

TEXAS COMISSION ON JAIL STANDARDS
MONTHLY “IMMIGRATION DETAINER” INMATE REPORT
(Form ID-2) Instructions

As mandated by Government Code 411.0101(M) (4), this monthly report is due by the 5th day of each month. The reporting period includes each day of the previous month.

FOR EXAMPLE: The report due October 5th includes the daily count for the entire reporting month of September.

Part (a) Indicate the daily count of the number of inmates confined who have had an Immigration and Custom Enforcement agency detainer placed on them. **DO NOT INCLUDE CONTRACT FEDERAL INMATES. IF A COUNTY IS HOUSING FOR ANOTHER FACILITY, ONLY THE HOME COUNTY SHALL REPORT THE INMATES.**

Part (b) Calculate the cost of housing ICE detainees by multiplying total number of ICE Detainee days **starting with the day of confinement** X average daily cost. In addition, if applicable a county may report any out of the ordinary costs such as catastrophic medical events regarding ICE detainees.

Definition of ICE detainee-prisoners for whom an immigration detainer has been issued by United States Immigration and Customs Enforcement.

An inmate can be counted for Part (a) only if confined and has an immigration detainer.

Accurate and complete records should be maintained for audit purposes. Records should include the source documents used to complete the ID-1 and ID-2.

**If no inmates are reported on this form, do not complete ID-2.

This report forms are available on our website at www.tcjs.state.tx.us under Monthly Report Forms. You may e-mail the report to melissa.johns@tcjs.state.tx.us, or fax your reports to us at 512-463-3185 or submit the original by mail. If you have any questions. Call Melissa Johns at 512-463-8079.

TEXAS COMMISSION ON JAIL STANDARDS
Monthly inmates with immigration detainer list of names

County _____

For the month of _____
 Due 5th day after the end of the

Reporting month.

	M/F	Inmate's	Date of Confinement	Date Transferred or Released	Total Prisoner Days
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
I certify that the above information is complete and accurate.				Total Days	

 Sheriff's Signature

 Typed Name

