

Order to Detain or Release Alien Facsimile

To: (Name and Title of Person in Charge of Facility)				"A" Number	
(Name of Facility)				Other File Numbers	
PLEASE <input type="checkbox"/> DETAIN <input type="checkbox"/> RELEASE: (Name of Alien)					
Age	Gender	Race	Nationality	Foreign Address	
Nature of Proceeding					
Remarks					
(Continue on Reverse Side if needed)					
Signature of Officer Directing Action			Date	Title	Station

(Use of the items below is optional).

Alien Medically Examined and Passed by Doctor:	Date:	Alien's Next of Kin (Name and Address)
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