* Solicito recibir este formulario en español. / I request to receive this form in Spanish.
* 請寄來中文表格。**/** I request to receive this form in Chinese.
* Nais ko pong makiusap na matanggap ang forma na ito sa Tagalog. / I request to receive this form in Tagalog.
* Tôi yêu cầu để nhận mẫu đơn này trong tiếng Việt. / I request to receive this form in Vietnamese.
* 저는 이서류를 한국어로 번역된 것으로 받고 싶습니다 / I request to receive this form in Korean.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RE: Immigration and Customs Enforcement Request**

Dear :

Name

The purpose of this letter is to inform you that Immigration and Customs Enforcement (“ICE”) has requested that we:

Hold you for up to 48 hours after your release from criminal custody to allow ICE time to take you into immigration detention. (I-247 or I-247D)

Notify ICE of your release date, so that ICE may detain you. (I-247N)

Transfer you into immigration detention. (I-247X or other request)

Under the Transparent Review of Unjust Transfers and Holds (TRUTH) Act, we are required to provide you with a copy of ICE’s request and inform you whether we intend to comply with the request. A copy of the request is attached.

**We DO/ \_DO NOT intend to comply with ICE’s request.**

**(check one)**

You will promptly receive a separate letter if we notify ICE of your release date.  **We are required to notify both you and your attorney or another person that you choose if we notify ICE of your release. Please provide contact information, including phone number and/or email, for your attorney or another person that you choose on the next page.**

Please contact if you have any questions or concerns.

Name of Officer & Contact Information

Sincerely,

[Signature]

[Title]

*-------------------------------------------------------------------------------------------------------------------------------*

**FOR LAW ENFORCEMENT PERSONNEL:**

Served by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Detained Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney or Designee (choose one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attorney or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email for Attorney or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number for Attorney or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_