Subject: Requested Data - #2
Date: Tuesday, April 14, 2026 at 2:15:31 PM Eastern Daylight Time
From: Heide Arbuckle
To: AO Records
Category: PRODUCTION
Attachments: image001.png, American Oversight Request #2.pdf, American Oversight Request 2 Information_Redacted.pdf

EXTERNAL SENDER

Good afternoon,

Payment was received for the attached data request on 4/13/2026. Attached you will find the requested information. Questions may be directed to Jail Commander Dave Isais at Dave.Isais@co.sherburne.mn.us Thank you.

Heide Arbuckle
Administrative Supervisor
Sherburne County Sheriff's Office
13880 Business Center Drive, Suite 200
Elk River, MN 55330
(763) 765-3539
Heide.Arbuckle@co.sherburne.mn.us

AMERICAN OVERSIGHT

[redacted]

From: Leonova, Valerie <Valerie.Leonova@ice.dhs.gov>
Sent: Tuesday, January 27, 2026 11:50 AM
To: Joel Brott
Cc: Appel, Jordan N
Subject: 70CDCR25FIGR00146_P00003
Attachments: 5.1.1-P00003-70CDCR25FIGR00146 Executed.pdf

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Hello,

Attached please find a copy of executed funding modification for your record.

Sincerely,
Valerie

Valerie Leonova
Contract Specialist
Department of Homeland Security | Immigration and Customs Enforcement
Office of Acquisition Management | Detention, Compliance and Removals
[redacted]

AMERICAN OVERSIGHT

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 3

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00003	See Block 16C	192126FSPSHERBU01	

6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
DETENTION COMPLIANCE AND REMOVALS ICE Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024	70CDCR	ICE/Detention Compliance & Removals ICE Office of Acquisition Management 500 12th St SW Washington DC 20024	ICE/DCR

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		9A. AMENDMENT OF SOLICITATION NO.
SHERBURNE COUNTY SHERIFFS DEPARTMENT 13880 HWY 10 13880 BUSINESS CENTER DRIVE ELK RIVER MN 55330	(x)	9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. 41-99-0129 70CDCR25FIGR00146
		10B. DATED (SEE ITEM 13) 05/01/2025

CODE	M165QVFHYH66	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: $1,807,635.00
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Funding Action Only

E. IMPORTANT: Contractor ☒ is not ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

UEI: M165QVFHYH66

Contracting Officer's Representative (COR):
Jordan N. Appel 515-201-9587
Jordan.N.Appel@ice.dhs.gov

Contracting Officer:
Roberta O. Onuma 202-731-8179
Roberta.O.Onuma@ice.dhs.gov

Contract Specialist:
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		ROBERTA O. ONUMA	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
_____ (Signature of person authorized to sign)		_____ (Signature of Contracting Officer)	

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)
Prescribed by GSA FAR (48 CFR) 53.243

AMERICAN OVERSIGHT

NAME OF OFFEROR OR CONTRACTOR
SHERBURNE COUNTY SHERIFFS DEPARTMENT

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Valerie Leonova 202-731-4703 Valerie.Leonova@ice.dhs.gov --- The purpose of this modification is to provide funding for detention and transportation services for ICE detainees in Sherburne County, MN under the provisions of USMS agreement number 41-99-0129. The total funded amount of the task order has increased from: $2,649,870.00 by: $1,807,635.00 to: $4,457,505.00. Note: There shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE. The funding provided in this Task Order is the amount presently available for payment and allotted to this Task Order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. --- Period of Performance: 05/01/2025 to 04/30/2026 Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	DETENTION SERVICES Bed/Day Rate: $155.00/Day The total funded amount of this CLIN has increased: From: $2,509,870.00 By: $1,788,235.00 To: $4,298,105.00 Accounting Info: ERODETN-U01 E1 31-12-00-000 Continued ...				1,788,235.00

AMERICAN OVERSIGHT

NAME OF OFFEROR OR CONTRACTOR
SHERBURNE COUNTY SHERIFFS DEPARTMENT

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	18-62-0800-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-U01 RP 31-12-00-000 18-62-0800-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: NONE000-000 E1 31-12-DF-U01 18-62-0800-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $1,788,235.00 Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	TRANSPORTATION SERVICES Transportation Services rate: $40.00/Hour. Mileage rate per GSA The total funded amount of this CLIN has increased: From: $140,000.00 By: $19,400.00 To: $159,400.00 Accounting Info: RMD10LT-U01 E5 32-23-00-000 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-U01 E5 32-23-00-000 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-U01 TP 32-23-00-000 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: NONE000-000 E5 32-23-GT-U01 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $19,400.00				19,400.00

