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<th>Track #</th>
<th>Y/N</th>
<th>Held, Discretionary detention or release?</th>
<th>Reason State Custody Expired</th>
<th>Start Hold Date</th>
<th>Release Date</th>
<th>Days held</th>
<th>Fac.</th>
<th>Reason for exercise of discretion to detain or release.</th>
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<td>843</td>
<td>No</td>
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<td>Completed CT sentence</td>
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<td>No supportive documentation to hold.</td>
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<td>Number of ICE Reviews Completed</td>
<td>Number of Holds</td>
<td>Number of Releases</td>
<td>Number of Holds for Prior Violent Felonies</td>
<td>Number of Holds for Terrorist Screening Response</td>
<td>Number of Holds for ICE Judicial Warrant</td>
<td>Number of Times Held that Were Not Supportive</td>
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</table>
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 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 _________. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at: (802) 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 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).

Deportation Officer ___________________________ (Signature of Immigration Officer) (Sign in ink)

(Name and Title of Immigration Officer)

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/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 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) NORMALK POLICE DEPT.
1 NORMARK ST.
normalk, CT 068540000

FROM: (Department of Homeland Security Office Address) HARTFORD, CT, DUTCH CONTROL OFFICE
ICE REC-HARTFORD Sub Office
450 MAIN ST
512 FLOOR, ROOM 501
HARTFORD, CT 06103

File No: 
Date: February 14, 2016

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.

☐ 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 the Center at: (802) 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 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).

Deportation Officer ________________________________
(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 faxes a copy to 

Local Booking/inmate #: _______ Estimated release date/time: _______

Date of arrest/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): _______

Deportation Officer ________________________________
(Name and title of officer)

Signature of Officer 
(Sign in ink)
DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID: 
Event #: 

TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency)
BRIDGEPORT CORR CENTER
1105 NORTH AVENUE
BRIDGEPORT, CT 06604

FROM: (Department of Homeland Security Office Address)
HARTFORD, CT, DOCKET CONTROL OFFICE
ICE TKO HARTFORD Sub Office
450 MAIN ST
5th FLOOR / ROOM 501
HARTFORD, CT 06103

File No: 
Date: April 2, 2018

Name of Alien: 
Date of Birth: 
Citizenship: GUATEMALA
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 indicates, 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 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 _____________. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at (802) 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 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 _____________.

Deportation Officer ____________________________ (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/conviction: ____________

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

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

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

DHS Form I-247A (3/17)
Page 1 of 3
DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID:
Event #:

TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency)
DANBURY POLICE DEPT.
378 MAIN ST.
DANBURY, CT 06810000

FROM: (Department of Homeland Security Office Address)
EGO - Westminster, CA Sub Office
ICE
P.O. BOX 222
LAGUNA MIGUEL
CA 92602

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

☐ A final order of removal against the alien;
☐ The presence 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.

☐ DHS transferred the alien to your custody for a proceeding or investigation (Complete box only when appropriate)

☐ 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 Custom Enforcement (ICE) or ☐ U.S. Customs and Border Protection (CBP) at ___________. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at (802) 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 well-being, 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:
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) ____________________________
DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION DETAINER - NOTICE OF ACTION

TO: [Name and Title of Institution - OR Any Subsequent Law Enforcement Agency]
1 MONROE ST.
NORWALK, CT 068549000

FROM: [Department of Homeland Security Office Address]
ICE
ICE PBC LAGUNA MIGUEL
24000 AVILA RD RMS 1362
LAGUNA MIGUEL, CA 92677

Name of Alien: [Name]
Date of Birth: [Date]
Citizenship: [Country]
Sex: [Male/Female]

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 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.

SIN #:

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 ICE or U.S. Customs and Border Protection (CBP) 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 impact decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other matters.

☒ 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.

☐ If checked: please cancel the detainer related to this alien previously submitted to you on [date].

(NAME and TITLE of Immigration Officer)

(F or Nature of Immigration Officer) (Sign in Ink)

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 #: [Number]
Estimated release date/time: [Date/Time]

Date of latest criminal charge/conviction: [Date]
Last offense charged/conviction: [Offense]

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

☐ in person ☐ by inmate mail delivery ☐ other (please specify): [Method]

(NAME and TITLE of Officer)

(Signature of Officer) (Sign in Ink)

DHS Form I-247A (3/17)
Subject ID:
Event #: 

TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency) 
BRIIDGEPORT CORR CENTER 
1106 NORTH AVENUE 
BRIIDGEPORT, CT 06604

FROM: (Department of Homeland Security Office Address) 
ICE - Westminster, CA Sub Office 
ICE 
1201 ERIE AVENUE 
BEGONIA MIGUEL 
24000 AVILA RD #204 
LAGUNA NIGUEL, CA 92677

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.

☐ DHS transferred the alien to your custody for a proceeding or investigation, (specify below). 

☐ 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 the Law Enforcement Support Center at (862) 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 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 (862) 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)
BREEDSPORT POLICE DEPT.
300 CONGRESS ST.
BRIDGEPORT, CT 06604-0200

FROM: (Department of Homeland Security Office Address)
EO: Westminster, CA Sub Office
ICE
P.O. Box Laguna Miguel
24000 Avila Rd #2352
LAGUNA MIGUEL, CA 92657

Name of Alien:

Date of Birth:
Citizenship: NICARAGUA
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 pending 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 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 _______. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at (800).
* 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 wish 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/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)