Track #	Un-accep Risk to Release Y/N	Held, Discretionary detention or release?	Reason State Custody Expired	Start Hold Date	Release Date	Days held	Fac	Reason for exercise of discretion to detain or release.
817	No	Released	Posted Bond	4/18/2018	4/18/2018	Zero	ВСС	No supportive documentation to hold.
818	No	Released	Time served	4/19/2018	4/19/2018	Zero	BCC	No supportive documentation to hold.
819	No	Released	posted bond	4/24/2018	4/24/2018	Zero	BCC	No supportive documentation to hold.

Apr. 20. 2018 8:46AM Subject II Event#: TO: (Name and Title of institution - OR Any Subsequent Law Enforcement Agency) STAMFORD OT COURT GA-1 123 Hoyt St

Name of Alien:

Delê of Birth:

Stanford, CT 06905

DETERMINATION IS BASED ON (complete box 1 of 2).

papertation Officer

(Name and fille of immigration Officer)

A final order of removal against the allen;

IT IS THEREFORE REQUESTED THAT YOU:

Center at: (802) 872-6020.

pohoarna about this matter.

removable under U.S. immigration law; and/or

Citizenship:

DEPARTMENT OF HOMELAND SECURITY IMMIC ATION DETAINER - NOTICE OF!

File No: #817 Date: April 13, 2018 FROM: (Department of Homeland Security Office Address) MARTFORD, CT, DOCKET CONTROL OFFICE IOE ERO HARTFORD Bub Office 450 MAIN BE Seh Frook , Room Sol Eartford, CT 06103 A.LAMETAUN Sex: 1. THIS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS The pendency of engoing removal proceedings against the allen: Biometric confirmation of the allen's identity and a records check of federal databases that affirmatively incloses, by themselves or in addition to other reliable information, that the allen either lacks immigration status or notwithstanding such status is 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, Notify DHS as early as prablicable (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 850-336-1915 . If you cannot reach an official at the number(9) provided, please contact the Law Enforcement Support Maintain custody of the alien for a period NOT TO EXCEED 48 HQUBS beyond the time when he/she would otherwise have been released from your oustody to allow DHS to assume custody. The allen must be served with a copy of this form for the detainer to take effect. This detainer srises from DHS authorities and should not impact decisions about the alien's ball. rehabilitation, perole, release, diversion, custody classification, work, quarter assignments, or other matters Relay this detainer to any other law enforcement agency to which you transfer quetody 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 _ (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 cell this number if you have any other questions or 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 ______. Looal Booking/inmate #: ____ Estimated release date/ilme; Date of latest oriminal charge/conviction: _____ Last offense charged/conviction: ___ , in the following manner: This form was asived upon the allen on by inmate mail delivery other (please specify); In person (Signature of Officer) (Sign in ink) (Name and Ille of Officer)

IMMIGHATION DETAINER - NOTICE OF A Subject ID: File No Even!#: Date: September 23, 2017 TO: (Name and Title of Institution - OR Any Subsequent Law FIXOM: (Department of Homeland Security Office Address) Enforcement Agency) NORHALK POLICE DEET. ENO - Westminster, CA Sub Office I MONROE ST. MORNALK, CT 068540000 ERO PERC LAGUNA NIGUEL 24000 AVILA RD RM# 1552 LAGUNA NIGUEL, CA 92677 Name of Allen: Data of Birth: Cilizenship: Sex; 1. DIS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (complete box 1 er 2). Inmate #: A final order of removal against the allen: The pendency of ongoing removel proceedings against the alien; Biometric confirmation of the alien's identity and apparent check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the plien either tacks immigration attitue or notwithstending such status is removable under U.S. immlgration law; and/or 1976 Statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the atten 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 procueding or investigation for which the alien was transferred to your custody, DHS intends to resuma custody of the alien to complete proceesing end/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 attent is released from your outlody. Please notify DHS by calling 🗵 U.S. immigration and Customs Enforcement (ICE) or 🔲 U.S. Customs and Border Proteotion (CBP) at 869-240-3012 . If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Denier at: (802) 872-6020, Maintain custody of the alien for a period <u>NOT TO EXCEED 48 HOURS</u> beyond the time when he/she would otherwise have been released from your ouslouly to allow DHS to assume custedy. The aften must be served with a copy of this form for the fietainer to take effect. This delatiner arises from DHS authorities and should not impuot decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other mailters · Relay this detainer to any other law anforcement agendy to which you transfer outlody of the allein. Notify this office in the event of the allen's death, hespitalization or transfer to another institution. If checked; please cancel the detainer related to this ration previously submitted to you on: (deto). 4 1 DEPORTATION OFFICER (Name and title of immigration Officer) (Signature of Immigration (Micer) (Sign in lok) 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) 872-8020. 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 Ploase provide the information below, sign, and return to DI 3 by mailing, emailing or faxing a copy to Local Booking/Inmate #: Estimated release date/time: Date of letest criminal charge/conviction: L'ast offense charged/conviction; Filn the following manner: This form was served upon the allen on O(p) plasse sheep(A) by inmate mail delivery (Name and title of Officer) (Signature of Officer) (High in Ink.)

Page 1 of 3

Apr. 30, 2018 2:56 PM .

DHS Form I-247A (3/17)

No. UIBD

RTMENT OF HOMELAND SECURIT

DHS Form I-247A (3/17)



DEPARTMENT OF HOMELAND SECURITY IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID: Event #:	#819	File No Date:	D; April 23, 2018								
TO: (Name and Title of Institution - OR Any Subsequi Enforcement Agency) PAMBURY POLICE DEPT 375 MAIN ST. DANBURY, CT 0681000		FROM: (Department of Homero - Westminster, CA ICR ERO PERC LABUNA NIGURI 24080 AVILA RD RM# 158 LAGUNA NIGUEL, CA 9257	52								
Name of Allen.											
Date of Birth: Cf	tizenship:	ECUADOR	Sex: M								
A final order of removal against the alien; The pendency of ongoing removal proceedings against the alien; Blometric confirmation of the alien's identity and a records check of federal databases that affirmatively inclicate, by themselves or in addition to other reliable information, that the alien either tacks immigration status or notwithstanding such ataius 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 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 aliew 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 easignments, or other matters 											
 Relay this detainer to any other law enforcement agency to which you transfer oustody 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 rela			(date).								
DORM - DO		· · · · · · · · · · · · · · · · · · ·	A-0								
(Name and title of immigration Officer) 	- (Signature of Imn	nigradon Officer) (Sign in ink)								
Notice: If the allen may be the victim of a crime notify the ICE Law Enforcement Support Center concerns about this matter,	or you want the alien at (802) 872-8020.	to remain in the United Sta You may also call this numb	ntes for a law enforcement purpose, oer if you have any other questions or								
TO BE COMPLETED BY THE LAW ENFORCEME NOTICE:	NT AGENCY CURRI	ENTLY HOLDING THE ALIE	N WHO IS THE SUBJECT OF THIS								
Please provide the information below, sign, and re			y to								
Local Booking/Inmate #: Estimated rele											
Date of letest criminal charge/conviction:											
This form was served upon the alien on	-										
in person by inmate mail delivery] niliai (hiostae abei	aty j.									
(Name and file of Officer)	······································	(Signat	ure of Officer) (Sign in ink) Page 1 of 3								