

**TEXAS COMMISSION ON JAIL STANDARDS  
JAIL POPULATION REPORT**

Brown County Sheriffs Office

July 29, 2024

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

	Inmates Housed In County					Local Inmates Housed Elsewhere	
	Local		Contract			M	F
	M	F	M	F			
a. Pretrial Class C Misdemeanant							
b. Pretrial Class A & B Misdemeanant	5	1					
c. Convicted Misdemeanant	2						
d. Felons Whose Penalty has been reduced to a Misdemeanor							
e. Bench Warrants (in-state only)							
f. Pretrial Felons (do not include Parole Violaters and State Jail Felons)	69	16	1	1			
g. Parole Violaters or Blue Warrants	5						
h. Parole Violaters with a New Charge	15	1					
i. Convicted Felons sentenced to county jail time	1	4					
j. Convicted Felons sentenced to TDCJ (ID/Boot Camp/SAFP, White Warrant, PIA)	15	4					
k. Federal Inmates							
l. Pretrial State Jail Felons (SJF)	15	3					
m. Convicted SJF sentenced to county jail time							
n. Convicted SJF sentenced to state jail time	2	1					
o. Others (specify)	3						
<b>TOTAL</b>	<b>132</b>	<b>30</b>	<b>1</b>	<b>1</b>	<b>164</b>		
p. Capacity (All County Facilities)					196		
q. Paper-Ready Inmates (ID/Boot Camp White Warrant, PIA) less than 45 days	3	2					
r. Paper-Ready Inmates (ID/Boot Camp White Warrant, PIA) 45 days or longer							
s. Paper-Ready SAFP Inmates							

July 29, 2024      (Exhibit #4)

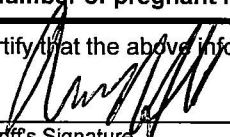
**TEXAS COMMISSION ON JAIL STANDARDS  
JAIL POPULATION REPORT**

Brown County Sheriffs Office

July 29, 2024

t. List, by county the number of male and female inmates you are housing for another facility.		
	Contract	
County	M	F
Coleman	1	
San Saba		1
u. List, by county the number of male and female inmates you are housing in another facility.		
	Local Inmates housed elsewhere	
County	M	F
No Inmates being housed in another county		
v. Number of pregnant females that were confined in your facility the preceding month.		0

I certify that the above information is complete and accurate:

  
\_\_\_\_\_  
Sheriff's Signature

(325) 641-2202  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Typed Name

7/29/2024  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Report Prepared by: (print or type)

(325) 641-2202  
\_\_\_\_\_  
Phone Number

(Form POP-2) Revised 9/2019

**DUPLICATE AS NECESSARY**

# TEXAS COMMISSION ON JAIL STANDARDS

## INMATES WITH IMMIGRATION DETAINER

For the Month of:

Brown County

07/2024

**Part (a)**

Due 5th day after the end of the

Daily Immigration detainer inmate count

Reporting Month

Date	Number	Date	Number	Date	Number
1	0	11	0	21	0
2	0	12	0	22	0
3	0	13	0	23	0
4	0	14	0	24	0
5	0	15	0	25	0
6	0	16	0	26	0
7	0	17	0	27	0
8	0	18	0	28	0
9	0	19	0	29	1
10	0	20	0	30	1
				31	1
<b>TOTAL PRISONER DAYS</b>					<b>3</b>

**Part (b)**

1. Per day cost of housing one inmate. \$65.00

(Jail budget divided by jail capacity divided by 365)

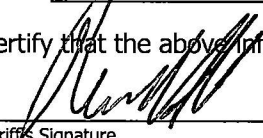
2. Total cost of housing inmates with immigration detainer. \$195.00

(Total prisoner days X per day cost)

3. If applicable, you may indicate any extraordinary cost incurred in this reporting period associated with a particular ICE detainee such as catastrophic medical care (i.e. cancer, heart attack, etc.)

	Inmate (First Initial, Last Name)	Event	Total Cost
1			
2			

I certify that the above information is complete and accurate:

  
 \_\_\_\_\_  
 Sheriff's Signature

(325) 641-2202  
 Telephone Number

\_\_\_\_\_  
 Typed Name

7/29/2024  
 Date

\_\_\_\_\_  
 Report prepared by: (print or type)

(325) 641-2202  
 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.

