



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

TRUTH Act Interview Consent Form
Cal. Government Code §7283.1

Inmate Name _____ Booking Number _____

I voluntarily consent to speak with an Immigration and Customs Enforcement officer, for the purpose of determining my immigration status. This consent is made with the knowledge that I have the right to refuse to be interviewed. No promises, threats, or coercion have been made to induce me to relinquish this right and I do waive it freely and voluntarily. I understand that I may choose to be interviewed with my attorney present.

I request my attorney to be present during the interview.

I do not request my attorney to be present during the interview.

I do not consent to speak with an Immigration and Customs Enforcement officer.

Inmate Signature _____ Date _____

Watch Commander Signature _____ Date _____

Immigration Officer Signature _____ Date _____

Attorney Signature _____ Date _____

Completed by Deputy/PID _____ Date _____

Copies: Original (Inmate file) | Copy (Inmate)

Revised 05/17/23.

550 N. FLOWER STREET, P.O. BOX 449, SANTA ANA, CA 92702-0499 (714) 647-6000



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

TRUTH Act Notification of Release Form (English)
Cal. Government Code §7283.1

Inmate Name: _____

Booking Number: _____

You have entered the pre-release status and at this time the Orange County Sheriff's Department has determined, based on California Government Code sections 7282 - 7282.5, that you qualify to be transferred into the custody of the Department of Homeland Security, Immigration and Customs Enforcement (DHS-ICE) at the time of your release. Per California Government Code section 7283.1(b), the Orange County Sheriff's Department is providing you and your attorney and one other person whom you may designate below with this notification.

Attorney to be notified.

No Attorney of Record.

Date: _____ Time: _____

Name of attorney or Law Offices

Address of attorney or Law Offices

AND

I request the following person be notified.

Name of designee

Address of designee

The purpose of this notification is to inform you that on _____, OCSD notified DHS-ICE
Date of notice to ICE

that you are scheduled to be released on _____
Date of Release

Inmate Signature: _____ Date: _____

Completed by Deputy: _____ PID: _____

Copies: Original (Inmate file) | Copy 1 (Inmate) | Copy 2 (Attorney) | Copy 3 (Designee)

Revised 01/03/2025

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ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

TRUTH Act Notification Form (English)

Cal. Government Code §7283.1

Inmate Name: _____

Booking Number: _____

You have an immigration notification and/or transfer request by the Department of Homeland Security, Immigration and Customs Enforcement (DHS-ICE). Based on California Government Code sections 7282 – 7282.5 and your criminal history, you may or may not qualify to be transferred into the custody of DHS-ICE at the time of your release. If you do qualify, then the Orange County Sheriff's Department intends to comply with DHS-ICE's request and transfer you into the custody of DHS-ICE at the time of your release. If we notify DHS-ICE that you are being, or will be released, on a certain date, we will provide a separate notification (TRUTH Act Notification of Release Form) in writing to you and to your attorney and one other person whom you may designate.

If you have a question or complaint regarding this immigration request, you can contact the ICE ERO Detention Reporting and Information Line, toll-free, at 1-888-351-4024.

Inmate Signature: _____

Date: _____

Completed by Deputy: _____

PID: _____

Copies: Original (Inmate file) | Copy 1 (Inmate) | Copy of Detainer (Inmate)

Revised 01/03/2025

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