AMERICAN OVERSIGHT

From: Heyer, Nathan R
To: Joel Brott
Subject: 287(g) JEM nomination/application process
Date: Monday, February 2, 2026 8:19:47 AM
Attachments: 287g-11000-25 Template.pdf
SSA-89 (05-2025).pdf
ELECTRONIC COMMUNICATIONS CONSENT FORM 2.pdf
RELEASE 1.pdf
State Local_Mass Initiation Spreadsheet.xlsx
Sherburne County Sheriff's Office MN JEM MOA LEA signed 9.24.25 ICE Signed 10.17.2025.pdf

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Good morning, Sheriff Brott,

I left you a voice mail late last week, but I wanted to follow up with an e-mail. Please call me with any questions related to this nomination/application process for the 287(g) Jail Enforcement Model (JEM). The JEM requires all nominees successfully complete a hybrid training program which entails 3 weeks of online training and 1 week of in-person training at the Federal Law Enforcement Training Center (FLETC).

The following documents listed below and attached are the complete initiation packet that **must** be submitted for each nominee for personnel security processing. Please note, the SSA-89 must have a hand-written signature (do not submit with an electronic script font signature). If your packet does not have all the signed documents or the signature on the SSA-89 is electronic, it will be returned and delay the process of getting your candidate cleared.

JEM APPLICATIONS
(Tier 4 level Investigation – System access & PIV)
State Local_Mass Initiation Spreadsheet
Initiation worksheet (11000-25)
SSA-89—filled out by each nominee

Electronic Communications Consent Form
Authorization for Information Release Form

The "State Local_Mass Initiation Spreadsheet" will contain all the officers from Sherburne County (list of all 287g JEM nominees, this should be password protected).

- The Release, Electronic Communications Consent Form, and PREA Questionnaire needs to be filled out and individually signed by each nominee.

We appreciate your agency's commitment and partnership to assist ICE enforce America's immigration laws.

Please reach out with any questions.

Respectfully,

Nate

AMERICAN OVERSIGHT

Nathan Heyer
Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Enforcement and Removal Operations
St. Paul, MN Field Office, Des Moines, IA Sub-office
Desk: (515) 829-3045 [redacted]

This communication is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.

AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility
U.S. Department of Homeland Security
4050 Alpha Road, Suite 1200
Farmers Branch, TX. 75244

287g - INITIATION WORKSHEET

To be submitted by a program on behalf of individuals selected to support the Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE).

********** (Section A) APPLICANT'S INFORMATION **********

1. Mass Initiation (spreadsheet): ☐ YES ☐ NO

2. Full Name (Applicant):
(Last, First, Middle) (If "no" middle name, enter "NMN")

3. SSN:

4. DOB:

5. POB: (City and State)

6. Telephone #(Applicant):

7. Email Address (Applicant):

8. POSITION TITLE: (Select)

9. PD/Agency Duty
City/County and State

10. Will the individual require a "PIV" card? ☐ YES ☐ NO
("Yes" will require a Risk Level: 1N if no IT System access is needed) ☐ No PIV or IT Systems Needed

11. Will the individual require access to an ICE IT System (ex. TECS)? ☐ YES ☐ NO
(Selecting "Yes" will require a Risk Level: 6N)

PRIOR FEDERAL SERVICE

12. Does the applicant have prior Federal Contract/Employee Service? ☐ YES ☐ NO

If "YES", provide the end date of last affiliation (MM/DD/YYYY) Date: _____

If "YES", provide the last Government Agency: _____

********** (Section B) REQUESTOR INFORMATION **********

13. Requestor Name:

14. Program: (Select)

15. Division Code: (Select or Enter)

18 Digit Code (EX: BB1501000000000000)

16. POC Duty Location (City/State)

17. POC Name / Telephone #

The subject identified above has been selected to support Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) through a Memorandum of Understanding (MOU) process. The agreement requires employment vetting in accordance with applicable regulations. Use the above information to initiate the applicant's record.

