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	1	1	0	1	0	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.
835	No	Released	completed CT sentence	9/21/2018	9/21/2018	Zero	всс	No supportive documentation to hold.

DEPARTMENT OF HOMELAND SECURITY MINIGRATION DETAINER - NOTICE OF ACTION

835

Subject ID: Event #:		File No: Date: wax	rch 1, 2018			
TO: (Name and Title of Institution - OR A Enforcement Agency) BRIDGEPOR 1106 NORT BRIDGEPOR	T CORR CENTER	FROM: (Department of Homeland Security Office Address) HARTFORD, CT, DOCKET CONTROL OFFICE ICE ERO HARTFORD SUD OFFICE 450 MAIN ST 5th Floor, ROOM 501 HARTFORD, CT 06103				
Name of Allen:	Invoke		A A A A A A A A A A A A A A A A A A A			
Date of Birth:	Citizenship:	MEXICO	Sex: M			
1. DHS HAS DETERMINED THAT DETERMINATION IS BASED D	PROBABLE CAUSE EXISTS IN (complete box 7 or 2)	THAT THE SUBJECT IS A REMO	OVABLEALIEN, THIS			
Biometric confirmation of the or in addition to other reliable removable under U.S. Immig	movel proceedings against the a allen's identify and a records of a information, that the allen either station law; and/or	allen; neck of federal databases that effi er lacks immigration etatus or notv or other reliable eyldence that affi movable under U.S. immigration i	rmatively indicate the alien either			
facks immigration status or r						
[7] then completion of the pror		the allen was transferred to you				
IT IS THEREFORE REQUESTED	THAT YOU:					
OHS by calling \(\times\) U.S. Immleto-356-1915 If you can Center at: (802) 872-6020. • Maintain custody of the alien been released from your custo detainer to take effect. This de rehabilitation, parole, release, and the control of the detailer to any other.	igration and Customs Enforcement reach an official at the number of a period NOT TO EXCEED dy to allow DHS to assume cust tainer arises from DHS authorificitiversion, custody classification, law enforcement enency to which	the) before the alien is released from (ICE) or U.S. Customs a per(s) provided, please contact the three where tody. The alien must be served ves and should not impact decision, work, quarter assignments, or other transfer custody of the alien, on or transfer to another institution	he/she would otherwise have with a copy of this form for the about the alien's ball, her matters			
If checked: please cancel ti	ne detainer related to this alien p	oreviously submitted to you on	(date).			
(Name and title of im	imigration Officer)	(Signature of Iminut	ranpn erricer) (Sign in Ink)			
Notice: if the alien may be the vi notify the ICE Law Enforcement : concerns about this matter.	ctim of a crime or you want the Support Center at (802) 872-602	allen to remain in the United State 20. You may also call this numbe	es for a law enforcement purpose, r If you have any other questions or			
NOTICE:			WHO IS THE SUBJECT OF THIS			
Please provide the information be	ow, eign, and return to DHS by	mailing, emailing or faxing a copy	to			
Local Booking/Inmate #:	Eslimated release date/time:	And the second s				
Date of latest criminal charge/con	viction: Last of	tense charged/conviction:	www.couplinglehroud-rend-or			
This form was served upon the all	en on , in th	e ronowing manner:				
In person D by Inmate r	nall delivery Tother (please	a spacity):				
(Name and title of DHS Form I-247A (3/17)	Officer)	(Signali	ire of Officer) (Sign in ink) Page 1 of			