



U.S. Citizenship and Immigration Services

Office of Refugee Resettlement (ORR)

Training Presentation

March 11, 2020

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**U.S. Citizenship
and Immigration
Services**

Objective

To be able to identify and properly process ORR documents.



Processing Legend



Processing Acronym Legend

WIF = Withhold in Full

RIF = Refer in Full

OOS = Out of Scope



Organizational Hierarchy

- Health and Human Services (HHS)
- The Administration for Children and Families (ACF)
- Office of Refugee Resettlement (ORR)



ORR Mission

- The Office of Refugee Resettlement (ORR) provides new populations with the opportunity to achieve their full potential in the United States.
- The programs provide people in need with critical resources to assist them in becoming integrated members of American society.



Administration for Children & Families
Office of Refugee Resettlement



U.S. Citizenship
and Immigration
Services

Background

- On March 1, 2003, the Homeland Security Act of 2002, Section 462, transferred responsibilities for the care and placement of unaccompanied alien children from the Commissioner of the Immigration and Naturalization Service to the Director of the Office of Refugee Resettlement (ORR).
- Since then, ORR has cared for more than 175,000 children, incorporating child welfare values as well as the principles and provisions established by the Flores Agreement in 1997, the Trafficking Victims Protection Act of 2000 and its reauthorization acts, the William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA) of 2005 and 2008.
- Unaccompanied alien children apprehended by the Department of Homeland Security(DHS) immigration officials are transferred to the care and custody of ORR. ORR promptly places an unaccompanied child in the least restrictive setting that is in the best interests of the child, taking into consideration danger to self, danger to the community, and risk of flight. ORR takes into consideration the unique nature of each child's situation and incorporates child welfare principles when making placement, clinical, case management, and release decisions that are in the best interest of the child.




Tracking ORR Documents

- For tracking purposes when you process (release, redact, or WIF) any ORR documents, place the ORR bookmark on one of the ORR pages.
- Do not bookmark if all ORR pages are marked OOS or are misfiled documents.



Division of Unaccompanied Children's Services Verification of Release

- Review for third party PII and redact (b)(6) unless it has been released elsewhere.
- If processing under the PA, release in full.



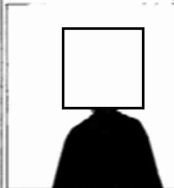
(b)(6)

Office of Refugee Resettlement
Verification of Release, Rev. 05/29/2015

U.S. Department of Health and Human Services

OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
VERIFICATION OF RELEASE

Name of Minor: <small>DOB:</small>	Aliases (if any):
Minor's Date of Birth:	Minor's A#: _____



The Office of Refugee Resettlement (ORR) has released the above named minor from Federal custody pursuant to section 462 of the Homeland Security Act of 2002 and section 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 to the care of:

Name of Sponsor: FACID: _____

Aliases (if any): _____

Address: _____ Tel#: _____

City: Oakland State: CA Zip Code: 94601

Relationship to Child: Father

Acknowledgement of the Sponsor Care Agreement

The above named sponsor has agreed to the provisions set forth in the *Sponsor Care Agreement*, pertaining to the minor's care, safety, and well-being, and the sponsor's responsibility for ensuring the minor's presence at all future proceedings before the Department of Homeland Security and the Department of Justice/Executive Office for Immigration Review (EOIR).

For Internal Use Only

Name ORR care provider	Southeast Key Casa Phoenix
Facility	
Date	10/23/2016

This official U.S. Department of Health and Human Services (HHS) Verification of Release form, issued by HHS's Office of Refugee Resettlement (ORR), should be considered as evidence that the above named sponsor was given physical custody of the above named minor on the date indicated on this form, and that the above named sponsor agreed to conditions outlined in a sponsor care agreement, including housing the minor at the address reflected on the form. The Verification of Release form also indicates the date of birth of the above named minor, as determined by HHS based on official documents or, in cases involving missing documentation, on other measures to determine probable age.

According to the Department of Education, all children in the United States are entitled to equal access to a public elementary and secondary education, regardless of their or their parents' actual or perceived racial or ethnic origin, citizenship, or immigration status. This includes recently arrived unaccompanied children, who are in immigration proceedings while residing in lieu of communitie with a parent, family member, or other appropriate adult sponsor. While residing with a sponsor, these children have a right under Federal law to enroll in public elementary and secondary schools in their local jurisdictions and to benefit from educational services, as do all children in the U.S.

Department of Education Guidance can be found at: <http://www2.ed.gov/policy/elsec/elsec/br/bracc/unaccompanied-children-2.pdf>



UAC Basic Information/Discharge Notification

- Review for third party PII and redact (b)(6) unless it has been released elsewhere.
- If processing under the PA, release in full.

Note: You may also see a minor's record requested by a parent or guardian. * See the *processing Guide for more information regarding these situations.*

First Name: [Redacted]
 Last Name: [Redacted]
 DOB: [Redacted]

ACH: [Redacted]
 Status: [Redacted]
 Date of Birth: [Redacted]

Age: [Redacted]
 Country of Birth: [Redacted]

Date of Discharge: 07/2017
 Type of Discharge: [Redacted]
 Sponsor ID: [Redacted]

ORR Decision: [Redacted]

Program Minor was transferred to: [Redacted]

Address: [Redacted]

(b)(6)

Discharge Notification Form
 Baptist Child And Family Services
 Assessment Date: 09/10/2013
 Griselda Rowbel Castellon Orellana

Age: 15
 Sex: Male Female
 Country of Birth: El Salvador
 Discharge Date: 09/19/2013
 Discharge Time: 12 30
 AM/PM: AM PM
 Type of Discharge: Reun/ReC (Individual Sponsor)
 Sponsor Name: [Redacted]
 Sponsor Date of Birth: [Redacted]
 Relationship to minor: Mother
 Proof of Relationship: Yes
 ORR Decision: Approve with Follow Up Services
 Date: 09/13/2013

September 20, 2013 Page 1 of 2






UC Portal

Review the Notifications for possible information to redact.

UCIM Portal Page 1 of 1

(b)(6)


Help | Logout | 

Search  

[INTAKES](#) | [CAMPUS MGT.](#) | [SEARCH](#) | [ADMINISTRATION](#) | Welcome: jaccorline

Home > UAC Search Information > Campus Management Information

UAC Basic Information

	First Name: <input type="text"/>	Status: ADMITTED
	Last Name: <input type="text"/>	AKA: <input type="text"/>
	Date of Birth: <input type="text"/>	Gender: M
	A No.: <input type="text"/>	LOS: S
	Age: <input type="text"/>	Current Program: Southwest Key Las Vegas
	Child's Country of Birth: El Salvador	Admitted Date: 5/30/2017

Notifications

Trigger Reports

<https://ucportal.aef.hhs.gov/Notifications.aspx> 10/3/2017



U.S. Citizenship
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ORR Notification to ICE Chief Counsel Release of Unaccompanied Alien Child to Sponsor/Request to Change Address

(b)(6)

- Review for third party PII and redact (b)(6) unless it has been released elsewhere.
- If processing under the PA, release in full.

Note: This is a change of address /change of venue. It shows the Juvenile (most likely subject of record) giving their old address and providing their new address.