18. REQUESTOR SIGNATURE:

19. DATE:

INFORMATION IS SUBJECT TO THE PRIVACY ACT

AMERICAN OVERSIGHT

Worksheet Instructions
APPLICANT'S INFORMATION

Item 1	Identify if this request is for a **Mass Initiation**. If (*Yes*), Please complete "only": (**Section B**) - Requestor Information along with the spreadsheet.
Item 2	Provide the applicant's Full Name. (Legal/Complete Name of the Applicant)
Item 3	Provide the applicant's Full Social Security Number.
Item 4	Provide the applicant's Date of Birth.
Item 5	Provide the applicant's Place of Birth (both: City, State (or Country).
Item 6	Provide the applicant's ten-digit Telephone Number.
Item 7	**Provide the applicant's current email address (Required).**
Item 8	Provide the applicant's Position Title (For our purposes, we need it to be either 287g (JEM), 287g (WSO), or 287g (TFO). * *JEM= Jail Enforcement Model*
Item 9	Provide the applicant's PD or Agency Duty City /State.
Item 10	Will the individual require a PIV card (Yes or No)? **Risk Level: 1N** ***If no PIV or IT access is needed, select the corresponding box for that.**
Item 11	Will the individual require access to an ICE IT System (Yes or No)? **Risk Level: 6N** * *Also requires PIV card*
Item 12	Does the individual have prior Federal Contract, Employee, Detailee, or Task Force service? (provide dates, and agency)

PROGRAM - REQUESTOR INFORMATION

Item 13	Requestor Name: Provide the name of the requestor on record.
Item 14	Program: Utilize the drop-down to provide the program you are supporting.
Item 15	Division Code: *(Select BB code from drop-down or enter ICE DRO City/State)*
Item 16	Duty POC City/State Location.
Item 17	Duty POC Name and Phone Number (10-digit Telephone #).
Item 18	Requestor Name (Signature):
Item 19	Date: Date of Signature

AMERICAN OVERSIGHT

INFORMATION IS SUBJECT TO THE PRIVACY ACT

Form **SSA-89** (05-2025)
Discontinue Prior Editions
Social Security Administration

OMB No.0960-0760

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
First Middle Last Suffix	MM/DD/YYYY	###-##-####

Reason for authorizing consent: (Please select one)

- ☐ To apply for a mortgage
- ☐ To apply for a loan
- ☐ To meet a licensing requirement
- ☐ To open a bank account
- ☐ To open a retirement account
- ☐ Other
- ☐ To apply for a credit card
- ☒ To apply for a job

With the following company ("the Company"):

Company Name: Department Of Homeland Security (ICE/OPR/PSD)

Company Address: 4050 Alpha Road, Suite 1200, Farmers Branch, TX 75244

The name and address of the Company's Agent (if applicable):

Agent's Name: National Credit-reporting System, Inc.

Agent's Address: 245 Bellevue Avenue, Hammonton, NJ 08037

I authorize the Social Security Administration to verify my SSN (to match my name, SSN, and date of birth with information in SSA records and provide the results of the match) to the Company or Company's Agent, if applicable, for the purpose I identified. I also authorize SSA to disclose the basis for a no-match to the Company and/or Company Agent, when it is a Permitted Entity as defined by section 215 of the Economic Growth, Regulatory Relief, and Consumer Protection Act. I am the individual to whom the SSN was issued or the parent or legal guardian of a minor or legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to $5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 365 **days from the date signed.** Hand-written initials **(Please initial.)**

Signature: Hand-written signature required	Date Signed: MM/DD/YYYY

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information, which we will use to verify your Social Security Number to a company or company's agent. Providing this information is voluntary, but not providing such may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0058, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:*** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. .

----------TEAR OFF----------

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf.

AMERICAN OVERSIGHT

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:

Reason for authorizing consent: (Please select one)

- ☐ To apply for a mortgage
- ☐ To apply for a loan
- ☐ To meet a licensing requirement
- ☐ To open a bank account
- ☐ To open a retirement account
- ☐ Other
- ☐ To apply for a credit card
- ☒ To apply for a job

With the following company ("the Company"):

Company Name: Department Of Homeland Security (ICE/OPR/PSD)

Company Address: 4050 Alpha Road, Suite 1200, Farmers Branch, TX 75244

The name and address of the Company's Agent (if applicable):

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This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 365 **days from the date signed.** **(Please initial.)**

Signature:	Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information, which we will use to verify your Social Security Number to a company or company's agent. Providing this information is voluntary, but not providing such may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0058, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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AMENDED OVERSIGHT

U.S. Immigration and Customs Enforcement

ELECTRONIC COMMUNICATIONS CONSENT FORM

By selecting *"AGREE"* below, you are confirming that you have agreed to the terms and conditions as set forth in this Consent document (the "Consent").

Any communication may be provided to you electronically by sending it to you by e-mail. By signing this Consent and selecting *"AGREE"* below, you are confirming you agree to receive communications electronically, and that you can access information emailed to you.

By signing this Consent and selecting *"AGREE"* below you are confirming that you agree that it is your ongoing responsibility to provide us with an accurate, current, and complete e-mail address by contacting us at ICE-Personnel-Security@ice.dhs.gov. If any electronic communications sent to you are returned as undeliverable, we may attempt to contact you by telephone or otherwise, but all communications are deemed delivered and received upon sending.

