



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 <u>On ASU</u>
☐	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: _____

Notifying Employee: Mauch Employee #: 129

Date: 5-12-26



COUNTY OF SAN LUIS OBISPO

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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: V Macchler Employee #: 1276

Date: 5-18-26



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Incarcerated Person Name: _____

Booking #: _____

Signature: _____

Notifying Employee: _____

Employee #: _____

Date: _____



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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: N. Maubler Employee #: 1278

Date: 5-6-26



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Incarcerated Person Name: _____ Booking #: _____

Signature:  _____

Notifying Employee:  _____ Employee #: 97

Date: 5-31-26



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

Signature: _____

Notifying Employee: A. March Employee #: 1278

Date: 5-19-26



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: 5/15/2026



ATTORNEY/FAMILY MEMBER NOTIFICATION REQUEST

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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

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

Date: 5/4/2026



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: 5/6/2026



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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

Notifying Employee: A. M. M. M. Employee #: 1278

Date: 5-18-26



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

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Signature: _____

Notifying Employee: nmagellan Employee #: 1278

Date: 5-11-26



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Incarcerated Person Name: _____

Booking #: _____

Signature: _____

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 5/6/2026



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Incarcerated Person Name: _____ Booking #: _____

Signature: _____

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

Date: 5/3/2026



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 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: Machle Employee #: 1278

Date: 5-18-24