TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

Brown County Sheriffs Office

March 10, 2025

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

	Inmates Housed In County			9		Inmates	
		cal		tract	1		Elsewhere
	М	F	M	F		<u>М</u> .	F
a. Pretrial Class C Misdemeanant			1	1		_	
b. Pretrial Class A & B							
Misdemeanant	10	4		٠			<u>.</u>
c. Convicted Misdemeanant	1			1	1		
d. Felons Whose Penalty has been				,			1
reduced to a Misdemeanor							
e. Bench Warrants							
(in-state only)	E			20			
f. Pretrial Felons (do not include			3		8 8		
Parole Violaters and State Jail Felons)	51	12	1		100		
g. Parole Violaters or Blue Warrants	3					8	
h. Parole Violaters with a New Charge	_√ -11	d					
i. Convicted Felons sentenced to							
county jail time				, H			
j. Convicted Felons sentenced to	β						8
TDCJ (ID/Boot Camp/SAFP, White	40			İ	* *		
Warrant, PIA)	19						
k. Federal Inmates	w e	:		. "	,		
I. Pretrial State Jail Felons (SJF)	8	2	1		1	-	
m. Convicted SJF sentenced to		7				8	
county jail time							
n. Convicted SJF sentenced to	 ,	.1				200	
state jail time	4	. 4				e.	
o. Others (specify)	,	4 4		12			1
TOTAL	107	22	3	2			·
p. Capacity (All County Facilities)		2			196		
q. Paper-Ready Inmates (ID/Boot Camp						9	
White Warrant, PIA) less than 45 days	7	4				*	
r. Paper-Ready Inmates (ID/Boot Camp							
White Warrant, PIA) 45 days or longer	1					8	
s. Paper-Ready SAFP Inmates		,					
s. raper-iteauy SAFF Illinates			l	<u> </u>		vi	

March 10, 2025

(EXhibi+#5)

TEXAS COMMISSION ON JAIL STANDARDS JAIL POPULATION REPORT

Brown County Sheriffs Office

(Form POP-2) Revised 9/2019

March 10, 2025

t. List, by county the number of male and female inmates you are housing	g for another facility.		
	10	Cont	tract
County		М	F
Brownwood PD		1	1 -
Coleman		1	
San Saba		1	1
u. List, by county the number of male and female inmates you are housing	g in another facility.		
	-	Local Ir housed e	
County		М	F
No Inmates being housed in another county			
v. Number of pregnant females that were confined in your facility the	e preceding month.		0
I certify that the above information is complete and accurate:			
	(325) 641-2	202	
Sheriff's Signature	Phone Numbe	r ×	
James Stroope	3/10/2025		
Typed Name	Date		
	(325) 641-2	202	
Report Prepared by: (print or type)	Phone Numbe	r	

DUPLICATE AS NECESSARY

TEXAS COMMISSION ON JAIL STANDARDS

Pregnant Inmate Report

County:	Brown		

Due by 5th day after the end of

Month: 3/10/2025 through 3/10/2025

the reporting month.

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	0
10	1	20	0	30	0
				31	0

TEXAS COMMISSION ON JAIL STANDARDS MONTHLY PAPER-READY INMATE REPORT

For the Month of:

Brov	wn County Sheriffs Office	County	<u>. 0</u>	3/2025		
Part (a))		Ī	ue 5th d	ay after the end of the	
Daily "Paper Ready" 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	0	
10	8	- 20	0	30	0	
		A TOP		31	0	
Part (b)						
1.During	the reporting period, were th	nere inma	tes for which all paperwork and	l processi	ng had been	
complete	d for 45 days or longer?	✓ Yes?	□No?		1	
2.On the la	ast day of the period, how man		1			
Part (c)						
1.How ma	any inmates became Paper		0			

I certify that the above information is complete and accurate:

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

Sheriff's Signature

3 Strope

(325) 641-2202 Telephone Number

3/10/2025

(325) 641-2202

Report prepared by: (print or type)

Telephone Number

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 INMATES WITH IMMIGRATION DETAINER

Brown County

For the Month of:

03/2025

Part (a) Due 5th day aft					after the end of the
Daily Immigra	ation detainer inmate coun	t		Reporting M	lonth
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	0
10	3	20	0	30	0
		Albani Projecti Projecti		31	0
			TOTAL PRISONER DAY	S	3
Part (b) L. Per day co:	st of housing one inmate.				\$75.00
	(Jail budget divided by ja	il capacity	divided by 365)		*
2. Total cost	of housing inmates with imi	100			\$225.00
	(Total prisoner days X pe	er day cost)		
			cost incurred in this reporting p		d
vith a particul	ar ICE detainee such as cat	astrophic r	nedical care (i.e. cancer, heart	attack, etc.)	
Inma	ate (First Initial, Last Name)	E	Event	Total C	Cost
1				30 NOODAY 3000	
3) //				
certify that	t the above informatio	n is com	plete and accurate:		
	5	>)	
Sheriff's Signatu			(325) 641-2202 Telephone Number		
	01-1	P		•	
Typed Name	es Stroom	<u> </u>		/10/2025 ate	
. , pea raine				325) 641-220	12
Report prepared	by: (print or type)			elephone Number	

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