## TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

**Brown County Sheriffs Office** 

Note: Due on or before 5th day of each month

July 17, 2023

|   | Inmates Hous   |        |                |     |     |               | Inmates |
|---|----------------|--------|----------------|-----|-----|---------------|---------|
|   | Local<br>M   F |        | Contract M   F |     |     | Housed Elsewh |         |
|   | M              | -      | ΙVI            | + - | ,   | М             | F       |
| a. Pretrial Class C Misdemeanant        |                |        |                |     |     |               |         |
| b. Pretrial Class A & B                 |                |        |                |     |     |               | 100     |
| Misdemeanant                            | 10             | 2      |                |     |     |               | -       |
| c. Convicted Misdemeanant               |                |        |                |     |     |               |         |
| d. Felons Whose Penalty has been        |                |        |                |     |     |               |         |
| reduced to a Misdemeanor                |                |        |                |     |     |               |         |
| e. Bench Warrants                       |                |        |                |     |     |               |         |
| (in-state only)                         | 1 1            |        | 1,.            |     |     | Α             |         |
| f. Pretrial Felons (do not include      |                |        |                |     |     |               |         |
| Parole Violaters and State Jail Felons) | 39             | 8      |                | 1   |     |               | f 1 =   |
| g. Parole Violaters or Blue Warrants    | 6              | 3      |                |     |     |               |         |
| h. Parole Violaters with a New Charge   | 24             | 6      |                |     |     |               |         |
| i. Convicted Felons sentenced to        |                |        |                |     |     |               |         |
| county jail time                        | 1              |        |                |     |     |               |         |
| j. Convicted Felons sentenced to        |                | 49.2   |                |     | 1 1 | 8             |         |
| TDCJ (ID/Boot Camp/SAFP, White          | 8              |        |                |     |     |               |         |
| Warrant, PIA)                           | 9              | 5      |                |     |     |               | , ,     |
| k. Federal Inmates                      |                |        |                |     |     |               |         |
| I. Pretrial State Jail Felons (SJF)     | 10             | 2      |                | 1   |     | 1 71-         |         |
| m. Convicted SJF sentenced to           |                |        |                |     |     |               |         |
| county jail time                        |                |        |                |     |     |               |         |
| n. Convicted SJF sentenced to           |                |        |                |     |     |               |         |
| state jail time                         |                |        |                |     |     |               |         |
| o. Others (specify)                     | 24             | 14     |                | 1   |     |               |         |
| TOTAL                                   | 123            | 40     | În .           | 3   | 466 |               |         |
| p. Capacity (All County Facilities)     | ,              | 10 2 1 |                |     | 196 |               |         |
| q. Paper-Ready Inmates (ID/Boot Camp    |                |        | 1 11 12 100    | 1   |     |               |         |
| White Warrant, PIA) less than 45 days   |                | 1      |                |     |     |               |         |
| r. Paper-Ready Inmates (ID/Boot Camp    |                |        |                |     |     |               |         |
| White Warrant, PIA) 45 days or longer   |                |        |                |     |     |               | 1 1 1   |
| s. Paper-Ready SAFP Inmates             |                |        |                |     |     |               |         |

July 24, 2023

(Exhibit#4)

# TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

**Brown County Sheriffs Office** 

(Form POP-2) Revised 9/2019

July 17, 2023

| t. List, by county the number of male and female inmates you are hou | using for another facility. |   |
|--|-----------------------------|---|
|  | Contract                    |   |
| County   | M                           | F |
| Hood   |                             | 3 |
| u. List, by county the number of male and female inmates you are ho  | using in another facility.  |   |
|  | Local Inmate housed elsewh  |   |
| County   | M                           | F |
| No Inmates being housed in another county                            |                             |   |
| v. Number of pregnant females that were confined in your facility    | y the preceding month.      | 2 |
| I certify that the above intermation is complete and accurate:       | (325) 641-2202              |   |
| Sheriff's Signature  | Phone Number                |   |
| Vance Hill, Sheriff  | 7/24/2023                   |   |
| Typed Name   | Date                        |   |
| Lisa Jowers, Admin Asst.   | (325) 641-2202              |   |
| Report Prepared by: (print or type)                                  | Phone Number                |   |