ORR Release Notification					
ORR NOTIFICATION TO ICE CHIEF COUNSEL RELEASE OF UNACCOMPANIED ALIEN CHILD TO SPONSOR AND REQUEST TO CHANGE ADDRESS					
ORR has determined that the below Juvenile Respondent should be released to a sponsor. The Director of the Office of Refugee Resettlement, Department of Health and Human Services requests that the Chief Counsel, Immigration and Customs Enforcement, Department of Homeland Security notify the Executive Office of Immigration Review of the change of address.					
Date of Request:	Name of Requestor	Title	Telephone Number		
11/28/2015	Yisselis Ottenswalder	Case Manager			
Juvenile Respondent's Alien Number, complete name and aliases, date of birth and claimed country of origin:					
I. Juvenile respondent's biographical information					
Name:	Amador	AB:			
Aliases (if any):	DOB:				
Country of Origin:	Honduras				
Juvenile Respondent's prior Address:					
Program Name (if Applicable): LSS of New York TFC					
Street Address			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Bronx	NY	10463	Bronx	NY	10463
Telephone Number			Alternate Telephone #		
Juvenile Respondent's new Address:					
Program Name (if Applicable):					
Street Address			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Fort Lauderdale	FL	33312			
Telephone Number			Alternate Telephone #		
Custodian Information:					
Name	Title relationship		Telephone Number		
Delma	Mother				
The Release is scheduled to take place on: 12/04/2015					
The next scheduled court appearance for this juvenile is:					
ORR certifies that on: the Respondent and Sponsor were notified that they must inform Immigration Court directly of any further change of address					
For releases, notification should be made at least 48 hours in advance. If notification is not made at least 48 hours in advance of release, please explain reason(s) below.					
cc: Attorney of Record DH/ICE/DRO					



ORR Notice of Transfer to ICE Chief Counsel Counsel Change of Address/Change of Venue

- Review for third party PII and redact (b)(6) unless it has been released elsewhere.
- If processing under the PA, release in full.

ORR Notice of Transfer Page 1 of 2

**ORR NOTICE OF TRANSFER TO ICE CHIEF COUNSEL
CHANGE OF ADDRESS/CHANGE OF VENUE**

ORR has determined that the below Juvenile Respondent should be transferred to another facility. The Director of the Office of Refugee Resettlement, Department of Health and Human Services requests that the Chief Counsel, Immigration and Customs Enforcement, Department of Homeland Security file a Motion for Change of Venue and/or Change of Address with the Executive Office for Immigration Review for said minor.

Date of Request	Name of Requestor	Title	Telephone Number
11/19/2010	Barb Dwyer		36000000000

Request: Change of Address ? Change of Venue ?

Juvenile Respondent's Alien number, complete name and aliases:

Name: Bill Ding	A# 2C
Aliases (if any):	

Juvenile Respondent's date of birth and claimed country of origin:

DOB:	Country: INDIA
------	----------------

Juvenile Respondent's prior address:

Program Name (if applicable):

Street Address:			Mailing Address (if different):		
City	ST	Zip	City	ST	Zip
	TX		Line Dance	TX	
Telephone Number			Alternate Telephone #		

Juvenile Respondent's new address:

Program Name (if applicable):

Street Address:			Mailing Address (if different):		
City	ST	Zip	City	ST	Zip
	IL		Utopia	IL	
Telephone Number			Alternate Telephone #		

Facility Name and Point of Contact at ORR's Funded facility¹

Facility Name	Point of Contact	Telephone Number
	Ali Katt	

The transfer is scheduled to take place on : 11/22/2010



ORR/DUCS Release Request Worksheet

- Review for third party PII and redact (b)(6) unless it has been released elsewhere.
- If processing under the PA, release in full.

Note: The narrative may contain deliberative comments, LE officer PII or other information you should redact.

Page 1 of 2

Facility	Case Worker	Ducs Field Coordinator
OPEN ARMS INTERNATIONAL	Jvette Suarez	Yasmine Malebranche

ORR/DUCS Release Request Worksheet

Minor's Profile								
Alien Number	Last Name	First Name	DOB	Age	Sex	Country of Birth	FINS Number	AKA
00000000	CCONDA	ANNA	1/1/2016					

Sponsor Info							
First Name	Last Name	DOB	Country of Birth	Immigration Status	Mar. Stat.	Nat.	SSN #
MURORA	BORRALLI	1958	WIN	INS			36

Submitted By: Sponsor Annual Income: \$2 Proof of Income: Pay Stub Employer: Sanford and Son

Proposed Residence Address: WESTIE WESTERTON

Note: If this is not the sponsor's address, check here and give the sponsor's address along with address: 9114 South Central Avenue

Occupant's Info			
Name	Age	Relationship to Sponsor	Rel.
Al Dante		Self	Uncle
Amanda Lynn		Spouse	Family
Sean Ty		Daughter	First C
Camie Oakley		Daughter	First C
Berry Cade		Son	First C

Do any of the occupants of the household have a serious, contagious disease? NO

Do any of the occupants have any criminal convictions or charges, other than minor violations? NO

Affidavits of Support

<https://extranet.acf.hhs.gov/tms/FormsAction.do?releaseRequestId=11668>

Page 2 of 2

Submitted By: Sponsor Annual Income: \$2 Proof of Income: Pay Stub Employer: Sanford and Son

Address: 9114 South Central Avenue

Case Worker Comments: The case manager agrees that the minor should be reunified with the sponsor.

Attorney Contacted? YES Attorney Name: Attorney Phone:

Suggested Action: Approve Date: 05/16/2008

DPC Comments (If Any): The sponsor is the minor's maternal uncle, Al Dante, DOB: 1943. The sponsor has submitted all ORR required documents including: a copy of the sponsor's USA passport, his social security card, the birth certificates for the sponsor, the minor, and the minor's mother, a notarized letter of consent from the minor's father, a recent bill with the correct address, a pay stub as proof of income, a notarized sponsor's agreement to conditions of release, a notarized affidavit of support, a completed Family Reunification Packet application, an authorization for release of information, an internet criminal background check and fingerprints showing no criminal history and an immigration arrest record upon the sponsor's entry into the United States.

Suggested Action: Approve Date: 05/16/2008

ORR/DUCS Decision		
Suitability Assessment	ORR Decision	Decision Date

Discharge Date: Time:

Distribution of this form is restricted to ORR/DUCS staff, ORR/DUCS Field Coordinator, DHS staff, and Facility staff. This form may not be distributed to other parties without the written authorization of ORR/DUCS.



U.S. Citizenship and Immigration Services

Unaccompanied Alien Child (UAC) Initial Placement Referral Form

- Review for third party information in sections: UAC Apprehended With, Medical, Parent, and Referral.
 - Redact citing (b)(7)(C).
 - Release under the PA.
- Watch for Agent's PII under Processing Point of Contact. Redact citing (b)(7)(C), add (k)(2) if a PA case.

Note: Evaluate the entire form. There may be deliberative comments, agent's PII and other redactable information.

Unaccompanied Alien Child (UAC) - Initial Placement Referral Form
See Footer for Instructions - Last Updated 12/19/13

UAC Information

Last Name:	First Name:	Middle Name:	A Number:	Date of Birth:	Gender:
AMADOR					

Alias:

Country of Birth	Immigration Status	Health Concerns	Criminal Charges
Honduras	WA/NTA	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete Medical/Mental Health Information section.)	<input type="checkbox"/> No <input type="checkbox"/> Yes

UAC Apprehended With:

<input type="checkbox"/> Parents / Legal Guardian	<input type="checkbox"/> Other Related Adults	<input checked="" type="checkbox"/> Related Minors
---	---	--

Please provide the following for all relatives apprehended with the UAC, if more space is needed, use

NAME:	A Number:
VEGA	

Medical / Mental Health Information

Does the UAC report or appear to have any medical or mental health condition?

<input type="checkbox"/> Pregnancy	N/A
<input type="checkbox"/> Injury	
<input type="checkbox"/> Illness	
<input type="checkbox"/> Other	

Summary (List diagnosis, medications, observations, and number of medications)

Scan and email or fax available Medical / Mental Health Documentation to ORR/DUCS along with this form if available.

