



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.
- ☐ 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/designee, 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/DESIGNEE NOTIFICATION THAT YOU ARE REQUESTING:

☒	I decline to answer
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Inmate Name: [REDACTED]

Booking #: [REDACTED]

Signature: [REDACTED]

Notifying Employee: G. GARCIA

Employee #: 1679

Date: 2/11/2020

County of San Luis Obispo Sheriff's Office

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

www.slosheriff.org



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Inmate Name: _____ Booking #: _____
Signature: _____
Notifying Employee: _____ Employee #: _____
Date: 2-24-26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
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Inmate Name: [REDACTED] Booking #: [REDACTED]
Signature: REFUSED
Notifying Employee: A. TORRES Sep/1028 Employee #: 1028
Date: 2.27.26



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
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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: [REDACTED]
Notificar al empleado: Cunha Empleado #: 1609
Fecha: 2/19/26



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Inmate Name: _____ Booking #: _____
Signature: NIC
Notifying Employee: USA Employee #: 90
Date: 2-10-26



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Inmate Name: _____ Booking #: _____

Signature: _____

Notifying Employee: _____ Employee #: 622

Date: 2/26



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Inmate Name: [REDACTED] Booking #: [REDACTED]

Signature: NOT IN CUSTODY

Notifying Employee: COWAN Employee #: 1650

Date: 2-15-2026 1538



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Inmate Name: _____ Booking #: _____

Signature: _____ *NIC*

Notifying Employee: _____ *Ull* Employee #: *977*

Date: *2-15-20*



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Inmate Name: _____ Booking #: _____

Signature: _____ *NK*

Notifying Employee: _____ *Will* Employee #: _____ *973*

Date: _____ *2.22.20*