

Subject ID:

Event No:

1. FAMILY NAME (Capital Letters)		First Name	Middle Name	2. Age	3. Country of Citizenship HAITI	
4. Alias				5. Date Apprehended September 22, 2021		6. Office DRT/DRS
7. Birth Date		8. Birth Place HAITI				
9. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		10. OSC/WA Served <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain)				
11. File Number		12. Bond Date Posted \$				
13. CINS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Medical Alert <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Explain) See I-831				
15. TRANSFER DATE		FROM		TO		
A						
B						
C						
16. ADMITTED BY:			19. RELEASED TO: <input type="checkbox"/> V/R <input type="checkbox"/> Deport		22. Rt. Index Print - In	23. Rt. Index Print - Out
17. SEARCHED IN BY:			20. RELEASED BY:			
18. DATE ADMITTED:			21. DATE RELEASED:			
24. Remarks:						
FORM I-385 (08/01/07) ALIEN BOOKING RECORD UNITED STATES DEPARTMENT OF HOMELAND SECURITY						

Alien's Name	File Number	Date
	Event No:	September 23, 2021

MEDICAL ALERT:

DOES THIS FAMU HAVE A TEMPERATURE OF 100.4 OR OVER? NO.

DO THEY HAVE SHORTNESS OF BREATH? NO.

DO THEY HAVE A COUGH? NO.

DO THEY HAVE A SORE THROAT? NO.

HAVE THEY TRAVELED THROUGH A HIGH-RISK COUNTRY THAT HAS BEEN IDENTIFIED BY THE CDC? YES.

ARE THERE ANY PREGNANT FEMALES? IF SO, HOW MANY MONTHS? ANY MEDICAL ISSUES? NO.