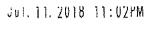
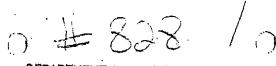
Facility	Number of ICE Reviews Required	Number of ICE Reviews Completed	Number of Holds	Number of Releases	Number of Holds for Prior Violent Felonies	Number of Holds for Terrorist Screening Response	Number of Holds for ICE Judicial Warrant	Number of Times Held that Were Not Supportive	Compliant with AD 9.3?
Bridgeport CC	4	4	0	4	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.
827	No	Released	posted bond	7/2/2018	7/2/2018	Zero	всс	No supportive documentation to hold.
828	No	Released	posted bond	7/10/2018	7/10/2018	Zero	всс	No supportive documentation to hold.
829	No	Released	posted bond	7/12/2018	7/12/2018	Zero	всс	No supportive documentation to hold.
830	No	Released	posted bond	7/18/2018	7/18/2018	Zero	всс	No supportive documentation to hold.

DEPARTMENT OF HOMELAND SECURITY

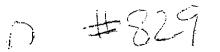
	<i>، ن سنا</i>			~ /1 、
	DEPARTMENT OF	HOMELAND S	ECURITY	10
	IMMIGRATION DETAIL	VER - NOTIC	E OF ACTION	
Duble of ID:			' File No	
Subject ID:	JID# 251	1980	Date: Pebruary 21.	. 1DTR
Event #:				
TO: (Name and Title of institution	OR Any Subsanuani Law	FROM: (Det	partment of Homeland Security Offi	ca Addrass)
Friorrament Apendy WISTO	HESTER CO.JAIL, VALHA	YISHKILL,	MY IRP SUB-OFFICE	
UKASE	TOTAL PERSONALISM	ICE	POINT SUB OPPICE	• •
VALEA	Try' Ma 10222	15 Governo		
•		Newburgh,	NY 12550	
Name of Alien:	. k			
Date of Birth:	Citizenship:		COADOR	Sex; x
(See See See See See See See See See Se	To 114.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
			Santa Calabara	
A finel order of removal	against the alten;	B		
The pendency of ongolf	ig removal proceedings against th	e allen;	details and their effection other in	dicate by themsel
Biometric confirmation of	if the alien's identity and a records	check of recers	(02(2025es thet attituatively to	euch elatic la
er redito of molibbe ni va	liable information, that the alien et	mer jacks immig	AROU SISIUS OF UPDARUSISHIOUR	COOK SIGIOS IG
removable under U.S. Ir	nmloration law; and/or			
Statements made by the	alien to an immigration officer an	d/or other reliabl	s evidence that affirmatively in	dicale the alien elli
lacks immigration status	or notwithstanding such status is	ramovable unde	r U.S. Immigration law.	
			Same and the same of the same	
हा अनुसान न भीन है हमानि है। है।	自由電影和學以上的發音的	· 人名英格兰	世紀是法國家建設	
Service of the servic		: the -flee	temperation your mistariy D	HS intends to resu
Upon completion of the custody of the alien to c	proceeding or investigation for whomplete processing and/or make	ich the anen was an admissibilily d	etermination.	
		,		
T 18 THEREFORE REQUESTI	ID THAT YOU!			adu Diagna natifi
• Notify DHS as early as pre	ecticable (at least 46 hours, if post	able) before the	allen is released from your cust	pgy, riease nomy
LOUIS LU MARKAN VI II C I	estaling amoleus) has eniteralment	ment (ICE) or L	U.S. Customs and Border M	MISCHOLL (COL.) St
GASHILISTS MOON	cannot mach an official at the num	nber(s) provided,	please confact the Law Enforce	emeni Support
Cambridge 19021 172-8020				_
and the same of the s	lien for a period <u>NOT TO EXCE</u> E	AB HOURS bev	ond the time when he/she wou	iki otherwise heve
	weather a file with the presence of	eloriv The alien	MILIET DE SERVEU WILL E COPY :	יייי יעו ונוואן בענון נע
Thir جمعاته مراجعه مدينين	, datainer adags from DHS \$10000	illes and should i	JOI INDECTORDIZIONS GRAAF ME.	alien's bail,
detainer to take ensor. This	se, diversion, custody classificatio	n work, quarter	asslanments, or other matters	•
renaumation, parole, remain	her law enforcement agency to whi	ch vou transfer d	islody of the allen.	
Relay this detainer to any or	nt of the allen's death, hospitalizat	ion or invitation in	another incidution.	
· Notify this office in the ever	At Ot the slights offer, the business	1011 01 112113101	1	
[el the delainer related to this allen	biespringry,		(date).
,, und	•	r		
	D0	· -	(SPINATURE OF HER	(Sing in lak)
o slii bre emskij	f immigration Officer)		(Shulging at man Ottocs)	(Sign in nine)
			the Market Clauma for a last of	oforcement outling
Notice: If the alien may be the	victim of a crime or you want the	alien lo remain i	n (NB United States for a law at	any other question
notify the ICE Law Enforceme	e victim of a crime or you want the nt Support Center at (802) 872-60	IZU. YOU MBY BIS	to (Sh fills that mot at App thate	and only desired
concerns about this matter.				
	AW ENFORCEMENT AGENCY C	URRENTLY HOL	DING THE ALIEN WHO IS THE	SUBJECT OF TH
	WAR EULOHOEMPING MARINA	C1(() D1() D1)		. :
NOTICE:				,
closes provide the information	below, algn, and return to DHS by	malling, emailing	or faxing a copy to	
Liegas bloade the anothernor	The standard managed a films	· · · · · · · · · · · · · · · · · · ·	•	
Local Booking/Inmate #:	Estimated release date/fime;			
Date of latest criminal charge/c	onviction: Last o	Mense charged/c	onviction:	
This form was served upon the	allen on, in th	e following mann	ner:	
🗋 in person 🔲 by İnmel	e mail delivery 🔲 other (pleas	e specify):		
		•	(Signature of Officer) (S	ilgh in Ink)
(Name and Ille	or unicer)		• •	Page 1
DHS Form 1-247A (3/17)				*





