



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.
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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 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: REFUSED

Notifying Employee: A. TORRES Employee #: 1028

Date: 3.19.24



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: 3/30/26



COUNTY OF SAN LUIS OBISPO
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ATTORNEY/DESIGNEE NOTIFICATION REQUEST

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Inmate Name: [REDACTED]

Booking #: [REDACTED]

Signature: REFUSED

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 3/17/2026



ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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

Signature: [REDACTED]

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

Date: 3/3/26



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Incarcerated Person Name

Booking #

Signature: REFUSED TO SIGN

Notifying Employee: GARCIA, G.

Employee #: 1677

Date: 3/27/2020



COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
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Incarcerated Person Name: _____

Booking #: _____

Signature: REFUSED

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 3/29/2026



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SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

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Inmate Name: [REDACTED] Booking #: [REDACTED]
Signature: [REDACTED]
Notifying Employee: B. GARCIA Employee #: 1679
Date: 3/6/2026



ATTORNEY/DESIGNEE NOTIFICATION REQUEST

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Inmate Name: _____ Booking #: _____

Signature: _____

Notifying Employee: _____ Employee #: 1278

Date: 3-12-26



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SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

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

Signature: [REDACTED]

Notifying Employee: A. TORRES Employee #: 1028

Date: 3/5/26



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SHERIFF'S OFFICE

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Inmate Name: _____

Booking #: _____

Signature: _____

Notifying Employee: _____

Employee #: _____

Date: _____

3-14-26

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: [REDACTED] Booking #: [REDACTED]
Signature: REFUSED
Notifying Employee: G. GARCIA Employee #: 1679
Date: 3/6/26



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

Signature: REFUSED

Notifying Employee: W. Wehler Employee #: 1278

Date: 3-25-20

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: [REDACTED] Booking #: [REDACTED]
Signature: REFUSED

Notifying Employee: Machin Employee #: 1228
Date: 3-25-26



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- ☐ 저는 이서류를 한국어로 번역된 것으로 받고 싶습니다 / I request to receive this form in Korean.

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

☐	I decline to answer
☒	I do NOT 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
☐	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: _____ Booking #: _____
Signature: _____
Notifying Employee: CD. B. GREEN Employee #: 1224
Date: 3/10/2026



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.
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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: _____ Booking #: _____
Signature: _____
Notifying Employee: W. Mueller Employee #: 1278
Date: 3-12-26



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: REFUSED TO SIGN

Notifying Employee: G. GARCIA Employee #: 1079

Date: 3/27/2026



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

ATTORNEY/DESIGNEE NOTIFICATION REQUEST

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

☒	I decline to answer
☐	I do NOT 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 DHS/ICE custody
☐	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 DHS/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: _____ Booking #: _____
Signature: _____
Notifying Employee: W. MacFarlane Employee #: 1278
Date: 8-12-26



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

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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: [REDACTED] Booking #: [REDACTED]

Signature: REFUSED

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

Date: 3/16/2026



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

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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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: [REDACTED] Booking #: [REDACTED]

Signature: REFUSED

Notifying Employee: Ull 973 Employee #: 973

Date: 3-18-20



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

ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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

Signature: NTC

Notifying Employee: Uth Employee #: 973

Date: 3-22-26



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: REYES

Notifying Employee: USA Employee #: 98

Date: 3-30-26