

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

Brown County Sheriffs Office

April 14, 2025

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				1	196		
b. Pretrial Class A & B Misdemeanant	12	2	2				
c. Convicted Misdemeanant				1			
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)	62	16	3				
g. Parole Violaters or Blue Warrants	7			1			
h. Parole Violaters with a New Charge	13						
i. Convicted Felons sentenced to county jail time							
j. Convicted Felons sentenced to TDCJ (ID/Boot Camp/SAFP, White Warrant, PIA)	18	1					
k. Federal Inmates							
l. Pretrial State Jail Felons (SJF)	9	4	1				
m. Convicted SJF sentenced to county jail time							
n. Convicted SJF sentenced to state jail time	6	4					
o. Others (specify)				1			
TOTAL	127	27	6	4	196		
p. Capacity (All County Facilities)							
q. Paper-Ready Inmates (ID/Boot Camp White Warrant, PIA) less than 45 days	6						
r. Paper-Ready Inmates (ID/Boot Camp White Warrant, PIA) 45 days or longer	4						
s. Paper-Ready SAFP Inmates							

April 14, 2025 1 (Exhibit #3)

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April 14, 2025

t. List, by county the number of male and female inmates you are housing for another facility.

County	Contract	
	M	F
Brownwood PD	2	2
Coleman	1	
Ector	1	
Other - Out Of State		1
San Saba	2	1

u. List, by county the number of male and female inmates you are housing in another facility.

County	Local Inmates housed elsewhere	
	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

4/14/2025

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

04/2025

Part (a)

Daily Immigration detainer 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	3	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	0	20	0	30	0
				31	0
TOTAL PRISONER DAYS					3

Part (b)

1. Per day cost of housing one inmate.

\$75.00

(Jail budget divided by jail capacity divided by 365)

2. Total cost of housing inmates with immigration detainer.

\$225.00

(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

Typed Name

Report prepared by: (print or type)

(325) 641-2202

Telephone Number

4/14/2025

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

INMATES WITH IMMIGRATION DETAINER

For the Month of:

Brown County

04/2025

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	3	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	0	20	0	30	0
				31	0
TOTAL PRISONER DAYS					3

Part (b)

1. Per day cost of housing one inmate.

\$75.00

(Jail budget divided by jail capacity divided by 365)

2. Total cost of housing inmates with immigration detainer.

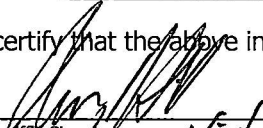
\$225.00

(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

Van H. H.
Typed Name

4/14/2025

Date

SK
Report prepared by: (print or type)

(325) 641-2202

Telephone Number

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DUPLICATE AS NEEDED

TEXAS COMMISSION ON JAIL STANDARDS

MONTHLY PAPER-READY INMATE REPORT

Brown County Sheriffs Office County

For the Month of:

04/2025

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	7	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	0	20	0	30	0
				31	0

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?

4

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

1

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?

3

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

4/14/2025

Date

(325) 641-2202

Telephone Number

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DUPLICATE AS NEEDED

TEXAS COMMISSION ON JAIL STANDARDS

Pregnant Inmate Report

County: Brown

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

Month: 4/14/2025 through 4/14/2025

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	1	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	0	20	0	30	0
				31	0