Apprehension and Transfer Information

Entry	City and/or Location Code	State
	Hidalgo	TX
Apprehension	Hidalgo	TX
Current Location	McAllen	TX

Processing Point of Contact:

Parent/Relative Name:	Parent/Relative Phone Number:	Parent/Relative Address:
BPA		

Referral Notes:

contact made

Email this form to orrducs_intakes@acf.hhs.gov, with a copy to your ICE/DRO FOJ. Additional documentation should be scanned and emailed along with this form or faxed to (202) 401-1022

(b)(6) (b)(7)(c)

Unaccompanied Alien Child (UAC) - Initial Placement Referral Form
See Footer for Instructions - Last Updated 12/19/13

Secure/Staff-Secure Addendum

Please provide additional information to assist with placement decision.

Justification for Secure Placement:

Provide a summary of court documentation, police reports, arrests, dispositions, etc.

Scan and email or fax available criminal documentation (e.g. court documentation, police reports, summary of arrests, dispositions, etc.) to ORR/DUCS along with this form. If not available explain why.

Gang Affiliation

Any Known Gang Affiliation? (Choose One) Yes Suspected No Unknown

Determined By: Self-Admission of UAC Gang Tattoos Other Documentation

Name of Gang:

Gang Affiliation Summary

Provide a summary of gang involvement including violent activity, leadership role, etc.

Scan and email or fax available gang affiliation documentation to ORR/DUCS along with this form if available.

Detention Facility Information

If UAC received from a detention facility, provide the following information:

Choose Type of Detention Facility

Adult Detention Juvenile Detention

Family Contact Information

Facility Name:	Point of Contact:	Phone Number:	Fax Number:

UAC Detention Stay Information

Admission Date:	Discharge Date:

Provide a summary of known Incident Reports during stay at Juvenile Detention Facility

Provide a summary of known TB tests and Medical / Mental Health Conditions:

Scan and email or fax other available documentation to ORR/DUCS along with this form if available.

Email this form to orrducs_intakes@acf.hhs.gov, with a copy to your ICE/DRO FOJ. Additional documentation should be scanned and emailed along with this form or faxed to (202) 401-1022



U.S. Citizenship and Immigration Services

Initial Medical Exam

- Release in Full if it is your subject.
- WIF (b)(6) if it is a third party.

Expiration date: 11/30/2018

Initial Medical Exam
Unaccompanied Children's Program
Office of Refugee Resettlement (ORR)

General Information (to be completed by program staff)

Child	Last name:		First name:	
	DOR:	AR:	Gender: <u>Male</u> <u>17yrs</u>	
Healthcare Provider	Name: <u>Dr. Dadobra</u>	MD/DO/PA/NP	Phone number: <u>909-865-5555</u>	Clinic or Practice: <u>Pediatric</u>
	Street address: <u>1456 Willow St</u>		City or Town: <u>Pomona</u>	State: <u>CA</u> Date of visit: <u>4/26/17</u>
Program	Name of program staff with child:		Program name: <u>David and Margaret</u>	

History and Physical (to be completed by healthcare provider)

Vital Signs

T(C): 97.9 HR: 72 BP (2-3 years): 120/68 RR: 24 Ht (cm): 154cm Wt (kg): 54kg

Allergies: Check if none

Food, specify: Medication, specify: Other, specify:

Vision (2-5 years)

	Right Eye	Left Eye	Both eyes
Corrected	20/	20/	20/
Uncorrected	20/25	20/25	20/25

Medical History

Concerns expressed by child or caregiver: Headaches on/off x 2 months No concerns
lower back pain on/off

Past medical history (include surgeries and hospital admissions):
6

Family History: Mother HTN

Reproductive History: LMP: / / or N/A Previous pregnancy: G P or N/A

Review of Systems (ROS)

Check all applicable signs and symptoms and enter the date each began:

<input type="checkbox"/> No abnormal findings	<input type="checkbox"/> Pain, location: <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Fever (>37.8 C) or chills <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Red eyes <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Runny nose <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Sore throat <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Cough <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Difficulty breathing/Shortness of breath/ Wheezing <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Nausea <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Vomiting <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Diarrhea <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Neck stiffness <u> </u> <u> </u> <u> </u>
<input checked="" type="checkbox"/> Headache <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Confusion/Altered mental status <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Dizziness <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Neurologic symptoms <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Skin lesions or rash <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Yellow skin or eyes <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Swollen glands <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Unusual bleeding <u> </u> <u> </u> <u> </u>
<input checked="" type="checkbox"/> Other, specify: <u>Lower back Pain</u>	

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U.S. Citizenship
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Questions?



U.S. Citizenship
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U.S. Citizenship and Immigration Services

Federal Bureau of Prisons (BOP)

Training Presentation

March 11, 2020

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**U.S. Citizenship
and Immigration
Services**

Objective

To be able to identify and properly process BOP documents.



Processing Legend



Processing Acronym Legend

WIF = Withhold in Full

RIF = Refer in Full

OOS = Out of Scope



Background

- Per our Memorandum of Understanding (MOU) with BOP we will either: release, redact, WIF or RIF their documents per their instruction.
- Some slides may contain information that is released elsewhere in the file, but per BOP directions, the information will still be held on their documents.



Tracking BOP Documents

- For tracking purposes when you process (release, redact, or WIF) any BOP document, place the BOP bookmark on one of the BOP pages.
- Do not bookmark if all BOP pages are marked OOS or are misfiled documents.



Commonly Seen BOP Documents

- Public Information Data on Inmates (PPPI)
- Inmate Central Files Records
- Disciplinary Records
- Detainer Action Letters (DAL)
- Supervision Release Plan
- Progress Reports
- Inmate Load and Designation Data
- Release Authorizations
- In-Transit Data Forms



BOP Titles

Public Facing Employees (releasable)

- Director
- Regional Director
- Wardens
- Associate Wardens
- Member of the SES
- Public Affairs
- Public Information Officers
- Trial Attorneys
- Public Facing Staff Member

BOP Staff Titles (redacted)

Officers
Lieutenants / Captains
Case Managers
Counselors
Medical Staff
Secretaries

Note: unless they have decision making authority; they will be redacted (b)(7)(C), add (k)(2) if a PA case.



Key Items to Redact

- Gang Related Information (b)(7)(F), add (k)(2) if a PA case
- Material Witness Information (b)(7)(C) and (b)(7)(F), add (k)(2) if a PA case
- Separatee Data, (b)(7)(C) and (b)(7)(F), add (k)(2) if a PA case
- Third Party PII, (b)(7)(C), add (k)(2) if a PA case
- Security Threat Group Assignments (b)(7)(C) and (b)(7)(F), add (k)(2) if a PA case
- Lists of BOP Inmates (b)(7)(C), add (k)(2) if a PA case
- Law Enforcement Techniques and Procedures (b)(7)(E), add (k)(2) if a PA case



Exemption (b)(7) Subparts

- (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy, (similar to (b)(6)), used for law enforcement.
- (E) would disclose techniques and procedures for law enforcement investigations or prosecution, or would disclose guidelines for law enforcement investigations or prosecutions, if such disclosure could reasonably be expected to risk circumvention of the law.

Note: This exempts the techniques and procedures in total; there is no obligation to segregate.

- (F) could reasonably be expected to endanger the life or physical safety of any individual. •This protection continues as long as necessary.



BOP Vs. State/County Facilities

- As a rule, BOP screen prints will have a Registration Number in the upper left hand side. See example 1.

