U.S. Department of Homeland Security

Immigration Detainer - Notice of Action

File No:
Date:

TO: (Name and title of Institution)

FROM: (Office Address)

Name of Alien: _____

Date of Birth: _____ Nationality: _____ Sex: _____

You are advised that the action noted below has been taken by the U.S. Department of Homeland Security concerning the above-named inmate of your institution:

☐ Investigation has been initiated to determine whether this person is subject to removal from the United States.

☐ A Notice to Appear or other charging document initiating removal proceedings, a copy of which is attached, was served on _____.
(Date)

☐ A warrant of arrest in removal proceedings, a copy of which is attached, was served on _____.
(Date)

☐ Deportation or removal from the United States has been ordered.

It is requested that you:

Please accept this notice as a detainer. This is for notification purposes only and does not limit your discretion in any decision affecting the offender's classification, work, and quarters assignments, or other treatment which he or she would otherwise receive.

☐ Under Federal regulation 8 CFR § 287.7, DHS requests that you maintain custody of this individual for a period not to exceed 48 hours (excluding Saturdays, Sundays, and Federal holidays) to provide adequate time for DHS to assume custody of the alien. Please notify this Office at least 30 days prior to this inmate's release by calling _____ during business hours or _____ after hours in an emergency.
(Area code and phone number) (Area code and phone number)

☐ Please complete and sign the bottom block of the duplicate of this form and return it to this office.

- ☐ A self-addressed stamped envelope is enclosed for your convenience.
- ☐ Please return a signed copy via facsimile to _____
(Area code and facsimile number)

  Return fax to the attention of _____, at _____.
(Name of officer handling case) (Area code and phone number)

☐ Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.

☐ Notify this office in the event of the inmate's death or transfer to another institution.

☐ Please cancel the detainer previously placed by this Office on _____.

_____ _____
(Signature of DHS Officer) (Title of DHS Officer)

Receipt acknowledged:

Date of last conviction: _____ Latest conviction charge: _____

Estimated release date: _____

Signature and title of official: _____