Your consent does not mean that ICE must provide all communications electronically. ICE may, at its option, deliver communications to you in paper form. ICE reserves the right, at our discretion, to discontinue the provision of electronic communications.

Certification:

I certify that I [SELECT] to U.S. Immigration and Customs Enforcement (ICE) utilizing email as a primary form of communication until further written notice is provided.

Selection *"DO NOT AGREE"* does not exempt emails; however, physical mailings will be the primary method of communication.

_____
Name

_____
Phone Number

_____
Personal /Primary Email Address *(Required)*

_____
Alternate Email Address *(Optional)*

_____ _____
Signature **Date**

AMERICAN OVERSIGHT

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, or reinvestigation, or performing continuous vetting, to disclose the record of investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a public trust position.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, and the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public trust position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five(5) years from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*		Full name *(Type or print legibly)*		Date signed *(mm/dd/yyyy)*
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City *(Country)*	State	ZIP Code	Telephone number

AMERICAN OVERSIGHT

MEMORANDUM OF AGREEMENT
287(g) Jail Enforcement Model

I. PARTIES

This Memorandum of Agreement (MOA) constitutes an agreement between U.S. Immigration and Customs Enforcement (ICE), a component of the Department of Homeland Security (DHS), and Sherburne County Sheriff's Office Minnesota , hereinafter the law enforcement agency (LEA), pursuant to which ICE delegates to nominated, trained, certified, and authorized LEA personnel the authority to perform certain immigration enforcement functions as specified herein. The LEA and ICE enter into this MOA in good faith and agree to abide by the terms and conditions contained herein.

II. PURPOSE

The purpose of this collaboration is to enhance the safety and security of communities by focusing resources on identifying and processing removable aliens who have been arrested and booked into the LEA's jail/correctional facilities. This MOA sets forth the terms and conditions pursuant to which selected LEA personnel (participating LEA personnel) will be nominated, trained, and approved by ICE to perform certain limited functions of an immigration officer within the LEA's jail/correctional facilities. Nothing contained herein shall otherwise limit the jurisdiction and powers normally possessed by participating LEA personnel as members of the LEA. However, the exercise of the immigration enforcement authority delegated under this MOA to participating LEA personnel shall occur only as provided in this MOA.

III. AUTHORITY

Section 287(g) of the Immigration and Nationality Act (INA), 8 U.S.C. § 1357(g) (1996), as amended by the Homeland Security Act of 2002, Pub. L. No. 107-296, authorizes the Secretary of DHS to enter into written agreements with a State or any political subdivision of a State so that qualified personnel can perform certain functions of an immigration officer. Such authority has been delegated by the Secretary to ICE, and this MOA constitutes such a written agreement.

IV. RESPONSIBILITIES

ICE retains sole discretion in determining how it will manage its limited resources and meet its mission requirements. ICE will assume custody of an alien only after said individual has been released from LEA custody.

A. DESIGNATION OF AUTHORIZED FUNCTIONS

Approved participating LEA personnel will be authorized to perform only those immigration officer functions set forth in the Standard Operating Procedures (SOP) in Appendix A.

B. NOMINATION OF PERSONNEL

The LEA will use due diligence to screen and nominate candidates for ICE training and approval under this MOA. All candidates must be United States citizens, have knowledge of, and authority to enforce, laws and regulations pertinent to their law enforcement activities within their respective jurisdictions, have been trained on maintaining the security of LEA facilities, and have the authority to enforce rules and regulations governing inmate accountability and conduct.

AMERICAN OVERSIGHT

ICE will conduct a background investigation and make an eligibility determination on each candidate prior to personnel being authorized to perform duties under this MOA.

All LEA candidates must be approved by ICE and must be able to qualify for access to the appropriate DHS and ICE databases/systems and associated applications. Should a candidate not be approved, a qualified substitute candidate may be submitted.

C. TRAINING OF PERSONNEL

Before participating LEA personnel receive authorization to perform immigration officer functions under this MOA, they must successfully complete delegation of immigration authority training provided by ICE on relevant administrative, legal, and operational issues tailored to the immigration enforcement functions to be performed.

The training will be taught by ICE instructors and tailored to the immigration enforcement functions to be performed. Each LEA nominee must pass each examination with a minimum score of 70-percent to receive certification. If an LEA nominee fails to attain a 70-percent rating on an examination, the LEA nominee will have an opportunity to review the testing material and re-take a similar examination. During the entirety of training, the LEA nominee will be offered a maximum of one remedial examination. Failure to achieve a 70-percent rating on any two examinations (inclusive of any remedial examination), will result in the disqualification of the LEA nominee and discharge of the nominee from the training.

