

EXHIBIT A

Subject ID: 307684557
Event #: CDC1103002474

File No:
Date: March 22, 2011

TO: (Name and Title of Institution)
WINNEBAGO COUNTY SHERIFF
650 W STATE ST.
ROCKFORD, IL 611020000

FROM: (Office Address)
DRO - Chicago, IL Chicago Deport Center
U.S. IMMIGRATION & CUSTOMS ENFORCEMENT
DRO - Chicago, IL Chicago Deport Center
CHICAGO, IL 60605

Name of Alien: JIMENEZ-MORENO, Jose
Date of Birth: 09/15/1976 Nationality: MEXICO Sex: M

You are advised that the action noted below has been taken by the U.S. Department of Homeland Security concerning the above-named inmate of your institution:

- Investigation has been initiated to determine whether this person is subject to removal from the United States.
- 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 proceedings, a copy of which is attached, was served on _____ (Date)
- Deportation or removal from the United States has been ordered.

It is requested that you:

Please accept this notice as a detainer. This is for notification purposes only and does not limit your discretion in any decision affecting the offender's classification, work, and quarters assignments, or other treatment which he or she would otherwise receive.

- Under Federal regulation 8 CFR § 287.7, DHS requests that you maintain custody of this individual for a period not to exceed 48 hours (excluding Saturdays, Sundays, and Federal holidays) to provide adequate time for DHS to assume custody of the alien. Please notify this Office at least 30 days prior to this inmate's release by calling 708-449-2495 during business hours or 800-X-SECTOR after hours in an emergency. (Area code and phone number)
 - 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 _____ (Area code and facsimile number)
- Return fax to the attention of _____, at _____ (Name of officer handling case) (Area code and phone number)
- Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.
 - Notify this office in the event of the inmate's death or transfer to another institution.
 - Please cancel the detainer previously placed by this Office on _____

CARLY SCHILLING
(Signature of DHS Officer)

DFA IMMIGRATION ENFORCEMENT AGENT
(Title of DHS Officer)

Receipt acknowledged:

Date of last conviction: _____ Latest conviction charge: _____
Estimated release date: _____
Signature and title of official: _____

U.S. Department of Homeland Security

Immigration Detainer - Notice of Action

Subject ID: 289067066
Event #: CDC1101003034

BOP # 10943-003

File No: A075 424 646
Date: February 1, 2011

TO: (Name and Title of Institution) TALLAHASSEE FED. CORR. INST 501 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32301	FROM: (Office Address) DRO - Chicago, IL Chicago Deport Center U.S. IMMIGRATION & CUSTOMS ENFORCEMENT DRO - Chicago, IL Chicago Deport Center CHICAGO, IL 60605
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Name of Alien: LOPEZ, Maria Jose
Date of Birth: 10/18/1981 Nationality: Guatemala Sex: F
... (MISCELLANEOUS NUMBERS CONTINUED ON I-831)

You are advised that the action noted below has been taken by the U.S. Department of Homeland Security concerning the above-named inmate of your institution:

- Investigation has been initiated to determine whether this person is subject to removal from the United States.
- 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 proceedings, a copy of which is attached, was served on _____ (Date)
- Deportation or removal from the United States has been ordered.

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Under Federal regulation 8 CFR § 287.7, DHS requests that you maintain custody of this individual for a period not to exceed 48 hours (excluding Saturdays, Sundays, and Federal holidays) to provide adequate time for DHS to assume custody of the alien. Please notify this Office at least 30 days prior to this inmate's release by calling 800-X-SECTOR during business hours or _____ after hours in an emergency. (Area code and phone number)

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Please return a signed copy via facsimile to _____ (Area code and facsimile number)

Return fax to the attention of _____, at _____ (Name of officer handling case) (Area code and phone number)

Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.

Notify this office in the event of the inmate's death or transfer to another institution.

Please cancel the detainer previously placed by this Office on _____

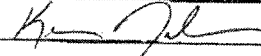

JESSICA AMPLA
(Signature of DHS Officer)

IEA
(Title of DHS Officer)

Receipt acknowledged:

Date of last conviction: 11-10-2010 Latest conviction charge: Misprison of a Felony

Estimated release date: 11-22-2011

Signature and title of official: 

Kenneth D. Nelson,
FCI Tallahassee