Facility	Number of ICE Reviews Required	Number of ICE Reviews Completed	Number of Holds	Number of Releases	Number of Holds for Prior Violent Felonies	Number of Holds for Terrorist Screening Response	Number of Holds for ICE Judicial Warrant	Number of Times Held that Were Not Supportive	Compliant with AD 9.3?
Bridgeport CC	4	4	1	3	1	0	0	0	Yes

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.
			posted bond	8/6/2018	8/6/2018	Zero		No supportive documentation to hold.
831	No	150,000	Post	8/9/2018	8/9/2018	Zero	BCC	No supportive documentation to hold.
832	No	Released	posted bond	8/9/2018	0/3/2010	12010	<del>                                     </del>	
833	No	Held	completed CT sentence	8/20/2018	8/21/2018	1		Criminal History - Convicted of a Violent Offense.
			posted bond	8/21/2018	8/21/2018	Zero	всс	No supportive documentation to hold.
834	No	Released	Ibosten noud	10/ 01/ 010	1~1~1~	.1		

## DEPARTMENT OF HOMELAND SECURI. IN MIGRATION DETAINER - NOTICE OF ACTION

Subject ID: Event #:	File No Date: June 9, 2018						
TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency) DANBURY POLICE DEPT.  375 MAIN ST. DANBURY, CT 068100000	FROM: (Department of Homeland Security Office Address) HARTFORD, CT, DOCKET CONTROL OFFICE ICE ERO HARTFORD Sub Office 450 MAIN ST 5th FLOOR, ROOM 501 HARTFORD, CT 06103						
Name of Alien:							
Date of Birth: Citizenship:	ECUADOR Sex: M						
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).							
or in addition to other reliable information, that the a removable under U.S. immigration law; and/or	inst the alien; ecords check of federal databases that affirmatively indicate, by themselves lilen either lacks immigration status or notwithstanding such status is cer and/or other reliable evidence that affirmatively indicate the alien either						
lacks immigration status or notwithstanding such sta	atus is removable under U.S. immigration law.						
2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTO	DY 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:							
<ul> <li>Notify DHS as early as practicable (at least 48 hours, DHS by calling \( \subseteq \) U.S. Immigration and Customs E 860-240-3012 . If you cannot reach an official at the Center at: (802) 872-6020.</li> <li>Maintain custody of the alien for a period NOT TO E been released from your custody to allow DHS to assure to take effect. This detainer arises from DHS rehabilitation, parole, release, diversion, custody classes. Relay this detainer to any other law enforcement agency. Notify this office in the event of the alien's death, hosp</li> </ul>	to which you transfer custody of the allen. Sitalization or transfer to another institution.						
If checked: please cancel the detainer related to the	is allen 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 AGE NOTICE:	NCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS						
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:ast 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