Participating LEA personnel will also be required to complete refresher training as needed, but not more frequently than every two years after the initial course completion. Participating LEA personnel will also complete any additional training required by ICE on relevant administrative, legal, and operational issues related to the immigration officer functions to be performed.

D. CERTIFICATION AND AUTHORIZATION

Upon successful completion of initial training, LEA personnel shall be deemed "certified" under this MOA.

ICE will certify in writing the names of those LEA personnel who successfully complete training and pass all required test(s). Upon receipt of the certification, the ICE Field Office Director (FOD) will provide the participating LEA personnel a signed authorization letter allowing the named LEA personnel to perform specified functions of an immigration officer. ICE will also provide a copy of the authorization letter to the LEA. ICE will also execute ICE Form 70-006, Designated Immigration Officer. Only those certified LEA personnel who receive authorization letters and ICE Form 70-006 issued by ICE and whose immigration enforcement efforts are overseen by ICE may conduct immigration officer functions described in this MOA.

Along with the authorization letter and ICE Form 70-006, ICE will issue the certified LEA personnel official immigration officer credentials. Participating LEA personnel shall carry their ICE-issued credentials while performing immigration officer functions under this MOA. Such credentials provided by ICE shall remain the property of ICE and shall be returned to ICE upon termination of this agreement, when a participating LEA employee ceases his/her participation, or when deemed necessary by the FOD.

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LEA personnel may have their delegated authority revoked at any time for any reason. However, where a revocation would effectively amount to the suspension/termination of the entire MOA (i.e. where a revocation would leave no participating LEA personnel available to carry out responsibilities under the 287(g) program), ICE will follow the suspension and termination notice processes described in Section VIII, below. The letter of authorization issued to LEA personnel will remain valid until the LEA personnel is revoked via the issuance of a letter of revocation signed by the FOD. The LEA and FOD will be responsible for notification to the appropriate personnel in their respective agencies. The suspension or termination of this MOA, a process described in Section VIII, shall constitute immediate revocation of all immigration enforcement authorizations delegated hereunder.

E. COSTS AND EXPENDITURES

ICE is responsible for the installation and maintenance of the Information Technology (IT) infrastructure. The use of the IT infrastructure and the DHS/ICE IT security policies are defined in the Interconnection Security Agreement (ISA). The ISA is the agreement between ICE's Chief Information Security Officer and the LEA's Designated Accreditation Authority. The LEA agrees that each of its sites using an ICE-provided network access or equipment will sign the ISA, which defines the DHS ICE 4300A Sensitive System Policy and Rules of Behavior for each user granted access to the DHS network and software applications. Failure to adhere to the terms of the ISA could result in the loss of all user privileges.

The LEA is responsible for personnel expenses, including, but not limited to, salaries and benefits, local transportation, and official issue material used in the execution of the LEA's mission. ICE will provide instructors and training materials. The LEA is responsible for the salaries and benefits, including any overtime, of all of its personnel being trained or performing duties under this MOA and of those personnel performing the regular functions of the participating LEA personnel while they are receiving training. ICE is responsible for the costs of the LEA personnel's travel expenses while in a training status, as authorized by the Federal Travel Regulation and the ICE Travel Handbook. These expenses include housing, per diem and all transportation costs associated with getting to and from training. ICE is responsible for the salaries and benefits of all ICE personnel, including instructors and supervisors.

The LEA is responsible for providing all administrative supplies (e.g. paper, printer toner) necessary for normal office operations. The LEA is also responsible for providing the necessary security equipment, such as handcuffs, leg restraints, etc.

F. ICE SUPERVISION

Immigration enforcement activities conducted by participating LEA personnel will be supervised and directed by ICE. Participating LEA personnel are not authorized to perform immigration officer functions except when working under the supervision or direction of ICE. Additional supervisory and administrative responsibilities are specified in Appendix A.

The actions of participating LEA personnel will be reviewed by ICE officers on an ongoing basis to ensure compliance with the requirements of the immigration laws and procedures and to assess the need for individual training or guidance.

For purposes of this MOA, ICE officers will provide supervision of participating LEA personnel only to immigration enforcement functions as authorized in this MOA. The LEA retains supervision of all other aspects of the employment of and performance of duties by participating LEA personnel.

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In the absence of a written agreement to the contrary, the policies and procedures to be followed by the participating LEA personnel in exercising these delegated authorities under this MOA shall be DHS and ICE policies and procedures. ICE is responsible for providing the LEA with the applicable DHS and ICE policies. However, when engaged in immigration enforcement activities, no participating LEA personnel will be expected or required to violate or otherwise fail to maintain the LEA's rules, standards, or policies, or be required to fail to abide by restrictions or limitations as may otherwise be imposed by law.

