EXHIBIT A

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Subject ID: 307684557		ligated-watering and a second a	Filo No:					
Event #: CDC1103002474		**************************************	Date: March 22, 2011					
TO: (Name and Title of Institution) winnesago county sheripy 650 w STATE ST. ROCEFORD, IL 611020000		FROM: (Office Address) DRO - Chicago, IL Ch U.S. IMMIGRATION & C DRO - Chicago, IL Ch CRICAGO, IL 80605	USTOMS ENVORCEMENT					
Name of Alien: JIMENEZ-MORENO, JOS	6		HI San Carlotte Control of the Contr					
Date of Birth: 09/15/1976	Nationality: MRXICO		Sex: M					
You are advised that the action not concerning the above-named inma	te of your institution:	·						
A Notice to Appear or other charging document initiating removal proceedings, a copy of which is attached, was served on								
(Date)								
A warrant of arrest in removal proceeding	ngs, a copy of which is attac		appailagage y the connection to contract the contract to the c					
Panartation or sure of from the Flattid	Status has been ordered	(C	(atc)					
Deportation or removal from the United	States has been ordered.							
It is requested that you:	* 03 * ***							
Please accept this notice as a detainer. This offender's classification, work, and quarters								
Under Federal regulation & CFR § 287.7 (excluding Saturdays, Sundays, and Federal of this Office at least 30 days prior to this in 800-X-SECTOR after hours in a Area code and phone number)	eral holidays) to provide ad- nmate's release by calling _	equate time for DHS to assur	ne custody of the alien. Please notify					
Please complete and sign the bottom block of the duplicate of this form and return it to this office.								
A self-addressed stamped envelope is enclosed for your convenience.								
Please return a signed copy via facsimile to								
Return fax to the attention of	(Name of officer handling case)	, at	**************************************					
Notify this office of the time of release a		se or as far in advance as pos	ssible.					
Notify this office in the event of the immate's death or transfer to another institution.								
Please cancel the detainer previously place	ced by this Office on							
CARLY SCHILLING		DEA INDIGRATION	PENFORCEMENT AGENT					
(Signature of DHS Officer)	U	(Titl	e of DHS Officer)					
Receipt acknowledged:								
Date of last conviction: Latest conviction charge:								
Estimated release date:	20000000000000000000000000000000000000							
Signature and title of official:			***					

DHS Form I-247 (08/10)

U.S. Department	of	Homeland	Security	,

Immigration Detainer - Notice of Action

The state of the s	RAD H	10943-003	2		
Subject ID: 289067066	DUP ++	10-175-000	File No.	A075 424 64	16
Event#: CDC1101003034			Date:	Pebruary 1,	2011
TO: (Name and Title of Institution) TALLAHASSEZ FED. CORR. INST 501 CAPITAL CIRCLE N.E. TALLAHASSEH, FL 32301		U.S. IMMIGRA	TO, IL Chicago TION & CUSTOMS TO, IL Chicago	ENROBORMENT	gys
Name of Alien: LOPEZ. Maria Jose					
Date of Birth: 10/18/1981	Nationality: 61	uatemala.		A 1	
(MISCELLANEOUS NUMBERS CONTINUES	ON 1-831)		*	Sex: <u>}</u>	
You are advised that the action noted concerning the above-named immate on Investigation has been initiated to determine	of your institut	ion:			Security
A Notice to Appear or other charging docum			*		on
(Date)			s v		
A warrant of arrest in removal proceedings,	a copy of which is	attached was served or		* *	- 1
Deportation or removal from the United State		1	(Date)	***************************************	
It is requested that you:			3		
Please accept this notice as a detainer. This is for offender's classification, work, and quarters assign	or notification purp	oses only and does not	limit your discretion	n in any decisio	n affecting the
Under Federal regulation 8 CFR § 287.7, DE (excluding Saturdays, Sundays, and Federal this Office at least 30 days prior to this immate (Area code and phone number)	IS requests that yo holidays) to provid	u maintain custody of the	his individual for a	period not to ex	sceed 48 hours Please notify
Please complete and sign the bottom block of		is form and return it to	this office.	\$ - :	
A self-addressed stamped envelope is end	closed for your cor	venience.			
Please return a signed copy via facsimile	10	The state of the s	ing of the con-	i 1	
Return fax to the attention of	(Area code and fac	<u>^</u>			
(Nan	ne of officer handling c	ase) , at, (Area coo	s and phone number)		
Notify this office of the time of release at leas	st 30 days prior to	release or as far in adva	nce as possible.		
Notify this office in the event of the inmate's					
Please cancel the detailer previously placed b	y this Office on _	######################################		\$	
(Signature of DHS Officer)	·	zon de constante constante de 	IBA		telembr Sement-herangenthesischen der schaussande.
Receipt acknowledged:			(Title of DHS C	fficer)	
Date of last conviction: 11-10-2010	Yatant	aanistin N		,	
Estimated release date: //- 22 - 20//	TWCS	conviction charge: M	15prison of	a relon	1
Signature and title of official:				r	+
PHS Form 1-247 (08/10)		***	**************************************		

Kenneth D. Nelson, FCI Tallahassee