JUNE 17 2019

	INMATES HOUSED IN COUNTY					LOCAL	INMATES
	LOCAL		CONTRACT			HOUSED E	LSEWHERE
	M	F	M	F		M	F
A. Pretrial Class C Misdemeanant	1	0	0	0		0	1 0
B. Pretrial Class A & B Misdemeanant	14	2	1				0
C. Convicted Misdemeanant	0	0	1 0	 0		0	0
D. Felons Whose Penalty has been	1		1	1			1
reduced to a Misdemeanor	0	0	0	0	i i	0	0
E. Bench Warrants (in-state only)] 3	2	1 0	1 0 1			1 0
F. Pretrial Felons (do no include		1	1		1 1		1
Parole Violators and state jail felons)	49	14	6	16	i i	0	0
G. Parole Violators or Blue Warrants	10	0	0	0	I	0	0
H. Parole Violators with a New Charge	19	2	0	0		0	0
I. Convicted Felons sentenced to county jail time	1	 0	1 0			0	1 0
J. Convicted Felons sentenced to TDJC(ID/Boot Camp/SAFP, White Warrant, PIA)	7						
K. Federal Inmates	 xxxxxxxx	 xxxxxxxx	0	0	[xxxxxxx
L. Pretrial State Jail Felons (SJF)] 3	0	1 0	1 1			1 0
M. Convicted SJF sentenced to	1				1		1
county jail time	1 1	0	0	1 1	i i	0	1 0
N. Convicted SJF sentenced to	i		1		i i	1	
state jail time	5	1		0	Ĺ i	0	0
O. Others (specify)	4	0	0	2		0	0
TOTAL	117	22	8	21	169	0	0
P. Capacity (All County Facilities)	xxxxxxx	XXXXXXXX	XXXXXXXX	XXXXXXXX	196	xxxxxxxx	 xxxxxxx
Q. Paper-Ready Inmates (ID/Boot Camp				1			
White Warrant, PIA) less than 45 days	2	0	XXXXXXXX	XXXXXXXX	XXXXXXXXXXXX	0	0
R. Paper-Ready Inmates (ID/Boot Camp	1			1			
White Warrant, PIA) 45 days or longer	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXXXXXX	0	0
S. Paper-Ready SAFP Inmates	1 1	1 1	XXXXXXXX	 xxxxxxxxx	 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	0	1 0

June 17, 2019 (Exhibit#6)

TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

BROWN COUNTY S O

JUNE 17 2019

									DUE 5TH	H DAY OF	EACH I	MONTH	1
T. List, by county t	the number of male and	d female	inmate	s you	ar		for anoth	er facili	ty.				
	County					M	F						
SAN SABA			8	1	3	XXXXXXXX	XXXXXX						
TAYLOR		1	0		18	XXXXXXXX	XXXXXX						
U. List, by county t	the number of male and	d female	inmate	s you	ar	e housing	in anothe	r facility	у.				
										Local	Inma	tes	
										housed	else	where	
		County	/							M		F	
													_
I Certify that the a	above information is	complete	and ac	curat	e.								
Sheriff's Signature	/							Phone	Number		_		
								06/17	/2019				
Typed Name								Date					
									1				
Report Prepared by:								Phone	Number				
(Form POP-2) Revis	sed 9/2009	DUPLICATE	E AS NE	CESSA	RY								

TEXAS COMMISSION ON JAIL STANDARDS MONTHLY PAPER-READY INMATE ROSTER

BROWN COUNTY S O FOR THE MONTH OF: MAY 2019

			DUE 5TH DAY OF EACH MONTH						
	M	INMATES	STATE	DATE	DATE	DATE	1		
1 1	F		IDENTIFICATION	OF	PAPER	TRANSFERED	1		
1	P	NAME	NUMBER (SID)	CONFINEMENT	READY	OR RELEASED	_		
1	F	MONK, JEANNIE REBECCA	05792199	06/29/2018	05/07/2019	05/22/2019	1		
1 1	1		1			03/22/2013	1		
2	F	WHITE, PAMELA GAYLE	06032395	04/25/2019	05/07/2019	05/22/2019	i		
1 1	1		1				1		
1 3	M	CROSBY, DALTON BLAKE	16886960	04/08/2019	05/21/2019	06/10/2019	1		
4	M	KNIGHT, LARRY DON	50708284	04/17/2019	05/21/2019	05/29/2019	1		
1 1	1		1	1	1	03/23/2023	1		
5	M	WAGNER, JEFFERY WILLIE WAYNE	50373681	03/30/2019	05/28/2019		-		
1 1				1	1]			
6	M	MCGEE, AUSTIN ALLEN	17589751	05/29/2019	06/06/2019				
1 7	I			J.	1		1		
	1.7			1	1		1		
8			<u> </u>	<u> </u>			i		
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I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

SHERIFF'S SIGNATURE

06/17/2019

DATE

TELEPHONE NO.

TYPED NAME (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:

MAY 2019

DUE 5TH DAY OF EACH MONTH

PART (A)

DAILY "PAPER-READY" INMATE COUNT

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

DA	PT	(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?

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? 4

HOW MANY INMATES WERE RELEASED/TRANSFERRED DURING THE REPORTING MONTH? 4

I 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