DEPARTMENT OF HOMELAND SECURITY MMIGRATION DETAINER - NOTICE OF ACTION.

	· · · · · · · · · · · · · · · · · · ·		ROPION.
Subject ID: Event #:			e No:
EXOTE II.	FB(#	Da	ale: 5m1y 7, 2018
TO: (Name and Title of Institution Enforcement Agency) BRIDG 300 C	- OR Any Subsequent Law MEDOR'T POLICE DEPT, WINDRESS ST.	FROM: (Department of ERO - Westminster, ICE	Homeland Security Office Address) CA Sub Office
ATTN: BOOKING	EPORT, CT 066040000	ERO PERC LAGUNA NI 24000 AVILA RD EME LAGUNA NIGUEL, CA	1992
Name of Allen: A	1 44		
Date of Birth:	Citizenship;	HRAZIL	Sex: H
A final order of removal a			1
⊠ Biometric confirmation of the property of the prope	iable information, that the allen el	check of federal database	s that affirmatively indicate, by themselve to or notwithstanding such status is
Statements made by the lacks immigration status	alien to an immigration officer ar or notwithstanding such status is	nd/or other reliable evidence removable under U.S. Imm	that affirmatively indicate the alien eithe lgration law.
	proceeding or investigation for whomplete processing and/or make a		d to your custody, DHS intends to resum on.
IT IS THEREFORE REQUESTE	D THAT YOU:		
DHS by calling 🔀 U.S. In	migration and Customs Enforced	ment (ICE) or 🔲 U.S. Cu	ased from your custody. Please notify atoms and Border Protection (CBP) at stact the Law Enforcement Support
 Maintain custody of the allegen released from your cut detainer to take effect. This 		stody. The alien must be si itles and should not impact o	
Relay this detainer to any oth	er law enforcement agency to white tof the alien's death, hospitalizati	ch you iransier custody of the	allen.
if checked: please cancel	the detainer related to this allen	previously submitted as you	on (date).
	portation Officer .		
(Name and little of	immigration Officer)	/(Signature o	fintinigration Circuit (Sign in ink)
Notice: If the alien may be the notify the ICE Law Enforcement concerns about this matter.	victim of a crime or you went the t Support Center at (802) 872-60	alien to remain in the United 20. You may also call this r	d States for a law enforcement purpose, number if you have any other questions o
TO BE COMPLETED BY THE LA NOTICE:	W ENFORCEMENT AGENCY CL	URRENTLY HOLDING THE	ALIEN WHO IS THE SUBJECT OF THIS
Please provide the information ha	Now sign and return to DHS by	mallino empilion or faving s	copy to
Local Booking/inmate #:			
Date of latest criminal charge/cor			
This form was served upon the si			
	mail delivery Other (please		
In person by Inmate	Hall delitery Diction (blesse	opounj.	•
(Name and Illie o	f Officer)	(S	Ignature of Officer) (Sign in Ink)
DHS Form I-247A (3/17)		·	Page 1 of



