<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of ICE Reviews Required</th>
<th>Number of ICE Reviews Completed</th>
<th>Number of Holds</th>
<th>Number of Releases</th>
<th>Number of Holds for Prior Violent Felonies</th>
<th>Number of Holds for Terrorist Screening Response</th>
<th>Number of Holds for ICE Judicial Warrant</th>
<th>Number of Times Held that Were Not Supportive</th>
<th>Compliant with AD 9.3?</th>
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<tbody>
<tr>
<td>Bridgeport CC</td>
<td>4</td>
<td>4</td>
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<td>Yes</td>
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<td>Track #</td>
<td>Risk to Release Y/N</td>
<td>Held, Discretionary detention or release?</td>
<td>Reason State Custody Expired</td>
<td>Start Hold Date</td>
<td>Release Date</td>
<td>Days held</td>
<td>Fac.</td>
<td>Reason for exercise of discretion to detain or release.</td>
<td></td>
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<tr>
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<td>831</td>
<td>No</td>
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<td>posted bond</td>
<td>8/6/2018</td>
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<td>BCC</td>
<td>No supportive documentation to hold.</td>
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<td>No</td>
<td>Released</td>
<td>posted bond</td>
<td>8/9/2018</td>
<td>8/9/2018</td>
<td>Zero</td>
<td>BCC</td>
<td>No supportive documentation to hold.</td>
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<td>833</td>
<td>No</td>
<td>Held</td>
<td>completed CT sentence</td>
<td>8/20/2018</td>
<td>8/21/2018</td>
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<td>Criminal History - Convicted of a Violent Offense.</td>
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<td>834</td>
<td>No</td>
<td>Released</td>
<td>posted bond</td>
<td>8/21/2018</td>
<td>8/21/2018</td>
<td>Zero</td>
<td>BCC</td>
<td>No supportive documentation to hold.</td>
<td></td>
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</tbody>
</table>
DEPARTMENT OF HOMELAND SECURITY
MIGRATION DETAINER - NOTICE OF ACTION

TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency)
HANSON POLICE DEPT.
375 MAIN ST.
HANSON, MA 02341

FROM: (Department of Homeland Security Office Address)
ICE ERO HARTFORD Sub Office
450 MAIN ST
5TH FLOOR, ROOM 503
HARTFORD, CT 06103

Name of Alien: ____________________________
Date of Birth: ____________________________
Citizenship: ____________________________
Sex: ____________________________

1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (complete box 1 or 2).

☐ A final order of removal against the alien;
☐ The pendency of ongoing removal proceedings against the alien;
☐ Biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
☐ Statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION (complete box 1 or 2).

☐ Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.

IT IS THEREFORE REQUESTED THAT YOU:

• Notify DHS as early as practical (at least 48 hours, if possible) before the alien is released from your custody. Please notify DHS by calling ☐ U.S. Immigration and Customs Enforcement (ICE) or ☐ U.S. Customs and Border Protection (CBP) at 600-240-3012. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at: (802) 850-4002.

• Maintain custody of the alien for a period NOT TO EXCEED 48 HOURS beyond the time when he/she would otherwise have been released from your custody to allow DHS to assume custody. The alien must be served with a copy of this form for the detainer to take effect. This detainer arises from DHS authorities and should not impact decisions about the alien’s bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other matters.

• Relay this detainer to any other law enforcement agency to which you transfer custody of the alien.

• Notify this office in the event of the alien’s death, hospitalization or transfer to another institution.

☐ If checked: please cancel the detainer related to this alien previously submitted to you on _______________ (date).

__________________________________________
(Name and title of Immigration Officer)
__________________________________________
(Signature of Immigration Officer) (Sign in Ink)

Notice: If the alien may be the victim of a crime or you want the alien to remain in the United States for a law enforcement purpose, notify the ICE Law Enforcement Support Center at (802) 872-6020. You may also call this number if you have any other questions or concerns about this matter.

TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS NOTICE:

Please provide the Information below, sign, and return to DHS by mailing, emailing or faxing a copy to ________________.

Local Booking/Inmate #: ____________________________ Estimated release date/time: ________________

Date of latest criminal charge/conviction: ________________ Last offense charged/convicted: ________________

This form was served upon the alien on ________________, in the following manner:
☐ In person ☐ by inmate mail delivery ☐ other (please specify): ________________

__________________________________________
(Name and title of Officer)
__________________________________________
(Signature of Officer) (Sign in Ink)

DHS Form I-247A (3/17)
DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID: ____________________________
Event #: ____________________________

TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency) STAMFORD POLICE DEPT.
182 RIDGE ST.
STAMFORD, CT 06901-1000

FROM: (Department of Homeland Security Office Address) ICE - Westminster, CA Sub Office
JRO
PACIFIC LAGUNA HER, 24000 AVENIDA DE LA LAGUNA
LAGUNA HER, CA 92677

Date of Birth: ____________________________
Citizenship: __________________________________________
Sex: □

1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS TO DETAIN THE SUBJECT AS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (COMPLETED BOXES APPLY)

☐ A final order of removal against the alien.
☐ The pending removal proceedings against the alien.
☐ Biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law, and/or
☐ Statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION. COMPLETE BOXES FOR WHICH APPLICABLE:

☐ Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.

IT IS THEREFORE REQUESTED THAT YOU:

☐ Notify DHS as soon as practicable (at least 48 hours, if possible) before the alien is released from your custody. Please notify DHS by calling U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP) at 711-350-3500. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at 802-872-5020.
☐ Maintain custody of the alien for a period NOT TO EXCEED 48 HOURS beyond the time when he/she would otherwise have been released from your custody to allow DHS to assume custody. The alien must be served with a copy of this form for the detainer to take effect. This detainer arises from DHS authorities and should not impact decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, or other matters.
☐ Notify the ICE Law Enforcement Support Center at 802-872-5020 that the alien has been taken into custody.
☐ If checked, please cancel the detainer related to this alien previously submitted to you on ____________________ (date).