If a conflict arises between an order or direction of an ICE officer or a DHS or ICE policy and the LEA's rules, standards, or policies, the conflict shall be promptly reported to the points of contact in Section VII, who shall attempt to resolve the conflict.

G. INTERPRETATION SERVICES

Participating LEA personnel will provide an opportunity for aliens with limited English language proficiency to request an interpreter. Qualified foreign language interpreters will be provided by the LEA, as needed. Whether or not an interpreter is used, the record should always include questions and answers concerning the need for an interpreter.

The LEA will maintain a list of qualified interpreters or companies it contracts with to provide such interpreters. A qualified interpreter, which may include LEA personnel, means an interpreter who can interpret effectively, accurately, and impartially, using any specialized vocabulary.

H. LIABILITY AND RESPONSIBILITY

Except as otherwise noted in this MOA or allowed by Federal law, and to the extent required by 8 U.S.C. § 1357(g)(7) and (8), the LEA will be responsible and bear the costs of participating LEA personnel with regard to their property or personal expenses incurred by reason of death, injury, or incidents giving rise to liability.

Participating LEA personnel will be treated as Federal employees only for purposes of the Federal Tort Claims Act, 28 U.S.C. § 1346(b)(1), 2671-2680, and worker's compensation claims, 5 U.S.C. § 8101 et seq., when performing a function on behalf of ICE as authorized by this MOA. *See* 8 U.S.C. § 1357(g)(7); 28 U.S.C. § 2671. In addition, it is the understanding of the parties to this MOA that participating LEA personnel performing a function on behalf of ICE authorized by this MOA will be considered acting under color of Federal authority for purposes of determining liability and immunity from suit under Federal or State law. *See* 8 U.S.C. § 1357(g)(8).

Participating LEA personnel named as personal-capacity defendants in litigation arising from activities carried out under this MOA may request representation by the U.S. Department of Justice. See 28 C.F.R. § 50.15. Absent exceptional circumstances, such requests must be made in writing. LEA personnel who wish to submit a request for representation shall notify the ICE Office of the Principal Legal Advisor (OPLA) in writing at OPLA-DCLD-TortClaims@ice.dhs.gov . ICE OPLA will then assist LEA personnel with the request for representation, including the appropriate forms and instructions. Unless OPLA concludes that representation clearly is unwarranted, it will forward the request for representation, any supporting documentation, and an advisory statement opining whether: 1) the requesting individual was acting within the scope of his/her authority under 8 U.S.C. § 1357(g); and, 2) such representation would be in the interest of the United States, to the Director of the Constitutional and Specialized Tort Litigation Section, Civil Division, Department of Justice (DOJ). Representation is granted at the discretion of DOJ; it is not an entitlement. See 28 C.F.R. § 50.15.

The LEA agrees to cooperate with any Federal investigation related to this MOA to the full extent of its available powers, including providing access to appropriate databases, personnel, individuals

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in custody and documents. Failure to do so may result in the termination of this MOA. Failure of any participating LEA employee to cooperate in any Federal investigation related to this MOA may result in revocation of such individual's authority provided under this MOA. The LEA agrees to cooperate with Federal personnel conducting reviews to ensure compliance with the terms of this MOA and to provide access to appropriate databases, personnel, and documents necessary to complete such compliance review. It is understood that information provided by any LEA personnel under threat of disciplinary action in an administrative investigation cannot be used against that individual in subsequent criminal proceedings, consistent with *Garrity v. New Jersey*, 385 U.S. 493 (1967), and its progeny.

As the activities of participating LEA personnel under this MOA derive from Federal authority, the participating LEA personnel will comply with Federal standards and guidelines relating to the Supreme Court's decision in *Giglio v. United States*, 405 U.S. 150 (1972), and its progeny, which govern the disclosure of potential impeachment information about possible witnesses or affiants in a criminal case or investigation.

The LEA and ICE are each responsible for compliance with the Privacy Act of 1974, 5 U.S.C. §552a, DHS Privacy Act regulations, 6 C.F.R. §§ 5.20-5.36, as applicable, and related system of records notices with regard to data collection and use of information under this MOA.