DEPARTMENT OF HOMELAND SECURITY IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID:					
Event #: :			File No:	**-	
TO: (Name and Title of Institution - C Enforcement Agency) BRIDGE	PR Any Subsequent Law GORT POLICE DEPT.	FROM: (Departme HARTFORD, CT, ICE ERO HARTFO	Date: May 30,	v Office Address)
BRIDGE	ORT, CT 066040000	450 MAIN ST 5th FLOOR , RO HARTFORD, CT 0	OM FD1		
Name of Alien:					
Date of Birth:	Citizenship:	ECUAD	OR .	Sex:	Ħ
MEDAS HAS DETERMINED THA SOETERMINATION IS BASED	T PROBABLE CAUSE ON (complete box 1, o)	EXISTS THAT THE SUBJE	TIS A REMOVABL	EAUEN THIS	
A final order of removal ago The pendency of ongoing r Biometric confirmation of th or in addition to other reliab removable under U.S. immi	ainst the alian; emoval proceedings agai e alien's identity and a re le information, that the ai gration law; and/or	inst the alien; scords check of federal datat lien either lacks immigration	ases that affirmative	ly Indicate, by t ding such statu	el e
Statements made by the all lacks immigration status or	en to an immigration offi notwithstanding such sta	er and/or other reliable evid lus is removable under U.S.	ence that affirmatively immigration law.	y indicate the a	llen elther
Z DHS TRANSFERRED THE AL	IÉN TO YOUR CUST OD	Y-FOR A PROCEEDING OF	NINVESTIGATION	çempleté bex	<i>jior 2</i>): ‡4
Upon completion of the prod	ceeding or investigation f		errad to your custods	THE RESULT OF THE PARTY OF THE	100000000000000000000000000000000000000
IT IS THEREFORE REQUESTED			,		
Notify DHS as early as practic DHS by calling \(\sum \text{U.S. Immit B60-240-3012} \). If you can Capter at (803) 873 8030	oration and Customs Eni	forcement (CE) Ar III S	Customs and Barda	- Danka situa 101	000
Contact are font to the total					
 Maintain custody of the alien been released from your custod detainer to take effect. This det rehabilitation, parole, release, d Relay this detainer to any other I 	iy to allow DHS to assum alner arises from DHS at liveralon, custody classifi	le custody. The alien must b Ithorities and should not impr calion, work, quarter assignm	e served with a cop act decisions about the ments, or other matter	y of this form	have for the
• Notify this office in the event of	the allen's death, hospite	i which you transfer custody o ilization or transfer to anothe	f the allen. rinstitution.		
[] If checked: please cancel the				(date).	
	sr - do				
(Name and illia all imm	igrallon Officer)	(Signal)	re of Immigration Office	r) (Sign in ink)	
Notice: If the alien may be the victi notify the ICE Law Enforcement Su concerns about this matter.	m of a crime or you want pport Center at (802) 87	the alien to remain in the Ur 2-6020. You may also call th	illed Steles for a law is number if you hav	e suà other due	urpose, astions or
O BE COMPLETED BY THE LAW E	NFORCEMENT AGENC	Y CURRENTLY HOLDING Y	HE ALIEN WHO IS T	HE SUBJECT (OF THIS
Please provids the Information below	. sign, and return to DHS	hv mailing omelling or hvi-			
ocal Booking/inmate #:	stimated release date/tir	ne:	ig a copy to	······································	•
ate of latest criminal charge/convict	ion: La:	st offense charged/conviction	· :		
his form was served upon the allen	ni, no	the following manner:			
In person D by Inmate mail	dalivery other (ple	ase specify):			-
(Name and little of Offi			(Signalure of Officer) (
HS Form I-247A (3/17)	•		(1990HO to Differ)	-	age 1 of 3

