



COUNTY OF SAN LUIS OBISPO

SHERIFF'S OFFICE

Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

- ☐ 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.

The San Luis Obispo County Sheriff's Office (SLOSO) is required to notify you and your attorney/family member, if you provide us with their contact information, that the Department of Homeland Security (DHS)/Immigration and Customs Enforcement (ICE) has asked us to notify DHS/ICE of your release date and/or to transfer you into DHS/ICE custody upon your release from our custody. (Gov. Code, § 7283.1, subd. (b).) We have separately notified you of this information and the Department's decision to comply with DHS/ICE's request(s).

PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER NOTIFICATION THAT YOU ARE REQUESTING:

☐	I decline to answer
☐	I do NOT want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody
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Incarcerated Person Name: _____

Booking #: _____

Signature: _____

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 4/19/2026



COUNTY OF SAN LUIS OBISPO
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Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: [REDACTED]

Notifying Employee: Cunha Employee #: 1605

Date: 9/15/20



COUNTY OF SAN LUIS OBISPO
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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: _____ Employee #: 1278

Date: 4-30-26



COUNTY OF SAN LUIS OBISPO
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SOLICITUD DE NOTIFICACIÓN AL ABOGADO/REPRESENTANTE DESIGNADO

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La Oficina del Sheriff del Condado de San Luis Obispo (el Departamento) tiene la obligación de notificarle a usted y a su abogado/representante, si nos proporciona su información de contacto, que el Departamento de Seguridad Nacional (DHS)/Servicio de Inmigración y Control de Aduanas (ICE) nos ha solicitado que le notifiquemos al DHS/ICE su fecha de liberación y/o que lo transfiramos a la custodia del DHS/ICE al ser liberado de nuestra custodia. (Código Gubernamental, § 7283.1, inciso (b)). Ya le hemos notificado por separado esta información y la decisión del Departamento de cumplir con la(s) solicitud(es) del DHS/ICE.

POR FAVOR, SELECCIONE LA OPCIÓN DE NOTIFICACIÓN AL ABOGADO/REPRESENTANTE QUE DESEA:

☒	Me niego a responder.
☐	NO deseo que el Departamento notifique a mi abogado/representante sobre su(s) decisión(es) de proporcionar al DHS/ICE una notificación de mi fecha de liberación y/o de transferirme a la custodia del DHS/ICE.
☐	Deseo que el Departamento notifique a mi abogado/representante sobre su(s) decisión(es) de informar al DHS/ICE sobre mi fecha de liberación y/o de transferirme a la custodia del DHS/ICE. Pueden contactar a mi abogado o representante de la siguiente manera: Nombre del abogado/representante designado: _____ Dirección del abogado/representante designado: _____ Correo electrónico del abogado/representante designado: _____

Nombre del recluso: [REDACTED] Número de reserva: [REDACTED]

Firma: Refused

Notificar al empleado: Cunha Empleado #: 1609

Fecha: 4/25/20



COUNTY OF SAN LUIS OBISPO
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ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: REFUSED

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 4/22/2026



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
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Incarcerated Person Name: [REDACTED]

Booking #: [REDACTED]

Signature: REFUSED

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 3/29/2026



COUNTY OF SAN LUIS OBISPO

SHERIFF'S OFFICE

Ian Parkinson Sheriff-Coroner

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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: COWAN Employee #: 1650

Date: 4-1-2026

Form C

County of San Luis Obispo Sheriff's Office

1585 Kansas Ave. | San Luis Obispo, CA 93405 | (P) 805-781-4550

www.slosheriff.org



COUNTY OF SAN LUIS OBISPO

SHERIFF'S OFFICE

Ian Parkinson Sheriff-Coroner

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Incarcerated Person Name: [REDACTED]

Booking #: [REDACTED]

Signature: REFUSED

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 4/7/2026



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Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: DECLINE

Notifying Employee: [Signature] Employee #: 90

Date: 4-13-26



COUNTY OF SAN LUIS OBISPO
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Incarcerated Person Name: [REDACTED]

Booking #: [REDACTED]

Signature: REFUSED

Notifying Employee: CD.B.GREEN

Employee #: 1224

Date: 4/7/2026



COUNTY OF SAN LUIS OBISPO
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Incarcerated Person Name: _____ Booking #: _____

Signature: REFUSED

Notifying Employee: unavailable Employee #: 1278

Date: 4-16-26



COUNTY OF SAN LUIS OBISPO
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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: A. Torres Employee #: 1028

Date: 4-6-26



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Ian Parkinson Sheriff-Coroner

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The San Luis Obispo County Sheriff's Office (SLOSO) is required to notify you and your attorney/family member, if you provide us with their contact information, that the Department of Homeland Security (DHS)/Immigration and Customs Enforcement (ICE) has asked us to notify DHS/ICE of your release date and/or to transfer you into DHS/ICE custody upon your release from our custody. (Gov. Code, § 7283.1, subd. (b).) We have separately notified you of this information and the Department's decision to comply with DHS/ICE's request(s).

PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER NOTIFICATION THAT YOU ARE REQUESTING:

☒	I decline to answer
☐	I do NOT want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody
☐	I DO want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody. My attorney or family member may be reached as follows: Name of attorney/family member: _____ Address of attorney/ family member: _____ _____ Email of attorney/family member: _____

When requesting the San Luis Obispo Sheriff's Office to notify an attorney/ family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: Refusal

Notifying Employee: Cunha Employee #: 1609

Date: 4/1/20



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

SOLICITUD DE NOTIFICACIÓN AL ABOGADO/REPRESENTANTE DESIGNADO

- ☐ 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.
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La Oficina del Sheriff del Condado de San Luis Obispo (el Departamento) tiene la obligación de notificarle a usted y a su abogado/representante, si nos proporciona su información de contacto, que el Departamento de Seguridad Nacional (DHS)/Servicio de Inmigración y Control de Aduanas (ICE) nos ha solicitado que le notifiquemos al DHS/ICE su fecha de liberación y/o que lo transfiramos a la custodia del DHS/ICE al ser liberado de nuestra custodia. (Código Gubernamental, § 7283.1, inciso (b)). Ya le hemos notificado por separado esta información y la decisión del Departamento de cumplir con la(s) solicitud(es) del DHS/ICE.

POR FAVOR, SELECCIONE LA OPCIÓN DE NOTIFICACIÓN AL ABOGADO/REPRESENTANTE QUE DESEA:

☒	Me niego a responder.
☐	NO deseo que el Departamento notifique a mi abogado/representante sobre su(s) decisión(es) de proporcionar al DHS/ICE una notificación de mi fecha de liberación y/o de transferirme a la custodia del DHS/ICE.
☐	Deseo que el Departamento notifique a mi abogado/representante sobre su(s) decisión(es) de informar al DHS/ICE sobre mi fecha de liberación y/o de transferirme a la custodia del DHS/ICE. Pueden contactar a mi abogado o representante de la siguiente manera: Nombre del abogado/representante designado: _____ Dirección del abogado/representante designado: _____ Correo electrónico del abogado/representante designado: _____

Nombre del recluso: [REDACTED] Número de reserva: [REDACTED]

Firma: [REDACTED]

Notificar al empleado: N. M. Wahl Empleado #: 1278

Fecha: 4-2-26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER NOTIFICATION THAT YOU ARE REQUESTING:

☒	I decline to answer
☐	I do NOT want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DSH/ICE custody
☐	I DO want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DSH/ICE custody. My attorney or family member may be reached as follows: Name of attorney/family member: _____ Address of attorney/ family member: _____ Email of attorney/family member: _____

When requesting the San Luis Obispo Sheriff's Office to notify an attorney/ family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: _____ Booking #: _____

Signature: petrusch

Notifying Employee: Varanbler Employee #: 1228

Date: 4-29-26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/DESIGNEE NOTIFICATION REQUEST

- ☐ Solicito recibir este formulario en español. / I request to receive this form in Spanish.
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PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/DESIGNEE NOTIFICATION THAT YOU ARE REQUESTING:

☒	I decline to answer
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☐	I DO want the SLOSO to notify my attorney/designee of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DSH/ICE custody. My attorney or designee may be reached as follows: Name of attorney/designee: _____ Address of attorney/designee: _____ Email of attorney/designee: _____

Inmate Name: [REDACTED] Booking #: [REDACTED]
Signature: Refused 1609
Notifying Employee: Cunha Employee #: 1609
Date: 4/10/20



COUNTY OF SAN LUIS OBISPO

SHERIFF'S OFFICE

Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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☒	I decline to answer
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When requesting the San Luis Obispo Sheriff's Office to notify an attorney/ family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: N. N. N. N. Employee #: 1276

Date: 4-17-26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER NOTIFICATION THAT YOU ARE REQUESTING:

☐	I decline to answer
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☒	I DO want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DSH/ICE custody. My attorney or family member may be reached as follows: Name of attorney/family member: [REDACTED] Address of attorney/ family member: [REDACTED] Email of attorney/family member: _____

When requesting the San Luis Obispo Sheriff's Office to notify an attorney/ family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: [REDACTED]

Notifying Employee: N Maechler Employee #: 1278

Date: 7-20-20



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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☐ 請寄來中文表格。 / I request to receive this form in Chinese.
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PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER
NOTIFICATION THAT YOU ARE REQUESTING:

☒	I decline to answer
☐	I do NOT want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DSH/ICE custody
☐	I DO want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DSH/ICE custody. My attorney or family member may be reached as follows: Name of attorney/family member: _____ Address of attorney/ family member: _____ Email of attorney/family member: _____

When requesting the San Luis Obispo Sheriff's Office to notify an attorney/ family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: [REDACTED]