**DUPLICATE AS NEEDED**

**TEXAS COMMISSION ON JAIL STANDARDS**  
**Monthly inmates with immigration detainerlist of names**

07/2024

County Brown

For the Month of:  
 Due 5th day after the end of the  
 Reporting Month.

	M/F	Inmate's Name	Date of Confinement	Date ICE Detainer Placed	Date Transferred or Released	Total Prisoner Days
1	M	PORTILLO-MARQUEZ, JOSE ALFONSO	07/14/22	07/15/22		3
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

I certify that the above information is complete and accurate:

<b>Total Days</b>	<b>3</b>
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\_\_\_\_\_  
 Sheriff's Signature

\_\_\_\_\_  
 Typed Name

This form should be signed by the Sheriff or by an individual authorized by the Sheriff for whom a letter is on file with the Commission.  
 (Form ID-2) 9/11

DUPLICATE AS NECESSARY

**Information required pursuant to Government Code 511.0101(M)(4)**

# TEXAS COMMISSION ON JAIL STANDARDS

## MONTHLY PAPER-READY INMATE REPORT

Brown County Sheriffs Office County

For the Month of:

07/2024

**Part (a)**

Daily "Paper Ready" Inmate Count

Due 5th day after the end of the Reporting Month

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

**Part (b)**

1. During the reporting period, were there inmates for which all paperwork and processing had been completed for 45 days or longer?  Yes?  No? 0

2. On the last day of the period, how many of these from (b) 1 are still confined? 0

**Part (c)**

1. How many inmates became Paper-Ready during the Reporting Month? 0

2. How many inmates were released/transferred during the Reporting Month? 0

I certify that the above information is complete and accurate:

\_\_\_\_\_  
Sheriff's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Report prepared by: (print or type)

\_\_\_\_\_  
(325) 641-2202

Telephone Number

\_\_\_\_\_  
7/29/2024

Date

\_\_\_\_\_  
(325) 641-2202

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.

**DUPLICATE AS NEEDED**

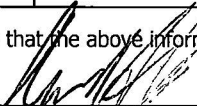
**TEXAS COMMISSION ON JAIL STANDARDS  
MONTHLY "PAPER-READY" INMATE ROSTER**

County Brown County Sheriffs Office

For the Month of: 07/2024  
Due 5th day after the end of the  
Reporting Month.

	D U P	M/F	Inmate's Name	State Identification Number (SID)	Date of Confinement	Date Paper Ready	Date Transferred or Released
1		F	BENNETT, DAWN JANA E	TX 05865349	03/27/24	06/28/24	
2		F	THOMPSON, VICTORIA LYNAN	TX 08634588	05/01/24	06/28/24	
3		M	DORMAN, MICHAEL LEE	06566391	01/18/24	07/12/24	
4		M	FRENCH, JOHN ALVIN		03/07/24	07/12/24	
5		M	MORENO, DAVID ANTHONY	06967964	01/03/24	07/12/24	
6							
7							
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9							
10							
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20							
21							
22							
23							

I certify that the above information is complete and accurate:

  
\_\_\_\_\_  
Sheriff's Signature

7/29/2024  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

(325) 641-2202  
\_\_\_\_\_  
Telephone Number

This form should be signed by the Sheriff or by an individual authorized by the Sheriff for whom a letter is on file with the Commission.

(Form PR-2) Revised 9/2009

DUPLICATE AS NECESSARY

# TEXAS COMMISSION ON JAIL STANDARDS

## Pregnant Inmate Report

County: Brown

Due by 5th day after the end of  
the reporting month.

Month: 7/29/2024 through 7/31/2024

**Daily Inmate Count**

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

**TEXAS COMMISSION ON JAIL STANDARDS**

**Pregnant Inmate Report**

(List of Names)

County: Brown

Due by 5th day of the month after the

Month: 7/29/2024 through 7/31/2024

end of the reporting month.

	Name of Pregnant Inmate	Date Pregnant Inmate Booked	Date Pregnancy Confirmed	Date Pregnant Inmate Transferred or Released	Date of Delivery Miscarriage or Termination of Pregnancy (if applicable)
1	GALVAN, SAMANTHA LEE	07/09/2024	07/09/2024		
2	HERNANDEZ, IRENE NICOLE	05/20/2024	05/23/2024		