JUL. 19. 2018 2:40PM	No. 4130 P. 1/3
DEPARTMENT OF HO	OMELAND SECURITY
IMMIGRATION DETAINE	R - NOTICE OF ACTION SID#
Subject ID:	File N
Event#:	Date: July 2, 2018
TO: (Name and Tille of Institution - OR Any Subsequent Law Enforcement Agency) WEST HAVEN POLICE DEPT. 200 SAW MILL ROAD WEST HAVEN, CT 06616	FROM: (Department of Homeland Security Office Address) HARTFORD, CT, DOCKET CONTROL OFFICE ICE ERO HARTFORD Bub Office 450 MAIN ST 5th FLOOR, ROOM 501
	HARTFORD, CT 06103
Name of Alien:	
Date of Birth: Cittzenship:	HONDURAS Sex: N
1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS T DETERMINATION IS BASED ON (complete box 1 or 2).	HAT THE SUBJECT IS A REMOVABLE ALIEN. THIS
or in addition to other reliable information, that the alien either removable under U.S. immigration law; and/or	eck of federal databases that affirmatively indicate, by themselve
lacks immigration status or notwithstanding such status is rem	other reliable evidence that animatively indicate the alien either lovable 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 t custody of the alien to complete processing and/or make an accuracy.	the allen was transferred to your custody, DHS intends to resums dmissibility determination.
IT IS THEREFORE REQUESTED THAT YOU:	•
 Notify DHS as early as practicable (at least 48 hours, if possible) DHS by calling U.S. immigration and Customs Enforcement 650-336-1915 If you cannot reach an official at the numbers Center at (802) 872-6020. 	t (ICE) or U.S. Customs and Border Protection (CBP) at
 Maintain cuetody of the alien for a period NOT TO EXCEED 48 been released from your custody to allow DHS to assume custody detainer to take effect. This detainer arises from DHS authorities rehabilitation, parole, release, diversion, custody classification, wo Relay this detainer to any other law enforcement agency to which yo Notify this office in the event of the allen's death, hospitalization o 	y. The alien 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 by transfer custody of the alien.
if checked: please cancel the detainer related to this alien prev	vicusly submitted to you on(date).
- DEPORTATION OFFICER	gradient of the control of the contr
(Name and tille of immigration Officer)	(Signature of Immigration Officer) (Sign in Ink)
Notice: If the alien may be the violim of a crime or you want the alier notify the ICE Law Enforcement Support Center at (802) 872-6020. Concerns about this matter.	n to remain in the United States for a lew enforcement purpose, You may also call this number if you have any other questions o
TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY CURRINOTICE:	ENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS
Please provide the information below, sign, and return to DHS by maili	ing, emailing or faxing a copy to
Local Booking/Inmate #mated release date/time:	
Date of latest criminal charge/conviction: 1-3-18//600 Last offense	e charged/conviction: CGS:14-814-1 /CG-5 14-28/4
	owing manner:

(Name and tille of Officer)
A (3/17) DHS Form I-247A (3/17)

by Inmate mall delivery other (please specify):

In person

Page 1 of 3

(Signature of Officer) (Sign to link)