#833

Subject ID: Event #:		File No: Date: August	: 5, 2d18
TO: (Name and Tills of institution - OR Any Enforcement Agency) STAMFORD POI ESS ESDFORD STAMFORD, CI	ace deft.	FROM: (Department of Homeland Second - Westminster, Ch Sub office and Ferd Laduna Miguel 24000 AVILLA RD RMR 1882 LAGUNA MIGUEL, CA 92677	urity Office Address)
Name of Alien:		ye Abditionism	Accompany of the Control of the Cont
Date of Birth:	Citizenshīp:	<b>GUATENALA</b>	Sex: K
1. DHS HAS DETERMINED THAT PI DETERMINATION IS BASED ON	Complete box 1 of 2	SANCTORES DE LESTIS A REMOVA	GEEALIEN THIS
or in addition to other reliable to removable under U.S. Immigrat	val proceedings against the en's identity and a records formation, that the alien eit ion lew; and/or	e alisn; check of federal databases that effirm; ther lecks immigration status or notwith d/or other reliable evidence that affirms removable under U.S. immigration law	itively indicate the alien either
	40.36	R.M. PROJEEDING OF INVESTIGAT	
The state of the s	Hina or Investigation for Wh	ich the alien was transferred to your cu	
OHS by calling	e (at least 48 hours, if post ation and Customs Enforce reach an official at the nurs a period NOT TO EXCEE to allow OHS to assume other arises from DHS authoriersion, custody classification enforcement agency to what allow's death, hospitalization allow's death, hospitalizations	sible) before the alien is released from ment (ICE) or U.S. Customs and mber(s) provided, please contact the Landschot, The alien must be served with rities and should not impact decisions on, work, quarter assignments, or other pich you transfer custody of the slien.	sw Enforcement Support  blene would otherwise have a copy of this form for the about the allen's ball.
If checked: please cancel the	detainer related to this ali	- Coviously submitted to unit on	(date),
(Name and tille of Immi	grallon Officer)	्डिशिमामा र देगामा होडे	ersufficer) (Sign in Ink)
Notice: If the alien may be the victing noury the ICE Law Enforcement Su concerns about this matter.	n of a crime or you want th oport Center et (BO2) 872-6	e alien to remain in the United States in 1920. You may also call this number if	or a law enforcement purpose, you have any other questions or
TO BE COMPLETED BY THE LAW E	NFORCEMENT AGENCY	CURRENTLY HOLOING THE ALIEN W	HO IS THE SUBJECT OF THIS
Please provide the information below	Estimated release date/lim	by mailing, emailing or faxing a copy to	
Date of latest criminal charge/convic	llon: Last	offense charged/conviction:	
This form was served upon the allen	on, in	the following manner:	$\epsilon$
[] in person	il clelivery 🔲 other (plea	ase specify):	
(Name and Illic of O	fficer)	(Signature	of Officer) (Sign in Ink)

## DEPARTMENT OF HOMELAND SECURITY IMMIGRATION DETAINER - NOTICE OF ACTION

	INER - NOTICE OF ACTION
	File No: Date: Xerii 4, 2017
Ject ID:	
(Name and Title of Institution - OR Any Subsequent Law (Name and Title of Institution - OR Any Subsequent Law STAMFORD ST. STAMFORD, CT 068010000	FROM: (Department of Homeland Security Office Address)  HARDEDD, CD, DOCKET CONTROL OFFICE  ICE DEAD HARTEURD SUB ORESCE  STAND HART BT  Sth FLOOR, ROOM 501  HARTFORD, CT 06103
me of Alien:	Sex: X
Are of Birth: Citizenship:	
CALE OF THE PARTY	USTS THAT THE SUBJECT IS AFFEMOVABLE ACIEN. THIS
A final order of removal against the allen;  The pendency of ongoing removal proceedings against  The pendency of ongoing removal proceedings against  Blometric confirmation of the allen's identity and a rec  Blometric confirmation of the allen's identity and a rec  Blometric confirmation of the allen's identity and a rec	restrictly indicate the allen either
or in addition to such a significant of the second of the removable under U.S. immigration law; and the removable under U.S. immigration law; alternation office removable under U.S. immigration law; alternation office removable under the second of the se	cer and/or other reliable evidence that and or
TOHS TRANSFERGED THE MELECULAR OF INVESTIGATION	for which the allen was transferred to your construction.
CUSTURY OF	in mand from Your Quality (mpp) at
860-240-3012 If you cannot read.	EXCEED AS HOURS beyond the time when the a copy of this form for the
Maintain custody of the allen for a period that to as Maintain custody of the allen for a period that to as been released from your custody to allow DHs to as been released from This detailer arises from the custody of the control of the custody of the cus	assume custody. The chould not impact decisions or other matters HS authorities and should not impact decisions or other matters lassification, work, quarter assignments, or other matters
<ul> <li>Maintain duatory</li> <li>been released from your custody to allow been released from your custody of detainer to take effect. This detainer arises from Didetainer to take effect. This detainer allows diversion, oustody of rehabilitation, parole, release, diversion, oustody of rehabilitation, parole, release, diversion, oustody of rehabilitation, parole, the event of the alien's death, he notify this office in the event of the alien's death, in the event of the detainer related to</li> </ul>	hospitalization of the hospital submitted to you on
If checked; please cancel the detailed recommend	(Signature of Immigration Officer) (Sign In Ink)
(Name and little of immigration Officer)	to remain in the United States for a law enforcement put
Notice: If the allen may be the victim of a crime or notify the ICE Law Enforcement Support Center at notify the local title matter.	(signature of immigration)  you want the ellen to remain in the United States for a law enforcement purpose, (802) 672-6020. You may also call this number if you have any other questions of (802) 672-6020. You may also call this number if you have any other questions of (802) 672-6020. You may also call this number if you have any other questions of (802) 672-6020. You may also call this number if you have any other THIS AGENCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS call the property of th
THE LAW ENFORCEMENT	or faxing B popy to
NOTICE:  Please provide the information below, sign, and reference provide the information below.	Last offense charged/conviction:  In the following manner:  Other (please specify):
Local Booking/inmate #;  Date of latest criminal charge/conviction:  This form was served upon the allen on  The form was served upon the allen on  by inmate mail delivery	(Signature of Officer) (Sign in Ink)
Date of latest criminal and an an	

