



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 Form

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 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 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.

If we notify DHS-ICE that you are being, or will be released, on a certain date, we will provide notification in writing to you and to your attorney **or** one other person whom you may designate. Please complete the information below.

I request my attorney be notified.

Name: _____

Mailing Address: _____

OR

I request the following person be notified.

Name: _____

Mailing Address: _____

I request that no one be notified.

Inmate Signature _____ Date _____

Completed by Deputy: _____ PID: _____

=====

Complete when inmate is being released and ICE is notified\

ICE Notified On: _____ Time: _____ that you are scheduled to be released on

Release Date: _____ Time: _____

Completed by Deputy: _____ PID: _____

Copies: Original (Inmate file) | Copy 1 (Inmate) | Copy 2 (2nd Notification)

Revised 05/17/23.

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