Example 1

OAKAI 540.23 * SENTENCE MONITORING * 12-07-1995
 PAGE 003 * COMPUTATION DATA * 07:54:23
 AS OF 12-07-1995

REGNO. [REDACTED] NAME: REID [REDACTED]
 COMP NO: 010 ALL CURR COMPS(Y/N): Y ALL PRIOR COMPS(Y/N): Y
 FUNC...: DIS

-----CURRENT OBLIGATION NO: 010 -----
 OFFENSE CODE....: 131
 OFF/CHG: T18:922(J) SALE OF STOLEN FIREARMS SHIPPED IN INTERSTATE
 COMMERCE.

SENTENCE PROCEDURE.....: 3559 SRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 18 MONTHS
 TERM OF SUPERVISION.....: 3 YEARS
 DATE OF OFFENSE.....: 02-11-1994

G0002 MORE PAGES TO FOLLOW . . .

- State and County facilities will not. See examples 2.

Example 1

D. FLECK 01/11/99		DONDAGA COUNTY INMATE INFORMATION SYSTEM				13:27:43
CHARGE INQUIRY		CHARGE INQUIRY				MIB
CHARGE SEQ #	LAN/SECTION	SUB	CLS	CAT	DEG	ATT
((001))	LOC 99985	00	0	9	0	C
INMATE DESIG/CLASS: FEDERAL LUDE		/ REU		OPEN/CLOSED: OPEN		
ENTERED: 102798		RHKS:		CLOSED DATE:		DAYS HELD: 000
ARREST ORI: NYUSH0000		U.S. MARSHALS		DETAINER?: N		
APPRAISED BY: JUDGE:		/ COURT:		NEGATIVE #:		
RET JUDGE:		/ COURT:		REASON:		
CASH BAIL:		TIME:		BAIL BOND:		
BAIL REFERRS: NO BAIL FEDERAL PRISONER		FUNCTION: CHI				
D. FLECK 01/11/99		DONDAGA COUNTY INMATE INFORMATION SYSTEM				13:28:00
INMATE DISCHARGE INQUIRY		INMATE DISCHARGE INQUIRY				MIB
NAME: REID	EVEROD	P	A/Z	ICN: 94001329	BCH: 98212382	
DESCRIPTION OF INMATE:	AGE..... 029	WEIGHT... 150		CORRECTIVE		
	SEX..... M	HAIR..... BLK		LENSES..... 0		
	DATE..... 0	EYES..... BRN		CORRECTIVE		
DATE BOOKED: 10/27/98		TIME: 18:08		NUMBER OF DAYS HELD: 077		
DATE DISCHARGED:		TIME:		HARRANT CHECK COMPL EXPR:		
DISCHARGED BY: AGY/IO:						
REASON FOR DISCHARGE:		DETAINERS: N		REASON:		
DISCHARGE EXPLANATION:						
FUNCTION: DII		ADMIT HAS NO DISCHARGE				

- If in doubt if a facility is part of the BOP network, refer to <https://www.bop.gov>



Public Information Inmate Data

- If it is your subject you will release in full.
- If third party you will WIF (b)(7)(C), add (k)(2) if a PA case.

LYNED * PUBLIC INFORMATION * 07-03-2018
 PAGE 002 * INMATE DATA * 08:22:00
 AC OF 07-20-2009

REINO. [REDACTED] NAME: YICK, MICHAEL DWAYNE
 REP OF: CHL
 PRONR: [REDACTED]
 HOME DETENTION ELIGIBILITY DATE: 05-21-2009

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
 THE INMATE WAS SCHEDULED FOR RELEASE: 07-20-2009 VIA OCT REL.

-----PRIOR JUDGMENT/WARRANT NO: 019 -----

COURT OF JURISDICTION..... VIRGINIA, EASTERN DISTRICT
 DOCKET NUMBER..... 3:07CR00274-004
 JUDGE..... HEDSON
 DATE SENTENCED/PROBATION IMPOSED: 12-10-2007
 DATE COMMITTED..... 01-07-2008
 HOW COMMITTED..... US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED..... NO

FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED: \$100.00	\$00.00	\$8,000.00	\$00.00

RESTITUTION... PROPERTY: NO SERVICES: NO AMOUNT: \$928.6

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE..... 183
 OFF/CHG: 18379 CONSPIRACY TO TRAVEL IN INTERSTATE COMMERCE IN AID OF UNLAWFUL ACTIVITIES AID TO SPOUNDER A DOG IN AN ANIMAL FIGHTING VENTURE.

SENTENCE PROCEDURE..... 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE: 23 MONTHS
 TERM OF SUPERVISION..... 3 YEARS
 DATE OF OFFENSE..... 04-26-2007

G0002 MORE PAGES TO FOLLOW . . .

(b)(6)(b)(7)(c)

LYNED * PUBLIC INFORMATION * 07-03-2018
 PAGE 002 * INMATE DATA * 11:14:17
 AC OF 07-03-2018

REINO. [REDACTED] NAME: MACOFF, BERNARD L
 REP OF: HUP
 PRONR: [REDACTED]
 HOME DETENTION ELIGIBILITY DATE: 06-14-2139

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
 THE INMATE IS PROJECTED FOR RELEASE: 11-14-2139 VIA OCT REL.

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION..... NEW YORK, SOUTHERN DISTRICT
 DOCKET NUMBER..... 1:09 CR 00213-001(DC
 JUDGE..... CHIN
 DATE SENTENCED/PROBATION IMPOSED: 06-29-2009
 DATE COMMITTED..... 07-14-2009
 HOW COMMITTED..... US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED..... NO

FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED: \$1,100.00	\$00.00	\$00.00	\$00.00

RESTITUTION... PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE..... 820
 OFF/CHG: 15:78 SECURITIES FRAUD (CT1); 15:80 INVESTMENT ADVISER FRAUD (CT2); 18:1341 MAIL FRAUD (CT3); 18:1343 WIRE FRAUD (CT4); 18:1956 INTERNATIONAL MONEY LAUNDERING (CT5546); 18:1957 MONEY LAUNDERING (CT7); 18:1001 MAKING FALSE STATEMENTS (CT8); 18:1621 PERJURY (CT9); 15:78 FALSE FILING WITH THE S.E.C (CT10);

SENTENCE PROCEDURE..... 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE: 150 YEARS
 TERM OF SUPERVISION..... 3 YEARS
 DATE OF OFFENSE..... 12-11-2008

G0002 MORE PAGES TO FOLLOW . . .



Detainer Action Letter

(b)(6) (b)(7)(c)

Redact all LE officer names and phone numbers (b)(7)(C), add (k)(2) if a PA case.

U.S. DEPARTMENT OF JUSTICE Federal Bureau of Prisons		DETAINER ACTION LETTER	
U.S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE 2130 FEDERAL BUILDING 1000 LIBERTY AVENUE PITTSBURGH PA 15222		Institution FEDERAL CORRECTIONAL INSTITUTION PO BOX 1000 LORETTO PA 15940	
Date		March 17, 1955	
Re	THE DETAINER	Inmate's Name	GARCIA, Armando
		RACIAL OFFICER (Subj)	
		DOB:	

Dear Sir:

The below checked paragraph relates to the above named inmate:

This office is in receipt of the following report regarding the above named: _____ Will you please investigate this report and advise what disposition, if any, has been made of the case. If subject is wanted by your department and you wish a detainer placed, it will be necessary for you to forward a certified copy of your warrant to us along with a cover letter stating your desire to have it lodged as a detainer, or indicate you have no further interest in subject.