Notifying Employee: A. Macchler Employee #: 1278

Date: 4-20-26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER NOTIFICATION THAT YOU ARE REQUESTING:

☐	I decline to answer
☒	I do NOT want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody
☐	I DO want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody. My attorney or family member may be reached as follows: Name of attorney/family member: _____ Address of attorney/family member: _____ Email of attorney/family member: _____

When requesting the San Luis Obispo Sheriff's Office to notify an attorney/family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: [REDACTED] Booking #: [REDACTED]

Signature: [REDACTED]

Notifying Employee: CD, B. GREEN Employee #: 1224

Date: 4/22/2026



**NOTIFICATION RE:
SLOSO ACTION ON DHS/ICE REQUEST(S)**

- ☐ 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.
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The San Luis Obispo County Sheriff's Office (Department) is required to notify you that we received the following request(s) from the Department of Homeland Security (DHS)/Immigration and Customs Enforcement (ICE) and to provide you with a copy of the request(s) (Gov. Code, § 7283.1, subd. (b)):

- ☒ Release notification (Form I-247G)
- ☐ Release notification, hold/detainer, and transfer request (Form I-247A)

The documents we received are included with this notification.

The Department is also required to notify you in writing of the Department's decision on whether or not it will comply with the DHS/ICE request(s), and to provide a copy of our decision to your attorney/designee if you request that we do so. (Gov. Code, § 7283.1, subd. (b).) **This is your notification of our decision.** Please make your selection as to whether or not you wish for us to notify your attorney/designee on the ATTORNEY/DESIGNEE NOTIFICATION REQUEST FORM that we have provided to you with this notification.

Please be advised that the Department plans to take the following action:

☒	A. The Department will take no action/will not communicate with DHS/ICE regarding its request.
☐	B. Pending On View: _____
☐	C. The Department will notify DHS/ICE of your actual release date when known to the Department and it will agree to transfer you to into the custody of DHS/ICE on your actual release date. (Gov. Code, § 7284.6(a)(4).) Please note that DHS/ICE may withdraw its request to transfer you on the date of your actual release. If that occurs, we will inform you of the same and you will instead be released to the community.

PLEASE NOTE:

- THIS FORM IS NOT AN IMMIGRATION DETAINER OR A DEPORTATION ORDER.
- THE DEPARTMENT WILL NOT HOLD/DETAIN ANY INDIVIDUAL PAST THEIR ACTUAL RELEASE DATE ON THEIR CUSTODIAL CRIMINAL CASE ON THE BASIS OF A DHS/ICE DETAINER/HOLD REQUEST. (Gov. Code, § 7284.6, subd. (a)(1)(B).)

The Department's taking action B or C is permissible under California law because you meet one or more of the conditions set forth in the California Values Act, and the release notification and/or transfer of you would not otherwise violate any federal, state, or local law, or local policy. (Gov. Code, § 7282.5, subd. (a).) The qualifying condition(s) is/are:

☐	You have been convicted, at any time, of a serious or violent felony, as defined in Penal Code section 1192.7, subdivision (c), or Penal Code section 667.5, subdivision (c).
☐	You have been convicted, at any time, of a felony that is presently punishable by imprisonment in state prison.
☐	Within the past 15 years, you were convicted of a felony listed in Government Code section 7282.5, subdivision (a)(3).
☐	Within the past five years, you were convicted of a wobbler (i.e., a crime punishable as either a felony or a misdemeanor) listed in Government Code section 7282.5, subdivision (a)(3).
☐	You are a current registrant on the California Sex and Arson Registry.
☐	You have been held to answer on a charge that is a serious or violent felony, as defined in Penal Code section 1192.7, subdivision (c), or Penal Code section 667.5, subdivision (c), and/or a charge that is punishable by imprisonment in state prison.

By signing this form, you acknowledge that the San Luis Obispo County Sheriff's Office has notified you of the above information and that you understand that information.

Inmate Name: _____

Booking # _____

Signature: _____

Notifying Employee: CD. B. GREEN #1224

Employee #: 1224

Date: 4/22/2026



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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PLEASE MAKE YOUR SELECTION AS TO ANY ATTORNEY/FAMILY MEMBER NOTIFICATION THAT YOU ARE REQUESTING:

☐	I decline to answer
☐	I do NOT want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody
☐	I DO want the SLOSO to notify my attorney/family member of its decision(s) to provide DHS/ICE with a notification of my release date and/or to transfer me into DHS/ICE custody. My attorney or family member may be reached as follows: Name of attorney/family member: _____ Address of attorney/ family member: _____ Email of attorney/family member: _____

When requesting the San Luis Obispo Sheriff's Office to notify an attorney/ family member of your release date and/or transfer to DHS/INS, it is recommended you contact them as well for notification.

Incarcerated Person Name: _____ Booking #: _____

Signature:  _____

Notifying Employee:  _____ Employee #:  _____

Date: 4-27-26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: _____ Employee #: _____

Date: 4-27-24