I. CIVIL RIGHTS STANDARDS

Participating LEA personnel are bound by all Federal civil rights laws, regulations, and guidance relating to non-discrimination, including the U.S. Department of Justice "Guidance for Federal Law Enforcement Agencies Regarding the Use of Race, Ethnicity, Gender, National Origin, Religion, Sexual Orientation, or Gender Identity," dated December 2014, , Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000 et seq., which prohibits discrimination based upon race, color, or national origin (including limited English proficiency) in any program or activity receiving Federal financial assistance, Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on disability and requires the LEA to provide effective communication to individuals with disabilities, and Title II of the Americans with Disabilities Act of 1990, which also prohibits discrimination based on disability and requires the LEA to provide effective communication to individuals with disabilities.

V. REPORTING AND DOCUMENTATION

A. COMPLAINT PROCEDURES

The complaint reporting procedure for allegations of misconduct by participating LEA personnel, including activities undertaken under the authority of this MOA, is included in Appendix B.

B. COMMUNICATION

The FOD, or the FOD's management representative, and the LEA shall make every effort to meet at least annually to ensure compliance with the terms of this MOA. When necessary, ICE and the LEA may limit the participation of these meetings in regard to non-law enforcement personnel. The attendees will meet at a location to be agreed upon by the parties, or via teleconference. An initial review meeting between ICE and the LEA should be held within approximately 12 months of the MOA's operational date.

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C. RELEASE OF INFORMATION TO THIRD PARTIES

The LEA may, at its discretion, communicate the substance of this agreement to media and other third parties expressing an interest in the law enforcement activities to be engaged in under this MOA. It is the practice of ICE to provide a copy of this MOA, only after it has been signed, to requesting media outlets; the LEA is authorized to do the same.

The LEA hereby agrees to coordinate with ICE prior to releasing any information relating to, or exchanged under, this MOA. For releases of information to the media, the LEA must coordinate in advance of release with the ICE Office of Public Affairs, which will consult the ICE Privacy Office for approval prior to any release. The points of contact for ICE and the LEA for this purpose are identified in Appendix C. For releases of information to all other parties, the LEA must coordinate in advance of release with the FOD or the FOD's representative.

Information obtained or developed as a result of this MOA, including any documents created by the LEA that contain information developed or obtained as a result of this MOA, is under the control of ICE and shall not be disclosed unless: 1) permitted by applicable laws, regulations, or executive orders; and 2) the LEA has coordinated in advance of release with (a) the ICE Office of Public Affairs, which will consult the ICE Privacy Office for approval, prior to any release to the media, or (b) an ICE officer prior to releases to all other parties. LEA questions regarding the applicability of this section to requests for the release of information shall be directed to an ICE officer.

Nothing herein limits LEA's compliance with state public records laws regarding those records that are solely state records and not ICE records.

VI. MODIFICATIONS TO THIS MOA

Modifications to this MOA, including the Appendices, must be proposed in writing and approved and signed by both parties.

VII. POINTS OF CONTACT

ICE and the LEA points of contact (POCs) for purposes of this MOA are:

For the LEA: Sheriff, Sherburne County Sheriff's Office
For ICE: St. Paul Field Office Director

VIII. EFFECTIVE DATE, SUSPENSION, AND TERMINATION OF THIS MOA

This MOA becomes effective upon signature of both parties and will remain in effect until either party terminates or suspends the MOA. Termination by the LEA shall be provided, in writing, to the local Field Office.

ICE reserves the right to conduct an internal review of this MOA every three years. In instances where serious misconduct or violations of the terms of the MOA come to the attention of ICE, the ICE Director may, upon recommendation of the Executive Associate Director for Enforcement and Removal Operations, elect to immediately suspend the MOA pending investigation of the misconduct and/or violations.

Notice of the suspension will be provided to the LEA, and the notice will include, at a minimum, (1) an overview of the reason(s) that ICE is suspending the 287(g) agreement, (2) the length of the

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temporary suspension, and (3) how the LEA can provide ICE with information regarding the alleged misconduct and/or violations, as well as any corrective measures it has undertaken.

ICE shall provide the LEA with a reasonable opportunity to respond to the alleged misconduct and/or violations and to take actions to implement corrective measures (e.g., replace the officer(s) who are the focus of the allegations). ICE will provide the LEA timely notice of a suspension being extended or vacated.

If the LEA is working to take corrective measures, ICE will generally not terminate an agreement. The termination of an agreement is generally reserved in instances involving problems that are unresolvable and detrimental to the 287(g) Program.

If ICE decides to move from suspension to termination, ICE will provide the LEA a 90-day notice in advance of the partnership being terminated. The notice will include, at a minimum: (1) An overview of the reason(s) that ICE seeks to terminate the 287(g) agreement; (2) All available data on the total number of aliens identified under the 287(g) agreement; and (3) Examples of egregious criminal aliens identified under the 287(g) agreement. ICE's decision to terminate a MOA will be published on ICE's website 90 days in advance of the MOA's termination.