A detainer has been filed against the subject in your favor charging possible deportation. Release is tentatively scheduled for 10-15-1955 but however we will again notify you approximately 60 days prior to actual release.

Enclosed in your detainer warrant. Your detainer against the above named has been removed in compliance with your request.

Your detainer warrant has been removed on the basis of the attached _____. Notify this office immediately if you do not concur with this action.

Your letter dated _____ requests notification prior to the release of the above named prisoner. Our records have been noted. Tentative release date at this time is _____.

I am returning you _____ on the above named inmate who was committed to this institution on _____ to serve _____ for the offense of _____. If you wish your _____ filed as a detainer, please return it to us with a cover letter stating your desire to have it placed as a hold or indicate you have no further interest in the subject.

The above named inmate has been transferred to _____. Your detainer/notification request has been forwarded.

Other: _____

Sincerely,

Original White-Admission
First Copy (Green)-Assignment & Commitment File
Second Copy (Yellow)-Inmate
Third Copy (Pink)-Clerical File (Station 1)
Fourth Copy (Blue)-Corrections Bureau (Detainer)

ELN
USP: LYN

Form No. 50-100-10
OCTOBER 1950



U.S. Citizenship
and Immigration
Services

Inmate Assignments

(b)(6) (b)(7)(c)

Redact all BOP staff names (b)(7)(C), add (k)(2) if a PA case.

Note: The counsel listed here is not an attorney. This is a correctional facility counselor.

INSLA 535.02		INMATE ASSIGNMENTS		11-03-2010	
PAGE 001				09:18:54	
REGISTER NUMBER:	[REDACTED]				
NAME:	MATTHEWS, TRUDIE				
CATEGORY:	FUNCTION:	DIS			
RESPONSIBILITY OF: MIM-MIAMI PDC					
FACL	CATEGORY	ASSIGNMENT		EFF DATE	TIME
MIM	ADM-REL	A-INS	IMMIGRATION NAT SERV DETAINEE	11-02-2010	0907
MIM	CARE LEVEL	CAREL	HEALTHY OR SIMPLE CHRONIC CARE	01-24-2008	0600
MIM	CARE LEVEL	CAREL-MH	CAREL-ADDMETAL HEALTH	06-28-2010	1408
MIM	COR COUNSL	A EAST CCC	[REDACTED]	11-03-2010	0635
MIM	CASE MGT	IHP CMPWDR	IMM HRS COMPL-WILL DEPORT-BOIR	01-28-2010	0814
MIM	CASE MGT	PROG RPT	NEXT PROGRESS REPORT DUE DATE	07-01-2010	1551
MIM	CASE MGT	V94 CDA913	V94 CURR DRG TRAY ON/AFT 91394	04-16-2008	1550
MIM	CASE MGT	WA NO HIST	NO WAISH ACT OFFENSE HISTORY	01-11-2008	1404
MIM	CASEWORKER	UNT A CSW	[REDACTED]	11-02-2010	0907
MIM	CUSTODY	IN	IN CUSTODY	11-02-2010	0907
MIM	EDUC INFO	ESL HAS	ENGLISH PROFICIENT	04-28-2008	1025
MIM	EDUC INFO	GED HAS	COMPLETED GED OR HS DIPLOMA	04-29-2008	1746
MIM	FIN RESP	COMPLT	FINANC RESP-COMPLETED	09-14-2008	1920
MIM	LEVEL	LOW	SECURITY CLASSIFICATION LOW	01-11-2008	1141
G0002 MORE PAGES TO FOLLOW . . .					



Transfer Receipt

Redact all names; including your subject, and their alien number/inmate number(b)(7)(C), add (k)(2) if a PA case.

(b)(6) (b)(7)(c)

Note: The name in the “Received From” line is a high level employee (public facing) so it will be released.

TRANSFER RECEIPT
U.S. BUREAU OF PRISONS

INSTITUTION	FEDERAL PRISON CAMP
LOCATION	FARMER - CALIFORNIA
DATE	1 APRIL 1978
CAMP ADMINISTRATION	

RECEIVED FROM: FRANCIS G. HANCOCK

FEDERAL PRISON CAMP, LEONARD, CALIFORNIA, THE FOLLOWING UNITED STATES INMATES, TOGETHER WITH COMPLETE FILES FOR TRANSFER AS INDICATED:

INMATE NUMBER	TRANSFER DESTINATION	REASON CODE
[REDACTED]		

[REDACTED SECTION]

BY: _____



Inmate Load with an Inmate Intake Receipt

(b)(6) (b)(7)(c)

- Redact any LE officer names or third party PII (b)(7)(C), add (k)(2) if a PA case.
- Redact all LE officer names on the Inmate Intake Receipt with (b)(7)(C), add (k)(2) if a PA case.
- Redact any gang information (b)(7)(F), add (k)(2) if a PA case.

OAKAI 535.01
PAGE 001 OF 001 * INMATE LOAD DATA * 12-07-1995
07:53:31

REG NO: [REDACTED] NAME: REID, [REDACTED]
RSP OF: OAK-OAKDALE FCI

FBI NO.:
INS NO.: [REDACTED]
SSN.....: [REDACTED]

DOB (AGE): [REDACTED]
RACE....: BLACK
SEX.....: MALE
ETHNIC...: OTHER THAN HISP
HEIGHT...: 5 08
WEIGHT...: 150
HAIR.....: BLACK
EYES.....: BROWN
CMC.....: NO
MILEAGE..: 1208 MILES

CITIZENSHIP....: JAMAICA
BIRTH PLACE....: JAMAICA
LEGAL RESIDENCE: [REDACTED]

ARRESTING OFFICER: ALL REQUESTED DATA ON THIS FORM MUST BE COMPLETED

NAME (LAST) [REDACTED] **FOR MCC USE ONLY**

CHARGES
OFFENSE: **INVESTIGATION OF A CONTROLLED SUBSTANCE**
SECTION: **21 USC 852, 960, + 963**
DEPARTMENT: **CONSPIRACY & POSSESSION OF A CONTROLLED SUBSTANCE**
SECTION: **21 USC 841(a)(1) + 846**

SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYES
M	W	33	5'10"	165	BR	BR

PROPERTY
 US CURRENCY _____
 FOREIGN CURRENCY _____
 COINS _____
 WATCH _____ RINGS _____
 NECKLACE _____ BRACELET _____
 BANGLES _____ PURSE _____ WALLET _____

LAUNDRY BAG NO. GREEN 0042 WHITE

HEALTHY **GOOD**

SCARS, TATTOOS, IDENTIFYING MARKS **NONE**

PHYSICAL AGENCY **TECATE, BC, MEXICO**

PHONE NUMBER **4-0427**

LOCATION OF ARREST **TECATE, CA.**

ARRESTING AGENCY **21 USC**

ISSUANCE LICENSE NO. _____

DISTRIBUTION **APR**

PRINTS-CENTRAL FILE WRITING SHEET

GREEN MCC

CANARY PROPERTY ENVELOPE

PRE-INMATE COPY

DELIVERED TO FEDERAL OFFICER SERVING IN INMATE

DATE RECEIVED **12-08-87** TIME RECEIVED **4:45am**

PREPARED BY [REDACTED] PFB-BOOKED BY [REDACTED]

BOOK NUMBER **11161-198** REGISTRATION NUMBER

REGISTRATION HOLD **12/7/87**

APPAIGNED YES NO

U.S. DEPARTMENT OF HOVELAND SECURITY



U.S. Citizenship and Immigration Services

Inmate Profile

(b)(6) (b)(7)(c)

Redact all BOP staff names (b)(7)(C), add (k)(2) if a PA case.

