Subject	ID: 3	61	923	38	9
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				ETAIN OR RELEASE ALIEN	₹
OIC	•	e of Fa	cuity)		**************************************
(Nan	ne of Facility) STATE COULTY JAIL STATE COLLEGE ROAD 303 253 7300 EXY WEST FL 33040				1
Plea	se 🗵 Detain 📗 Release				Date Time 04/06/2018 12:00 AN
Mam	e of Allen BROWN, PETER				File Number 029 056 449
Age 50	Date of Birth (Mo.Day, Yr.) 02/28/1968	Sex	Nationality JAMAICA	Foreign Address	
Reno	e of Proceedings Eval Proceedings			Signature of Officer Receiving Alien	
	ARKS: Ase hold for ice pick-up (boa	Agree	mant)	¥	
Signa	ture of Others Authorizing Action			Title	Office
	94/1			Deportation Officer	MEA/BDC
Fogur	1-203 (Rev. 09/01/07/	UNIT	ED STATES DI	EPARTMENT OF HOMELAND	SECURITY

#### DEF. JMENT OF HOMELAND SECURITY IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID: 361023389 Event #: 2001804000206		File Date	No: 029 056 449 3: April 6, 2018	
TO: (Name and Title of Institution - OR Any Subs Enforcement Agency) MONROE COUNTY 33 5501 COLLEGE ROS REY WEST, FL 330	ATL LD	FROM: (Department of Hi 2RO - Bradenten, FL U.S. IMMIGRATION 6 ( ERO - KRONE SPC - MI 16201 SW 12TH STREET MIAMI, FL 33194	TUSTOMS EMPORCEMENT LAMI, FLORIDA	95)
Name of Alien: BROWN, PETER	v 94			
Date of Birth: 02/28/1968	Citizenship:	JAMATCA	Sex:	M
1. DHS WAS DESERMINED THAT PROBA DETERMINATION IS BASED ON (SOM	BLE CAUSE EXISTS 1 plets box 1 or 2).	HAT THE SUBJECT IS:		
A final order of removal against the all The pendency of ongoing removal pro Biometric confirmation of the allen's ic or in addition to other reliable informal removable under U.S. immigration lay	pceedings against the all dentity and a records che tion, that the alien either w; and/or	ack of foderal databases t lacks immigration status	or notwithstanding such sta	itus is
Statements made by the alien to an in lacks immigration status or notwithsta	nding such status is rem	ovable under U.S. Immig	ration law.	alien either
2 DHS TRANSPERCED THE ALENTO	OUR CHSTODY FOR A	PROCEEDING OR INVE	STEATON CONTACTS	The days
Upon completion of the proceeding or custody of the alien to complete proce	investigation for which t	he alien was transferred t	o your custody. DHS intend	is to resume
IT IS THEREFORE REQUESTED THAT YOU		·	•	
Notify DMS as early as practicable (at let DHS by calling \(\times\) U.S. Immigration an 305-207-5126, if you cannot reach: Center at: (802) 872-6020.  Maintain custody of the alien for a perio been released from your custody to allow detainer to take effect. This detainer arise rehabilitation, parole, release, diversion, of Relay this detainer to any other law enforce. Notify this office in the event of the alien's	an official at the number of NOT TO EXCEED 48 of DHS to assume custody as from DHS authorities accustody classification, we ament agency to which you	(ICE) or U.S. Custo (s) provided, please conta HOURS beyond the time y. The alien must be sen and should not impact de ork, quarter assignments, ou transfer custody of the a	oms and Border Protection ( not the Law Enforcement St. when he/she would otherwived with a copy of this for cisions about the alion's bai or other matters	(CBP) at upport iss have in for the
If checked: please cancel the detainer	related to this alien prev	iously submitted to your	(date)	
REVIN LOSEY - Deportation O	fficer	-	F-12	
(Name and title of Immigration Off	ficer)	(Signature of Ir	nimigration Officer) (Sign in Ink	)
Notice: If the alien may be the victim of a cri- notify the ICE Law Enforcement Support Cer- concerns about this matter.	me or you want the alien ater at (802) 872-6020.	to remain in the United S You may also call this nur	States for a law enforcement onber if you have any other of	t purpose, questions or
TO BE COMPLETED BY THE LAW ENFORCE NOTICE:	MENT AGENCY CURR	ENTLY HOLDING THE AL	JEN WHO IS THE SUBJEC	T OF THIS
Plaase provide the information below, sign, an	d return to DHS by maili-	ng, emailing or faxing a c	opy to	
Local Booking/Inmate #: Estimated				_
Date of latest criminal charge/conviction:	S/2018 Last offense	charged/conviction:	Violation or Probation	B
This form was served upon the alien onu				
In person  by inmate mail delivery	other (please spec	:ify):		
E. Diaz (59858)			E 1 2818	
(Name and title of Officor) DHS Form I-247A (3/17)		(Sigo	ature of Officer) (Sign in Ink)	Page 4 of 2
				Page 1 of 3

### CASE #17-CF-2-A-K

IN THE CIRCUIT COURT OF MONROE COUNTY

STATE OF FLORIDA

VIOLATION OF DRUG OFFENDER PROBATION WARRANT

ORDER TO TAKE INTO CUSTODY

STATE OF FLORIDA VS. PETER BROWN



THIS WARRANT WAS RECEIVED BY THIS
DEPARTMENT AT MONTOE
COUNTY, FLORIDA ON THE 13 DAY
OF JUIN, A.D. 20 18, AND
, A.D. 20 18, AND
EXECUTED IN MONTOE COUNTY,
FLORIDA ON THE 13 DAY
OF JULY ,A.D.20 18,
BY ARRESTING THE WITHIN NAMED
Peter, Brown
Johnston, S
ARRESTING OFFICER
MCSO
DEPARTMENT
7-13-18
DATE AND TIME OF SERVICE
Monroe count
PLACE OF SERVICE
IDENTIFYING DATA
AKA: PETER SEAN BROWN
RACE: BLACK SEX: MALE
DOB: 02/28/1968
SMT: NONE
HGT: 5 FT 7 IN WGT: 130 LBS
EYES: BROWN HAIR: BLACK