MMIGE ION DETAIL	MOMELAND SECURITY					
Subject ID:	ER - NOTICE OF ACTION					
Event#:	File No:					
TO. (Name and Tille of Institution - OR Any Subsequent Law Enforcement Agency) STANDORD POLICE TO THE	Date: August 19, 2018					
805 DEDFORD ST	FROM: (Department of Homeland Security Office Address)					
STAMFORD, OT DESOLUTION	HARTFORD, CT, DOCKET CONTROL OFFICE  IDE TRO BARTFORD Sub Office  450 MAIN SU					
To be successful to the second	Sth TROOM , ROOM BO1 HARRETORD, OT OSLOS					
Name of Allen:	ORIGINATION OF ORIGINATION OF THE ORIGINATION OF TH					
Date of Blrth: Citizenship:	CARALINE CONTRACTOR OF THE PARTY OF THE PART					
1. OHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS DETERMINATION IS BASED ON (complete box 1 or 2).	THAT THE SUBJECT IS A REMOVABLE ALIEN THIS					
A final order of removal against the allen;	A Modernia I Ulio					
I I I I DUNDONO O O O O O O O O O O O O O O O O O	The state of the s					
	ilen; eok of federal databases that affirmatively indicate, by themselves r lacks immigration sietus or notwithatangling such sietus is					
I ( Platements made by the blief to on in-in-	*					
2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A	PROCEEDING OR INVESTIGATION (SUmplish Box 7 or 2).					
Upon completion of the proceeding or investigation for which ouelody of the alien to complete processing and/or make an a	the alien was transferred to your pustody, DHS intends to resume dmissibility determination.					
T IS THEREFORE REQUESTED THAT YOU;						
Notify DHS as early as practicable (at least 45 hours, if possible DHS by calling DHS. Immigration and Customs Enforcement 660-236-1918. If you cannot reach an official at the number fraction at (802) 872-6020.	(I) provided; please contact the Law Enforcement Support					
<ul> <li>Maintain austody of the alien for a period NOT TO EXCEED 48 been released from your cualody to allow DHS to assume custod detailer to take effect. This detailer arises from DHS authorities rehabilitation, parale, release, diversion, custody plassification, we Relay this detailer to any other law enforcement agency to which you Notify this office in the event of the alien's death, hospitalization of</li> </ul>	y, The allen must be served with a copy of this form for the and should not impact decisions about the alien's ball, ork, quarter assignments, or other matters out transfer outlody of the alien.					
I If checked: please cancel the detainer related to this allen pres						
(Name and (lile of immigration Officer)	(Signature of Immigration Officer) (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, houly 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 CURRINGTICE:						
Please provide the information below, sign, and return to DHS by mai	ling, emailing or fexing a copy to					
testimated release data/Ime:						
Date of latest criminal charge/conviction; Last affende oharged/conviction;						
in the fo	llowing manner:					
This form was served upon the shell of other (please specify)!						
;	(Signature of Officer) (Bign in ink)					
(Name and tills of Officer)	Pege 1 of 3					