**DUPLICATE AS NECESSARY** 

# TEXAS COMMISSION ON JAIL STANDARDS INMATES WITH IMMIGRATION DETAINER

Brown County

For the Month of:

07/2023

| Date   | Number  | Date  | Number   | Date  | Number              |
|--|---|---|--|---|---------------------|
| 1  | 0   | 11  | 0  | 21  | 4                   |
| 2  | 0   | 12  | 0  | 22  | 4                   |
| 3  | 0   | 13  | 0  | 23  | 4                   |
| 4  | 0   | 14  | 0  | 24  | 4                   |
| 5  | 0   | 15  | 0  | 25  | 0                   |
| 6  | 0   | 16  | 0  | 26  | 0                   |
| 7  | 0   | 17  | 4  | 27  | 0                   |
| 8  | 0   | 18  | 4  | 28  | 0                   |
| 9  | 0   | 19  | 4  | 29  | 0                   |
| 10   | 0   | 20  | 4  | 30  | 0                   |
| 1000   |   |   |  | 31  | 0                   |
|  |   |   | TAL PRISONER DA  |   | 32                  |
| Per day co   | ost of housing one inma<br>(Jail budget divided<br>of housing inmates wit   | te.<br>by jail capacity divid   | led by 365)  |   | 32<br>\$50.         |
| Per day co  Total cost  If applicab                                      | (Jail budget divided<br>of housing inmates wit<br>(Total prisoner days<br>ole, you may indicate ar  | te.<br>by jail capacity divid<br>h immigration detair<br>X per day cost)<br>ny extrordinary cost                    | led by 365)  | Period associated   | 32<br>\$50.         |
| Total cost  If applicab ith a particul                                   | (Jail budget divided<br>of housing inmates wit<br>(Total prisoner days<br>ole, you may indicate ar  | te. by jail capacity divid h immigration detair X per day cost) by extrordinary cost s catastrophic medic           | led by 365)<br>ner.<br>incurred in this reporting<br>cal care (i.e. cancer, hear | Period associated   | \$50.<br>\$1,600.   |
| Per day co  Total cost  If applicab  ith a particul                      | (Jail budget divided<br>of housing inmates wit<br>(Total prisoner days<br>ble, you may indicate ar<br>lar ICE detainee such a   | te. by jail capacity divid h immigration detair X per day cost) by extrordinary cost s catastrophic medic           | led by 365)<br>ner.<br>incurred in this reporting<br>cal care (i.e. cancer, hear | period associated t attack, etc.)   | \$50.0<br>\$1,600.0 |
| Per day co  Total cost  If applicab th a particul  Inm. 1 2              | (Jail budget divided<br>of housing inmates wit<br>(Total prisoner days<br>ble, you may indicate ar<br>lar ICE detainee such a   | te. by jail capacity divid h immigration detair X per day cost) by extrordinary cost s catastrophic medic me) Event | led by 365) ner. incurred in this reporting cal care (i.e. cancer, hear          | period associated t attack, etc.)   | \$50.<br>\$1,600.   |
| Per day co Total cost  If applicabeth a particul Inm. 1 2 certify the    | (Jail budget divided of housing inmates wit (Total prisoner days ble, you may indicate ar lar ICE detainee such a late (First Initial, Last Natat the above informative | te. by jail capacity divid h immigration detair X per day cost) by extrordinary cost s catastrophic medic me) Event | led by 365) ner. incurred in this reporting cal care (i.e. cancer, hear          | period associated t attack, etc.) Total Cost  (325) 641-2202 Telephone Number | \$50.<br>\$1,600.   |
| Per day co  Total cost  If applicabeth a particul  Inm. 1 2  certify the | (Jail budget divided of housing inmates wit (Total prisoner days ble, you may indicate ar lar ICE detainee such a late (First Initial, Last National the above inform   | te. by jail capacity divid h immigration detair X per day cost) by extrordinary cost s catastrophic medic me) Event | led by 365) ner. incurred in this reporting cal care (i.e. cancer, hear          | period associated t attack, etc.) Total Cost                                  | \$50.<br>\$1,600.   |

If not signed by the Sheriff, please submit a letter of authoriation, signed by the Sheriff, indicating the names of the individuals authorized to sign.

