This form shall be used to determine whether an inmate may be detained solely on an ICE Detainer. This form must be completed by the Facility Records Specialist, Shift Supervisor/Commander or other designated staff.

The form shall be used for:
1) Any inmate who has completed his/her Connecticut sentence and satisfied all legal holds including fines constituting part of the sentence; or
2) Inmates newly admitted or readmitted with only an ICE Detainer.

If it is determined that this inmate may be an unacceptable risk to public safety, the inmate shall be held in accordance with procedures in Section 10 of AD 9.3.

To determine if any further review of the inmate is required complete step 1.

1) Check I-247 Immigration Detainer – Notice of Action form to determine the status of the detainer.
   If the following box is checked on the I-247, the inmate shall be held on the detainer.
   □ Obtained an order of deportation or removal from the United States.

   Inmate will be held. Contact ICE immediately to arrange for pick up.
   Sign form CN 9308 and hold the inmate for 48 hours excluding weekends and Federal holidays.

2) If the box on the I-247 is checked that reads:
   A. □ Initiated an investigation to determine whether this person is subject to removal from the United States.
   B. □ Initiated removal proceedings and served a Notice to Appear or other charging documents.
   C. □ Served a warrant of arrest for removal proceedings.

   PROCEED WITH THE FOLLOWING STEPS:

   Only one step needs to be identified as “YES” to detain the inmate for ICE.

   Once one of the conditions has been met, STOP you do not need to complete the other steps.

A) Check DOC RT50 to determine if inmate is currently designated a Security Risk Group Member (SRG) or Security Risk Group Threat Member (SRGTM). Yes or No (circle one)
   If YES, sign the form CN 9308 and hold the inmate for 48 hours excluding weekends and holidays. STOP
   If NO proceed to Step B.

B) Run Connecticut criminal history (SPRC) and out of state criminal history (FLQH) and review to determine if inmate has ever been convicted of a felony offense. Yes or No (circle one)
   If YES, sign the form CN 9308 and hold the inmate for 48 hours excluding weekends and holidays. STOP
   If NO proceed to Step C.
C) Run FLQW for active Connecticut Warrant.  **Yes or No** (CT Warrant)
   If **YES**, sign the form CN 9308 and hold the inmate for 48 hours excluding weekends and holidays. **STOP**
   If **NO** proceed to Step D.

D) Review FLOW to determine if the inmate has been identified as a gang member or associated with gang members outside the CT DOC.  **Yes or No** (Gang Affiliation outside CT)
   If **YES**, sign the form CN 9308 and hold the inmate for 48 hours excluding weekends and holidays. **STOP**
   If **NO** proceed to Step E.

E) Review FLQW.  If prompted by a warning statement then contact the Terrorist Screening Center (TSC) Call center at 866-872-9001.  If the response is positive, the inmate meets the criteria to hold for ICE.

Do not release this information to inmate or the public.  **Yes or No** (circle one)
   If **YES**, sign the form CN 9308 and hold the inmate for 48 hours excluding weekends and holidays. **STOP**
   If **NO** proceed to Step F.

F) Run FLLQ to confirm the inmate’s status with ICE.  If a message is received that the inmate has been ordered for deportation or arrest warrant for deportation, the inmate meets the criteria for holding for ICE.

   **Yes or No** (circle one)
   If **YES**, sign the form CN 9308 and hold the inmate for 48 hours excluding weekends and holidays. **STOP**
   If **NO** proceed to Step G.

G) Other Public Safety Concerns: Information to include but not limited to significant medical/mental health issues*, significant assaultive history** and or significant information identified through the Department’s phone monitoring system***.

   **YES or NO** (circle one)

List reason: ________________________________________________________________

If “**NO**” to all of these questions contact ICE for courtesy notification that inmate will be released. During normal business hours contact local Connecticut ICE office at 860-240-3012. After hours contact the local ICE Duty Office at 860-250-5552. If no one is available contact the ICE Law Enforcement Support Center in Burlington, VT at 802-872-6020.

Attach all supporting documentation to this form and file together in section 4 of the inmate’s master file.

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*Medical/Mental Health Staff; **Custody Staff to Determine; ***Custody Staff to Determine

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STAFF MUST PROCEED TO PAGE 3 OF THIS FORM
Completed by Facility Records Specialist or Shift Supervisor  
Date: ________________________  
Print name: ________________________  
Signature: ________________________  

Reviewed by Shift Supervisor/Commander  
Date: ________________________  
Print name: ________________________  
Signature: ________________________  

Contact Facility Duty Officer for decision  

Approved by Facility Duty Officer: Yes/No  
Name: ________________________  
Time and Date of Contact: ________________________  
Decision:  
- Hold inmate  
- Release inmate  

Duty Officer Signature: ________________________  
Date of Signature: ________________________  

Duty Officer must sign upon arrival at facility on the next business day after form completion.  

Forward to Director of OCPM within 48 hours.  

If Decision is to Detain Inmate:  
CONTACT ICE TO ADVISE INMATE WILL BE HELD FOR 48 HOURS EXCLUDING WEEKENDS AND FEDERAL HOLIDAYS:  
ICE Official’s name: ________________________  
Time and Date of Contact: ________________________  

CONTACT MADE BY: ________________________  

Review by Director OCPM or Designee.  
Date: ________________________  
Name: ________________________  
Signature: ________________________  

The Facility has decided to release the inmate and a courtesy call was made to ICE advising the inmate would be released by  
Date and Time of Release: ________________________  

ICE was advised to contact the Facility prior to the inmate’s release time should they choose to pick up the inmate.  

ICE location called (circle one)  
- Local Office 860.240.3012; AFTER HOURS DUTY OFFICE 860-250-5552 OR  
- LESC VT 802.872.6020  
Other Number: ________________________  
Time /Date ICE Contacted ________________________ / ________________________  
Name and Duty Position of ICE Official Contacted: ________________________ / ________________________