(Name and initials of Immigration Officer) ____________________________
(Signature of Immigration Officer) (Sign in ink) ____________________________

Notice: If the alien is the victim of a crime or you want the alien to remain in the United States for a law enforcement purpose, notify the ICE Law Enforcement Support Center at 802-872-5020. You may also call this number if you have any other questions or concerns about this matter.

TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS NOTICE:

Local Booking/Release #: ____________________________ Estimated release date/time: ____________________________
Date of last criminal charge/conviction: ____________________________ Last offense charged/convicted: ____________________________
This form was served upon the alien on ____________________________, in the following manner: □ in person □ by inmate mail delivery □ other (please specify): ____________________________

(Name and initials of Officer) ____________________________
(Signature of Officer) (Sign in ink) ____________________________

DHS Form 1-247A (12/17)
DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION DETAINER - NOTICE OF ACTION

From: (Department of Homeland Security Office Address)
ICE ENHARTFORD SUB OFFICE
430 MAIN ST
5TH FLOOR - ROOM 501
HARTFORD, CT 06103

Object ID:
ent #:

(Name and Title of Institution - OR Any Subsequent Law Enforcement Agency)
STAMFORD POLICE DEPT.
805 BEDFORD ST.
STAMFORD, CT 06901-0000

Date:
April 4, 2017

File No.

Name of Alien:

Date of Birth:

Citizenship:
GUATEMALA

Sex:

A final order of removal against the alien;
The pendency of ongoing removal proceedings against the alien;
Biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
Statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. Immigration law.

DHSTransferred the alien to your custody for a proceeding or investigation. (Mark box if applicable)

Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.

It is therefore requested that you:

* Notify DHS as early as practicable (at least 48 hours, if possible) before the alien is released from your custody. Please notify DHS by calling U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP) at 866-240-8522. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at (803) 872-6020.

* Maintain custody of the alien for a period NOT TO EXCEED 48 HOURS beyond the time when he/she would otherwise have been released from your custody to allow DHS to assume custody. The alien must be served with a copy of this form for the detainer to take effect. This detainer arises from DHS authorities and should not impact decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other matters.

* Relay the detainer to any other law enforcement agency to which you transfer custody of the alien.

* Notify this office in the event of the alien's death, hospitalization or transfer to another institution.

If checked: please cancel the detainer related to this alien previously submitted to you on (date).

(Name and title of Immigration Officer)

(Signature of Immigration Officer) (Sign in Ink)

Notice: If the alien may be the victim of a crime or you want the alien to remain in the United States for a law enforcement purpose, notify the ICE Law Enforcement Support Center at (803) 672-6020. You may also call this number if you have any other questions or concerns about this matter.

To be completed by the Law Enforcement Agency currently holding the alien who is the subject of this notice:

Please provide the information below, sign, and return to DHS by mailing, emailing or faxing a copy to

Local Booking/Inmate #: Estimated release date/time:

Date of latest criminal charge/conviction: Last offense charged/convicted:

This form was served upon the alien on , in the following manner:

by inmate mail delivery . other (please specify):
IMMIGRATION DETAINER - NOTICE OF ACTION

TO: (Name and Title of Institution OR Any Subsequent Law Enforcement Agency) STAMFORD POLICE DEPT. 805 REED ST. STAMFORD, CT 06901-0608

FROM: (Department of Homeland Security Office Address) NEW YORK BALTIMORE REENTRY OFFICE 405 MAIN ST. ROOM B01 BALTIMORE, MD 21230

Date: August 19, 2018

File No.: # 834

Name of Alien:

Date of Birth:

Citizenship:

Sex:

1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (complete box 1 or 2):

☐ A Final order of removal against the alien;

☐ The pendency of ongoing removal proceedings against the alien;

☒ Biometric confirmation of the alien's identity and a record check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. Immigration law and/or

☐ Statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. Immigration law.

2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION (complete box 1 or 2):

☐ Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.

IT IS THEREFORE REQUESTED THAT YOU:

* Notify DHS as early as practicable (at least 48 hours, if possible) before the alien is released from your custody. Please notify DHS by calling ☒ U.S. Immigration and Customs Enforcement (ICE) or ☐ U.S. Customs and Border Protection (CBP) at 660-336-1915. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at (800) 872-6020.

* Maintain custody of the alien for a period NOT TO EXCEED 48 HOURS beyond the time when he/she would otherwise have been released from your custody to allow DHS to assume custody. The alien must be served with a copy of this form for the detainer to take effect. This detainer arises from DHS authorities and should not impede decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other matters.

* Relay this detainer to any other law enforcement agency to which you transfer custody of the alien.

☐ If checked, please cancel the detainer related to this alien previously submitted to you on __________ (date).

(Name and Title of Immigration Officer) (Signature of Immigration Officer) (Sign in Ink)

Notice: If the alien may be the victim of a crime or you want the alien to remain in the United States for a law enforcement purpose, notify the ICE Law Enforcement Support Center at (800) 872-6020. You may also call this number if you have any other questions or concerns about this matter.

TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS NOTICE:

Please provide the information below, sign, and return to DHS by mailing, emailing or faxing a copy to

Local Booking/Inmate #: ________ Estimated release date/time: ________

Date of latest criminal charge/conviction: ________ Last offense charged/conviction: ________

This form was served upon the alien on ________ in the following manner:

☐ in person ☐ by inmate mail delivery ☐ other (please specify) ________

(Name and Title of Officer) (Signature of Officer) (Sign in Ink)

DHS Form 1-247A (3/17)