OAKAI 535.03 *	INMATE PROFILE	*	12-07-1995
PAGE 002			07:53:44
REGNO: [REDACTED]	REG	DOB/AGE.: [REDACTED]	26
NAME.: REID, [REDACTED]		R/S/ETH.: B/M/O	
RSP.: OAK-OAKDALE FCI		MILEAGE.: 1208 MILES	
PHONE: [REDACTED]	FTS: [REDACTED]		
FACL CATEGORY	CURRENT ASSIGNMENT	EFF DATE	TIME
OAK ADM-REL A-DES	DESIGNATED, AT ASSIGNED FACIL	12-02-1995	1630
OAK COR COUNSL EVA 1 CCC	[REDACTED]	12-05-1995	1119
OAK CASE MGT OAK INS	CRIM ALIEN PGM OAKDALE FCI	11-15-1995	1356
OAK CASE MGT PROG RPT	NEXT PROGRESS REPORT DUE DATE	09-26-1997	1126
OAK CUSTODY IN	IN CUSTODY	09-14-1995	1326
OAK DRUG PGMS DRG I NONE	NO DRUG INTERVIEW REQUIRED	10-19-1995	0914
OAK EDUC INFO ESL HAS	ENGLISH PROFICIENT	09-28-1995	1928
OAK EDUC INFO GED UNK	GED STATUS UNKNOWN	08-18-1995	1145
OAK FIN RESP PART	FINANC RESP-PARTICIPATES	11-29-1995	0806
OAK LEVEL LOW	SECURITY CLASSIFICATION LOW	09-14-1995	0858
OAK MED DY ST NO F/S	NO FOOD SERVICE WORK	08-23-1995	1644
OAK QUARTERS EVA 1	EVANGELINE UNIT-W1	12-02-1995	1630
OAK RELIGION NO PREFER	NO PREFERENCE	11-04-1995	0838
G0002	MORE PAGES TO FOLLOW . . .		



Inmate Profile

(b)(6) (b)(7)(c)

Redact all BOP staff names and phone numbers (b)(7)(C), add (k)(2) if a PA case.

BP-5377(56) PRISONER REMAND FORM
MAY 95
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

ARRESTING OFFICER MUST COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO RECEIVING.

Register Number: _____

Name: Last _____ First Araceli Middle _____

AKAs: _____

Race (Circle) M Sex (Circle) F Ethnic Origin (Circle) Hispanic or Other _____ D.O.B. _____ SSN: _____ FBI ID # _____

CHARGES
NARRATIVE: Title: IS USC: 3144, Paroled as material witness re defendant
NARRATIVE: Title: USC: _____

Date of Offense: 11-26-03 Date of Arrest: 11-27-03 Place of Arrest: FOE SAN YSIDRO CA

State of Birth: Talisco Country of Birth: Mexico Citizenship: Mexico Current Address: Calle Felipe Angeles #28, Teneocatico, JA, Mex Zip Code: _____

Weight: _____ Height: 63" inc Weight: 125 Hair: BR Eyes: BR Scars / Marks / Tattoos: None

Injuries / Medication: None Emergency Contacts (Name, Address, Phone Number): None

Arrested: Y Sentenced: Y Special Handling: Y Remarks: IMMIGRATION HOLD

Remand Sign: _____ Agency / District: _____ Phone / 24 Hour Number: _____
Print: _____ BOP, FOE SYS _____

Removing Official (Name): _____ Agency / District: _____ Phone / 24 Hour Number: _____
Sign: _____ Print: _____

FOR BOP USE ONLY

Receiving Official (Name): _____ Date / Time: _____ Releasing Official (Name): _____ Date / Time: _____
Sign: _____ Print: _____

Sentry Log Data (Must Initia):
Name Search Completed by: _____
Clearance/Seperate Checked by: _____

(OPTIONAL USE)
ARS Code: _____ Staff Init.: _____
Add AKA's: _____
Create Cash Account: _____
Deposit Cash: _____ Amt. _____
Detainers: _____
Court: _____
Clothing Bag #: _____

RIGHT THUMBPRINT

Original - for ISM as Remanding/Removal receipt; Copy for Control as Removal Receipt (MCIC); Copy for Removing Official; Copy for Control as Remanding Receipt (Inmate); Copy for Remanding Official; Copy-IMS-Allen in Custody.
(This form may be replicated via WP) This form replaces BP-5377(56) of MAY 94 and BP-377(56) of JUL 91


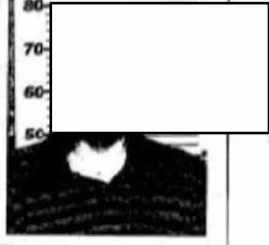


U.S. Citizenship
and Immigration
Services

Release Authorization

Redact all LE officer names and any phone numbers (b)(6) (b)(7)(c), add (k)(2) if a PA case.

Note: This document was signed by ICE, but originated with BOP, therefore it belongs to BOP.

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS		RELEASE AUTHORIZATION	
Inmate Name MADOR	Institution FCC TUCSON	Date 10/25/2011	
Release Date 11/16/2011	Method: PT REL	Detainer: <u>Y</u>	
Custody Will Be Taken: IMMIGRATION & CUSTOMS ENFORCEMENT			
<i>CERTIFICATION: I certify that this release is in accordance with applicable and controlling rules, regulations and statutory provisions. I have personally reviewed this inmate's Judgment and Commitment File, and determined that there is no information that would prevent release by the method stated above. All Judgment and Commitment Orders, U.S. Parole Commission Warrants, Notice of Action, Good Time Documents, and all detainer information have been personally reviewed by me.</i>			
		Date: 11/16/2011	
Thumbprint			
RELEASE ACTION			
Identified by:		Released by:	
Funds Paid by:	Date of Release: 11/16/2011	Time of Release: 9:30 AM	
RECEIPT OF AGENT TAKING CUSTODY			
I have received the above-named prisoner, together with amount of \$ _____			
Name:	DA		Date: 11-16-11
Location:	(b)(7)(c)		
Copy - Receiving & Discharge File in Judgment & Commitment File; Copy - Case Management, Central File (Section 5); Copy - Control Room; Copy - Hospital; Copy - Transporting Officer			



U.S. Citizenship
and Immigration
Services

CIM Clearance and Separatee Data

(b)(6) (b)(7)(c)

Redact all separatee data (b)(7)(C), add (k)(2) if a PA case.

Note: Separatee data reflects Inmates that need to be kept separate in the housing facility for safety issues.

PTD74 535*08 *		FEDERAL BUREAU OF PRISONS		* 04-09-2007	
PAGE 002 OF 002 *		CIM CLEARANCE AND SEPARATEE DATA		* 14:13:53	
REGISTER NO:	[REDACTED]	NAME:	SMITH		
REGISTER NUMBER	LAST NAME	FIRST NAME	ASS DATE	ARS QTR TIME ASSIGN	
[REDACTED]	SMITH	[REDACTED]	PTD A-DEN	04-12-2007	[REDACTED]
CPL ASSNS: SEPARATION					
02 REMARKS: 2-9-05 SER/NO ORIG TO PTD 02					
[REDACTED]					
G005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED					



Supervision Release Plan

(b)(6) (b)(7)(c)

Redact all LE officer names and third party PII (b)(7)(C), add (k)(2) if a PA case.

Note: Hold all PII even if released elsewhere in the file per BOP guidance.

BP-5522.051 SUPERVISION RELEASE PLAN CD/PM
SEP 95
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Institution Name: CORRECTIONAL TREATMENT FACILITY
Address: 1901 D. STREET, STREET, SE
WASHINGTON, DC 20003
Phone Number: 302-456-
Date: 5/26/16

Federal Bureau of Prisons
U. S. Department of Justice
Washington, D.C.