FDLE: 05199073 FBI: 941883MA2

DL/ID#: B650677680900

CURRENT LOCATION/LAST KNOWN ADDRESS:

545 IXORA DR

BIG PINE KEY, FL 33043-4620

Phone: (Home) ( )

Phone: (Cell) (305)290-0423

Residing with/relationship:

Employer name/phone: EMPLOYED

Island Deli,31109 Ave A, Unit #3, Big Pine FL

33043 (305)896~4867

Place of Birth: PHILADELPHIA, PENNSYLVANIA

Vehicle info: None

History of violence:

Prior resisting Arrest:

No

Prior use or possession of weapon:No

Interstate Compact Case:

# STATE OF FLORIDA DEPARTMENT OF CORRECTIONS AFFIDAVIT VIOLATION OF DRUG OFFENDER PROBATION

Docket #:17-CF-2-A-K DC#: K10292 MAME: PETER BROWN Judge/Division:Jones/Felony

Before me this day personally appeared JAMES A. CERICOLA who, being first duly sworn says that PETER BROWN, hereinafter referred to as the offender was sentenced in accordance with the provisions of Chapter 948, Florida Statutes, as follows:

Offense Date	Offense	Sentence Date	County	Case Number	Supervision
					Length
12/31/2016	RESISTING OFFICER	061001001			
	W/VIOLEN	U0/02/2017	Monroe	17-CF-2-A-K	002Y 06M 00D

\* On 4/26/18, probation was restored and modified to Drug Offender Probation & extended by 12 months\*

Affiant states that the offender was instructed on the conditions of **Drug Offender Probation** on 5/3/2018 by Officer T. Robinson.

Affiant further states that the offender has not properly conducted himself, but has violated the conditions of his Drug Offender Probation in a material respect by:

Violation of Condition (2) of the Order of Drug Offender Probation, by failing to pay the State of Florida the amount of \$50.00 per month toward cost of supervision, as well as a 4% surcharge toward the cost of supervision, unless otherwise exempted, in accordance with Section 948.09, Florida Statutes, and as grounds for belief that the offender violated his probation, Officer Cericola, states that the offender has never made any payments towards his cost of supervision, and as of 6/25/18, the offender is \$200.00 in arrears towards cost of supervision.

Violation of Condition (5) of the Order of Drug Offender Probation, by failing to five without violating any law, and as grounds for belief that the offender violated his probation, Officer Cericola, states that on or about 6/25/18, the offender was in possession of a drug or narcotic not prescribed to him by a physician, to-wit: Marijuana as shown by analysis of a urine sample obtained from the offender on 6/25/18, and confirmed by Alere Laboratories on 07/01/18.

Violation of Special Condition (2) of the Order of Drug Offender Probation, by failing to make court cost payments as directed by the Court, and as grounds for belief that the offender violated his probation, Officer Cericola, states the offender owes a total of \$640.00 in court cost and as of 6/25/18, the offender has never made a payment, and as of 6/25/18, the offender is \$352.56 in arrears, towards court cost.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Officer, JAMES A. CERICOLA

THIS AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO UNDER S. 117.10 OR 92.50, Florida Statutes

Sworn to and subscribed before me this \_\_\_\_\_\_ (day) of July (month), A.D.2018 (year) by James Cericola, who is personally known to me Notary Public \_\_\_\_\_\_ (Day )

State of Florida at Large for Monroe County

Approved by supervisor: 1000 ( Skowall Date: 7-5-19

305-289-2434 james.cericola@fdc.mvflerida.com

Officer Telephone/E-Mail Address

(1)

Notary Public State of Florida Rose Kitchen My Commission GG 207018 Expires 08/08/2022

4

## DEPARTMENT OF HOMELAND SECURITY U.S. Immigration and Customs Enforcement

# WARRANT OF REMOVAL/DEPORTATION

Subject ID: 361023389

File No: 029 056 449

Event No: BDC1804000206

Date: April 6, 2018

(Full name of slien)	
Miami, Florida on March 15, 1	1007
(Place of entry) (Date of	
n the United States, based upon a final order by:	
exclusion, deportation, or removal proceedings	
or removal proceedings	
on Appeals	
or Magistrate Court Judge	
ons of the Immigration and Nationality Act:	
d States, by virtue of the power and authority vested in the Secr	etery of Homeler
end allow autouset to law at the command you to take into cu	stody and remov
ent of Homeland Security 2018	
M 0719 MEADE	-
(Signature of immigration officer	1
\ 1	
seems make a seem on	itar.
Acting Field Office Direc	
Acting Field Office Direct (Title of immigration officer)  April 6, 2018, Krome SPC, Miami, 1	
Acting Field negina name	

To be completed by immigration officer executing the warran	
PETER BROWN	nt. Terrie of aners being removed:
Port, date, and manner of removal:	
	199
•	
Photograph of alien	Dight index force which
removed	Right index fingorprint of alien removed
(Signature of allen being fingerprinted)	
(Signature and title of immigration officer taking print)	
	•
eparture witnessed by:  (Signature and title o	f immigration officer)
actual departure is not witnessed, fully identify source or mea	ans of verification of departure:
	1100
5 441 Annual Control of September 2015	·
self-removal (self-deportation), pursuant to 8 CFR 241.7, che	ck here.