**DUPLICATE AS NEEDED** 

## **TEXAS COMMISSION ON JAIL STANDARDS MONTHLY PAPER-READY INMATE REPORT**

Brown County Sheriffs Office County

Part (a)

For the Month of:

Due 5th day after the end of the

07/2023

| Date   | Daily "Paper Ready" Inmate Count |                           |  | Reporting Month    |        |  |
|--|----------------------------------|---------------------------|--|--------------------|--------|--|
| Duce   | Number                           | Date                      | Number   | Date               | Number |  |
| 1  | 0                                | 11                        | 0  | 21                 | 1      |  |
| 2  | 0                                | 12                        | 0  | 22                 | 1      |  |
| 3  | 0                                | 13                        | 0  | 23                 | 1      |  |
| 4  | 0                                | 14                        | 0  | 24                 | 1      |  |
| 5  | 0                                | 15                        | 0  | 25                 | 0      |  |
| 6  | 0                                | 16                        | 0  | 26                 | 0      |  |
| 7  | 0                                | 17                        | 1  | 27                 | 0      |  |
| 8  | 0                                | 18                        | 1  | 28                 | 0      |  |
| 9  | 0                                | 19                        | 1, 4   | 29                 | 0      |  |
| 10   | 0                                | 20                        | 1  | 30                 | 0      |  |
|  |                                  |                           |  | 31                 | 0      |  |
| art (b)  |                                  |                           |  |                    |        |  |
| During the ompleted fo                           | r 45 days or longer?             | Yes? ✓                    | or which all paperwork No? (b) 1 are still confined? | k and processing h | 0      |  |
| During the ompleted for the last of              | r 45 days or longer?             | Yes? ✓                    |  | k and processing h |        |  |
| During the completed for On the last of Cart (c) | r 45 days or longer?             | Yes? ✓ many of these from | No?  |                    | 0      |  |
| ompleted for                                     | r 45 days or longer?             | Yes? ✓                    | No?  | k and processing h | 0      |  |

If not signed by the Sheriff, please submit a letter of authoriation, signed by the Sheriff, indicating the names of the individuals authorized to sign.

Lisa Jowers, Admin Asst.

Report prepared by: (print or type)

**DUPLICATE AS NEEDED** 

(325) 641-2202

Telephone Number

## **TEXAS COMMISSION ON JAIL STANDARDS**

## **Pregnant Inmate Report**

County: Brown

Due by 5th day after the end of

Month: 7/17/2023 through 7/24/2023

the reporting month.

#### **Daily Inmate Count**

| Date | Number | Date | Number | Date | Number |
|------|--------|------|--------|------|--------|
| 1    | 0      | 11   | 0 .    | 21   | 2      |
| 2    | 0      | 12   | 0      | 22   | 2      |
| 3    | 0      | 13   | 0      | 23   | 2      |
| 4    | 0      | 14   | 0      | 24   | 2      |
| 5    | 0      | 15   | 0      | 25   | 0      |
| 6    | 0      | 16   | 0      | 26   | 0      |
| 7    | 0      | 17   | 2      | 27   | 0      |
| 8    | 0      | 18   | 2      | 28   | 0      |
| 9    | 0      | 19   | 2      | 29   | 0      |
| 10   | 0      | 20   | 2      | 30   | 0      |
|      |        | ٠.   |        | 31   | 0      |

Form PIR-2 Effective 12/1/2019