Conclusion:
Under the law I become eligible for RELEASE Supervised Release Parole Mandatory Release on 8/18/2016

In accordance therewith I submit the following as my plans for the service of the remainder of my sentence under supervision. Pursuant to my sentence, I must report in person to the United States Probation Office within 72 hours of my release.

(Type of
RESIDENCE
Address
With
Relationship
Telephone #
EMPLOYER
Name
Address
Telephone Number (if available)
Nature of Business

TO BE COMPLETED BY INSTITUTION STAFF

SENTENCING DISTRICT: District of Columbia, Superior Court

DETAILERS

SPECIAL CONDITIONS: Listed on the Judgment in a Criminal Case

REMARKS: Mr. Offender is not considered a management concern. Please advise if this plan is acceptable.

Printed Name and Signature of Inmate: [Redacted] BROWN
Date: 5/26/16

This form is to be completed by all individuals subject to supervision by the U.S. Probation Office. This includes Supervised Release, Parole, Mandatory Release, Mandatory Release to Special Parole, Special Parole and Court Designated Parole.
Record Copy - Institution; Copy - U.S. Probation Office; Copy - Inmate
(This form may be replicated via WP) This form replaces BP-5522 DTD SEP 95



U.S. Citizenship
and Immigration
Services

Inmate Roster

Redact all inmate names and register numbers (b)(7)(C), add (k)(2) if a PA case.

Note: This includes your subject's name.

(b)(6) (b)(7)(c)

LORG 530*07 * ROSTER * 07-26-2012
PAGE 002 OF 002 08:39:37

GRP.	SPECIFI	REG	IN	EX	TH
AP	A-DES				
AP	A-DES				
AP	A-DES				
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G0000 TRANSACTION SUCCESSFULLY COMPLETED



Security/Designation Data

(b)(6) (b)(7)(c)

- Redact all LE officer names, BOP staff and phone numbers (b)(7)(C), add (k)(2) if a PA case.
- Redact the RMKS area if there is gang, material witness or security threat related information (b)(7)(F), add (k)(2) if a PA case.
- Redact law enforcement techniques (b)(7)(E), add (k)(2) if a PA case.

LVNHD	600.00	SECURITY/DESIGNATION	07-12-2018
PAGE 001		DATA	07:27:37
REGNO:	[REDACTED]	NAME: GLASS, [REDACTED]	ORG: DSC
RC/SEX/AGE:	[REDACTED]	FORM D/T: 03-23-2006/1027	RES: LA HABRA, CA 90631
OFFN/CHG...:	2:05-CR-00750-001	18:922(G)(1) POSSESSION OF F/A BY CONVICTED FELON - 120 MOS, 36 MOS SRT	
CUSTODY...:	IN	BIL: CR HX PT: 18	CAR: SCR2
CITIZENSHP:	UNITED STATES OF AMERICA	PUB SAFETY: NONE	
CIM CONSID:	SEPARATION	USM: UTAH	
JUDGE...:	STEWART	REC FACL: LVN/THA/ALW	REC PROG: RDAP/MENTL
DETAINER...:	GREATEST	SEVERITY: MODERATE	MOS REL.: 097
PRIOR...:	SERIOUS	ESCAPES.: NONE	VIOLENCE: 10-15 YR SERIOUS
PRECOMMT...:	N/A	V/S DATE:	V/S LOC.:
OMDT REF...:	NO	SEC TOTL: 17	SCORED LEV: HIGH
CCM RMKS...:	POSSESSED SAWED-OFF SHOTGUN. PRIOR: THEFT, AG ASSAULT (1994). PWITD CONTROLLED [REDACTED] SS WPN IN JAIL. USMS ADVISED [REDACTED] INTRODUCED DRUGS TO COUNTY JAIL DURING PRE-TRIAL [REDACTED]		
DESIG:	ALLENWOOD USP	DSC REK 03-23-2006	RSN: LEVEL MSL:
MGTV/MVED.:			
DESIG RMKS:	JUD REC FOLLOWED ALW/ REVIEW RDAP AND MH/ OMDT CLEARED/ NOTE: ESCORTING COMMENTS USMS		
LVNHD	600.00	SECURITY/DESIGNATION	07-12-2018
PAGE 001		DATA	07:25:32
REGNO:	[REDACTED]	NAME: CATES, [REDACTED]	ORG: BOP
RC/SEX/AGE:	[REDACTED]	FORM D/T: 02-23-2010/0719	RES: DALLAS, TX 75159
OFFN/CHG...:	3:09-CR-015-F(01)	18:922&924 POSSESSION OF A FIREARM BY A PROHIBITED PERSON. 120 MOS, 3Y SRT	
CUSTODY...:		BIL: CITIZENSHP: UNITED STATES OF AMERICA	USM: FTXN
CIM CONSID:	SEPARATION		
JUDGE...:	FURGESON	REC/FACL/PGM: NONE/RDAP, COUNSEL	VOLSUR: NO
VS DT/LOC:		MOS REL: 083	SEVERITY: MODERATE
CHP/CHS/S:	008/06/PSI	VIOLENCE: SERIOUS 5-10 YRS	ESCAPES.: NONE
DETAINER...:	MODERATE	AGE: 25-35	EDUC LV: HS/GED VERIFIED
DRUG/ALC.:	< 5YRS AGO	TOTAL: 23	SEC LVL: MEDIUM
PUB SAFTY:	NONE	CAR: SCR2	OMDT REF: NO
CCM RMKS...:	K/RGG.ARST FOR BURG WRNT-POSS F/A.PCS:UUMV,BURG X4,POSS CNTR SUB X2,POSS WJ.PR5:01 DWLS/00 RO8B(ASLT/RO8B ELDERLY LADY)/00 BURG MACHINE/00 BURG BUILD X2/GCT=09 FIGHT.MED:HEP C,HBP,MULTI SUICIDE ATTS. HX SUBS ABUSE. [REDACTED] PER PSR.**		
DESIG:	BEAUMONT USP	DSC CC 02-24-2010	RSN: LEVEL MSL:
MGTV/MVED.:			
DESIG RMKS:	CONSIDER FOR RDAP TRF WHEN/IF ELIG.		



Inmate Discipline Data

(b)(6) (b)(7)(c)

Redact all LE officer names, third party name and any other identifies (b)(7)(C), add (k)(2) if a PA case.

```
LVNHD * INMATE DISCIPLINE DATA * 07-12-2018
PAGE 004 * CHRONOLOGICAL DISCIPLINARY RECORD * 07:30:25

REGISTER NO [REDACTED] NAME.: GLASS, [REDACTED]
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ___ MOS PRIOR TO 07-12-2018

-----
REPORT NUMBER/STATUS.: 2091581 - SANCTIONED INCIDENT DATE/TIME: 11-18-2010 1520
DHO HEARING DATE/TIME: 01-25-2011 1340
FACL/CHAIRPERSON.... [REDACTED]
REPORT REMARKS.....: ACCEPTS RESPONSIBILITY FOR SHARPENED PIECE OF PLEXI-GLAS
104 POSSESSING A DANGEROUS WEAPON - FREQ: 1
DIS GCT / 41 DAYS / CS
COMP:010 LAW:P
DS / 60 DAYS / CS
COMP: LAW:
LP COMM / 8 MONTHS / CS
COMP: LAW:
LP PHONE / 8 MONTHS / CS
COMP: LAW:
LP VISIT / 8 MONTHS / CS
COMP: LAW:

-----
REPORT NUMBER/STATUS.: 2016372 - SANCTIONED INCIDENT DATE/TIME: 05-17-2010 0954
DHO HEARING DATE/TIME: 08-12-2010 1425
FACL/CHAIRPERSON.... [REDACTED]
REPORT REMARKS.....: [REDACTED]
HEARING IS ALSO BASIS FOR EXECUTION OF LP COMM SUSPENDED 02-18-2010 1335
LP PHONE SUSPENDED 02-18-2010 1335
LP VISIT SUSPENDED 02-18-2010 1335
101 ASSAULTING WITH SERIOUS INJURY - FREQ: 1 ATI: IC4 RFP: D
DIS GCT / 41 DAYS / CS
COMP:010 LAW:P
DS / 60 DAYS / CS
COMP: LAW:
FF NVGCT / 14 DAYS / CS
COMP:010 LAW:P
LP COMM / 3 YEARS / CS
COMP: LAW:
LP PHONE / 3 YEARS / CS
COMP: LAW:
LP VISIT / 3 YEARS / CS
COMP: LAW:
104 POSSESSING A DANGEROUS WEAPON - FREQ: 1
DIS GCT / 41 DAYS / CS
COMP:010 LAW:P
DS / 60 DAYS / CS
COMP: LAW:
```



