



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.
- ☐ 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.

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: _____

Cuando solicite a la Oficina del Sheriff de San Luis Obispo que notifique a un abogado/designado sobre su fecha de liberación y/o transferencia a DHS/INS, se recomienda que también se comunique con ellos para recibir la notificación.

Nombre del recluso: REFUSED Número de reserv [REDACTED]

Firma: 9.30.2024

Notificar al empleado: Bo. VanRelt NC 1844 Empleado #: 1032

Fecha: 9.30.2024



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
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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: _____

Employee #: 1255

Date: 9/28/20



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

Signature: Not housed in this facility - ASU

Notifying Employee: N Macoble Employee #: 1278

Date: 9-18-26



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: N Macchew Employee #: 1228

Date: 9.18.26



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Incarceration Name: _____ Booking #: _____

Signature: _____

Notifying Employee: N Macchia Employee #: 1278

Date: 9-8-26



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SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

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Incarcerated Person Name [REDACTED] Booking # [REDACTED]

Signature: REFUSED TO SIGN

Notifying Employee: G. GARCIA

Employee #: 1679

Date: 2/24/2020



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

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Incarcerated Person Name: _____

Booking #: _____

Signature: REFUSED

Notifying Employee: CD. B. GREEN

Employee #: 1224

Date: 9/14/2026



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: N Macchle Employee #: 1278

Date: 9-7-26



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SHERIFF'S OFFICE
Ian Parkinson Sheriff-Coroner

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: 9/21/2026



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Incarcerated Person Name: _____ Booking #: _____

Signature: Refused

Notifying Employee: Dagha Employee #: 1220

Date: 9/4/21



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Incarcerate: [redacted] Name: [redacted] Booking #: [redacted]

Signature: [redacted]

Notifying Employee: Cunha Employee #: 1605

Date: 1/2/26



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Incarcerated: [REDACTED] Booking #: [REDACTED]

Signature: [REDACTED]

Notifying Employee: Cunha Employee #: 1609

Date: 9/30/24