

TYPED NAME (FORM PR-2) REVISED 9/2009

DUPLICATE AS NECESSARY

BROWN COUNTY S O

FOR THE MONTH OF: AUGUST 2018

DUE 5TH DAY OF EACH MONTH

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

DATE	NUMBER	DATE	NUMBER	DATE	NUMBER
1		1			
1		11	7	21	10
i i		1			
2		12	11	22	10
		1			10
3	4	13	11	23	10
			11	24	10
4	4	14	11	2.1	2.0
5	4	15	11	25	7
5	*	1			
6	8	16	11	26	6
1		1		1	
7	8	17	11	27	9
1		1			9
8	8	18	11	28	9
1		19	10	29	9
9	8	1 12	10		
10	7	20	10	30	9
10					

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? 15

HOW MANY INMATES WERE RELEASED/TRANSFERRED DURING THE REPORTING MONTH? 6

CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE	
SHERIFF'S SIGNATURE	TELEPHONE NUMBER
TYPED NAME	DATE
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