

*sexual Assault case - 1st Injury (6-8-2020) ✓ LL

- Assaulted by [redacted]
from Belize.

ICE

DETAINEE REQUEST FORM

JUN 09 2020

DEPORTATION OFFICER Isaacs / Quevedo

DETAINEE NAME Lee, J [redacted]
A-NUMBER [redacted] NATIONALITY S. Korea
BOOKING NUMBER [redacted] BARRACKS/ BED [redacted]

- When is my next court date?
- Do I qualify for a bond?
- I would like to request to have my bond reduced to _____.
- When will I be deported? I was ordered deported on _____.
- How soon can I be deported? I want to be deported as soon as possible.
- Am I eligible for Voluntary Departure?
- Do I qualify for Parole? What is the Status of my Parole request?
- I have documents for my Parole request. (explain below)
- I already have a Deportation Order, when is my custody review? What is the Status of the review?

- When will I see the consulate?
- I need a copy of my: Notice to Appear _____.
- I have some paperwork to add to my file (explain below)
- Property issues (explain below) I'm missing _____ from _____
- Other (explain below) STR, Did you get notified she got sexual assaulted by [redacted] on June 8th?
Please Specify In Detail:

My testimony confirmed as credible by Dr. Dauler & I witness testified too. I'm traumatized now and I'm mentally damaged a lot. I'm waiting for SB skertt investigation. What should I do? How can I do to get out of DHS nightmare) Even He threatens me every night at night next door that he knows where my fiancée lives at. Officer Response: BECAUSE he stole my fiancée's DL copy from my stuff. I'm really worried about my family & house. If you google his name, [redacted] we have to do something. Please save my life.

OFFICER SIGNATURE [Signature] DATE 6/10/2020

Mr. Lee, I cannot offer legal advise. This is now a Sheriff investigation.

- Interview Interpreter Interviewed: _____
- Written Response Only Received: _____

* DR. Dreuten or DR. Choo *urgent, sick call*



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

YB

RECEIVED	
Date:	6/9/20
Initials:	WJ
Time:	0100

Name (Nombre): Lee, J [REDACTED] DOB (Fecha de nacimiento): [REDACTED]

ID # (Nº de identificación): [REDACTED] Living Unit (Unidad): [REDACTED]

- Medical (Medico)
 Behavioral Health (Salud Mental)
 Dental (Dental)
 Other _____

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I couldn't sleep at all even in having 25mg pills after sexual assaulted. My hypertension is getting worse... June 7th, I got heart attack around 3 AM. My bunkie saw and helped me to breathe again. I couldn't breathe for a minute. This symptom is getting worse after I'm traumatized - please save my life, Doctor. I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

I don't want to die in here -

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Resident Signature (Firma del Residente): [Signature] Date (Fecha): 6-7-2020

This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff. Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

P.S. [REDACTED] took my fiancée's Tutor & keep threatening me. I'm so scared. I told sergeant want bites, but no [REDACTED] sheriff done yet.

Triage Date: 6.9.20 Initials: [Signature] Time: 0100

- INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

- Resident seen (if applicable) Resident outside of facility (hospital, court, etc.), reschedule upon return
 Response sent to resident (if applicable) Resident refused, Refusal Form complete
 Resident released from custody Fee Charge No Yes, Amount \$ _____

RESPONSE TO RESIDENT / COMMENTS: Scheduled with mental

Health

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: [Signature] K. Monge, RN Date: 6.9.20