

**MONTHLY COMMUNITY SUPERVISION AND CORRECTIONS REPORT**

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
COMMUNITY JUSTICE ASSISTANCE DIVISION**

County : TYLER

Report Month-Year : 04-24

**I. END OF MONTH SUPERVISION STATUS**

**FEL MISD TOTAL**

**A. Adults Receiving DIRECT Supervision**

1. Level 1 (High)	125	38	163
2. Level 2 (Moderate)	20		20
3. Level 3 (Low/Moderate)	28	7	35
4. Level 4 (Low)	20		20
5. Residential	57	31	88

**B. Adults on INDIRECT Status**

1. Intrastate Transfers (out)	120	40	160
a. Transfers Out of CSCD	72	18	90
b. Transfers Within CSCD	63	15	78
2. Interstate Transfers (out)	9	3	12
3. Absconders/Fugitives	3		3
a. New to Absconder/Fugitive Status	29	14	43
4. Report by Mail	4	1	5
5. Inactive Indirects Due to Incarceration	6		6
a. Sentenced to County Jail			
b. Sentenced to TDCJ-ID	2		2
c. Serving Time in Substance Abuse Felony Punishment Facility (SAFPF)	4		4
d. Sentenced to State Jail			
6. Other Indirect	10	8	18

**C. Pretrial Services**

1. Pretrial Supervision (court-approved)	30	26	56
2. Pretrial Diversion	27	20	47
	3	6	9

**D. Civil Probation**

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**II. MONTHLY ACTIVITY**

**A. Community Supervision Placements**

1. Original Community Supervision Placements	3	4	7
a. Adjudicated Community Supervision	1	1	2
b. Deferred Adjudication	2	3	5
c. Return From:			
1) Shock Incarceration			
2) State Boot Camp			
2. Subsequent Supervision Placements Within the CSCD			



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II. Monthly Activity (Cont'd)

A. Community Supervision Placements (Cont'd)

3. Transferred in for Supervision	3	1	4
4. Deferred to Adjudicated Status	_____	_____	_____
5. Pretrial Services Placements	_____	2	2
a. Pretrial Supervision (court-approved)	_____	2	2
b. Pretrial Diversion	_____	_____	_____

B. COMMUNITY SUPERVISION SUBTRACTIONS

1. Supervision Terminations	1	5	6
a. Early Termination	_____	_____	_____
b. Expired Term of Community Supervision	_____	1	1
1) Regular	_____	1	1
2) Time Credit	_____	_____	_____
c. Revoked to County Jail	_____	1	1
d. Revoked to State Jail	_____	_____	_____
e. Revoked to TDCJ	_____	_____	_____
1) Institutional Division	_____	_____	_____
2) State Boot Camp	_____	_____	_____
f. Other Revocations	_____	_____	_____
g. Administrative Closures	1	1	2
1) Return of Courtesy Supervision	1	_____	1
2) Other Administrative Closures	_____	1	1
h. Deaths	_____	_____	_____
i. Pretrial Terminations	_____	2	2
2. Reasons for Revocation	_____	1	1
a. New Offense Conviction	_____	_____	_____
b. Subsequent Arrest/Offense Alleged in MTR	_____	_____	_____
c. Other	_____	1	1

CERTIFICATION:

Signature of CSCD Director:  DATE: 5/2/24

Signature of District Judge: \_\_\_\_\_ DATE: \_\_\_\_\_