U.S. Citizenship
and Immigration
Services

Health Services Clinical Encounter

(b)(6) (b)(7)(c)

- Redact LE officer and BOP staff names (b)(7)(C), add (k)(2) if a PA case.
- Redact third party PII, (b)(7)(C), add (k)(2) if a PA case.

Note: Be sure to read the entire body of the report.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: CATES [Redacted] Reg #: [Redacted]
Date of Birth: [Redacted] Sex: M Race: WHITE Facility: FLP
Encounter Date: 11/19/2013 13:00 Provider: [Redacted] Unit: E03

Injury Assessment-Not Work Related encounter performed at Other.

SUBJECTIVE:

INJURY 1 Provider: [Redacted]
Date of Injury: 11/19/2013 12:50 Date Reported for Treatment: 11/19/2013 12:50
Work Related: No Work Assignment: UNASSIGNED
Pain Location:
Pain Scale: 0
Pain Qualities:
Where Did Injury Happen (Be specific as to location):
EA Housing Unit
Cause of Injury (Inmate's Statement of how injury occurred):
Physical altercation with another inmate
Symptoms (as reported by inmate):
None

OBJECTIVE:

Exam:
General
Affect
Yes: Cooperative
Appearance
Yes: Appears Well, NAD, Alert and Oriented x 3
Skin
General
Yes: Skin Intact, Dry, Warmth

ASSESSMENT:
No Significant Findings/No Apparent Distress
Inmate was involved in a physical altercation this afternoon with another inmate in EA housing unit. OC spray was dispersed, both inmates were decontaminated in the shower with soap and water. A medical assessment was performed in the Lieutenants holding cell, he has no visible injuries at this time and does not c/o pain or discomfort.

PLAN:

Disposition:
Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
11/19/2013	Not Done		[Redacted]	No Participation

Generated 11/19/2013 13:00 [Redacted] Bureau of Prisons - FLP Page 1 of 2

COPY
11-19-13



Pre-Sentence Report

(b)(6) (b)(7)(c) (b)(7)(e)

- This report is drafted by and originates with the United States Probation Office.

Note: BOP does not release this document to the subject.

- WIF (b)(7)(C) and (b)(7)(E), add (k)(2) if a PA case.

Note: This includes the appeal.



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Information Referred to BOP

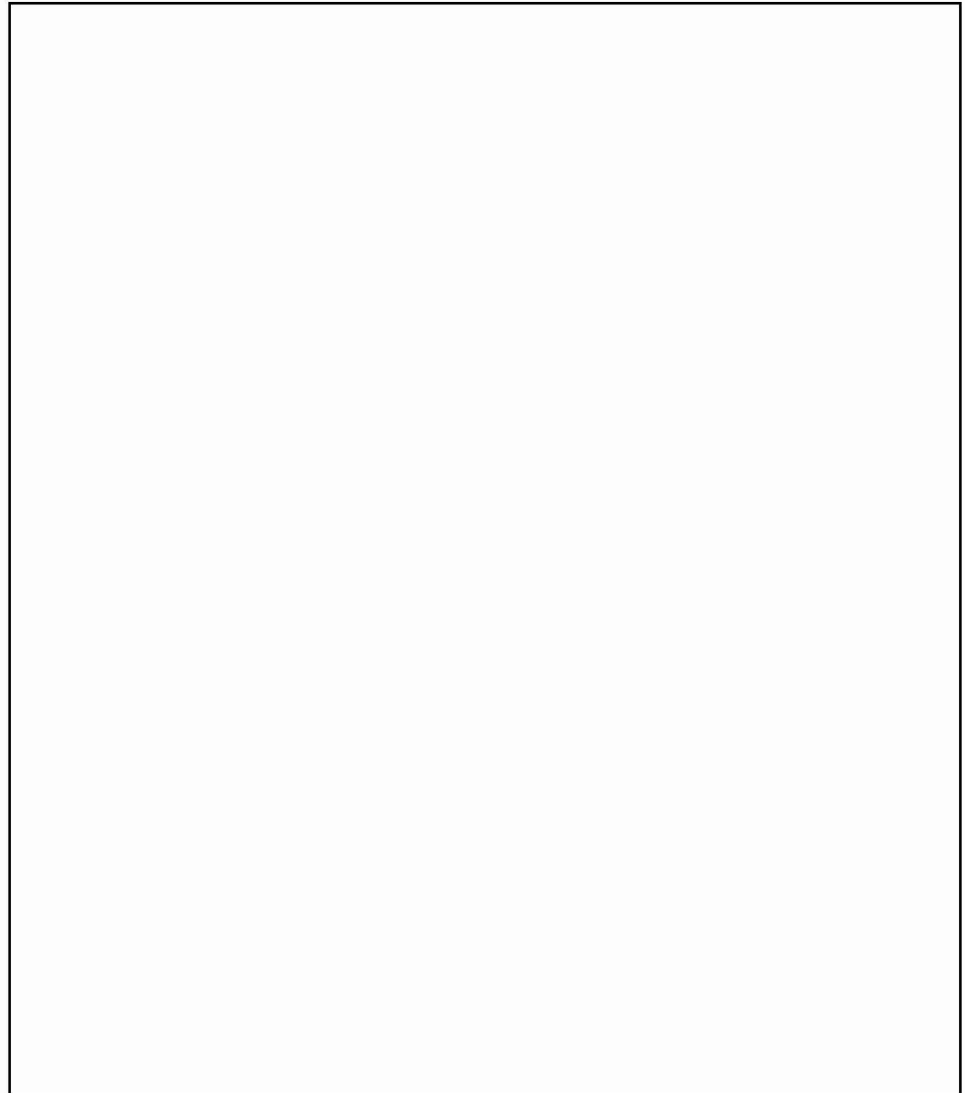
- Witness Security Program (WITSEC).
 - BOPs primary responsibility under this program is to provide safety of witnesses in the program during incarceration.
- Communications Management Unit (CMU).
 - Provides for an inmate housing unit environment that enables staff to monitor communications between inmates and persons in the community. This is to ensure safety in the correctional facility and public.
- Special Administrative Measures (SAM).
 - Special confinement of an inmate who may create a substantial risk of death or serious injury through communications or contact with others.



Email RE: ADX & SAM Inmates Related to CMU

(b)(6) (b)(7)(c) (b)(7)(e)

- Review all documents for key words; SAM, CMU, WITSEC.
- These documents will be RIF to BOP



Questions?



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