This MOA does not, is not intended to, shall not be construed to, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any person in any matter, civil or criminal.

By signing this MOA, each party represents it is fully authorized to enter into this MOA, accepts the terms, responsibilities, obligations, and limitations of this MOA, and agrees to be bound thereto to the fullest extent allowed by law.

For the LEA:

Date: 9-24-25

Signature: [signature]

Name: Joel Brott

Title: Sheriff

Agency: Sherburne County Sheriff's Office

For ICE:

Date: 10/17/2025

Signature: [signature]

Name: Madison Sheahan

Title: Deputy Director

Agency: U.S. Immigration and Customs Enforcement

Department of Homeland Security

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APPENDIX A

STANDARD OPERATING PROCEDURE (SOP)

The purpose of this appendix is to establish standard, uniform procedures for the implementation and oversight of this MOA within the FOD area of responsibility.

Pursuant to this MOA, the LEA has been delegated authorities under the Jail Enforcement Model (JEM) Program as outlined below. The 287(g) JEM Program is designed to identify and process removable aliens within the LEA's jail/correctional facilities.

Authorized Functions:

Participating LEA personnel performing immigration-related functions pursuant to this MOA will be LEA officers assigned to detention duties. Those participating LEA personnel will exercise their immigration-related authorities only during the course of their normal duties while assigned to the LEA's jail/correctional facilities.

Participating LEA personnel are delegated only those authorities listed below:

- The power and authority to interrogate any person detained in the participating law enforcement agency's detention center who the officer believes to be an alien about his or her right to be or remain in the United States, 8 U.S.C. § 1357(a)(1) and 8 C.F.R. § 287.5(a)(1), and to process for immigration violations any removable alien or those aliens who have been arrested for violating a Federal, State, or local offense;

- The power and authority to serve and execute warrants of arrest for immigration violations, 8 U.S.C. § 1357(a) and 8 C.F.R. § 287.5(e)(3), on designated aliens in LEA jail/correctional facilities at the time of the alien's scheduled release from criminal custody in order to transfer custody of the alien to ICE;
    - Upon transfer of the alien's custody to ICE, the alien will continue to be held in the LEA's jail/correctional facilities for no more than 48 hours unless there exists an agreement pursuant to which the LEA will continue to detain, for a reimbursable fee, aliens for immigration purposes. In the absence of an agreement, if the alien is not transferred to an ICE field office or an immigration detention facility within 48 hours, the alien shall be released from the LEA's jail/correctional facility.

- The power and authority to serve warrants of removal, 8 U.S.C. § 1357(a) and 8 C.F.R. §§ 241.2(b)(2), 287.5(e)(3), on designated aliens in LEA jail/correctional facilities at the time of the alien's scheduled release from criminal custody that executes the custodial transfer of the alien to ICE for removal purposes;
    - Upon transfer of the alien's custody to ICE, the alien will continue to be held in the LEA's jail/correctional facilities for no more than 48 hours unless there exists an agreement pursuant to which the LEA will continue to detain, for a reimbursable fee, aliens for immigration purposes. In the absence of an agreement, if the alien is not transferred to an ICE field office or an immigration detention facility within 48 hours, the alien shall be released from the LEA's jail/correctional facility.

- The power and authority to administer oaths and to take and consider evidence, 8 U.S.C § 1357(b) and 8 C.F.R. § 287.5(a)(2), to complete required alien processing, including fingerprinting, photographing, and interviewing of aliens, as well as the preparation of affidavits and the taking of sworn statements for ICE supervisory review;

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- The power and authority to prepare charging documents, 8 U.S.C. §§ 1225(b)(1), 1228, 1229, and 1231(a)(5); 8 C.F.R. §§ 235.3, 238.1, 239.1, and 241.8, including the preparation of a Notice to Appear or other charging document, as appropriate, for the signature of an ICE officer;

- The power and authority to detain and transport, 8 U.S.C. § 1357(g)(1) and 8 C.F.R. § 287.5(c)(6), arrested aliens subject to removal to ICE-approved detention facilities; and

- The power and authority to issue immigration detainers, 8 U.S.C. §§ 1226 and 1357, and 8 C.F.R. § 287.7, and I-213, Record of Deportable/Inadmissible Alien, for processing aliens.

Additional Supervisory and Administrative Responsibilities:

Participating LEA personnel are only authorized to conduct immigration enforcement functions while under the direction and supervision of ICE.

Additional supervisory and administrative responsibilities for each entity include, but are not limited to:

- Participating LEA personnel must notify ICE of any immigration detainer issued under the authority conferred by the MOA as soon as possible, but no longer than approximately 24 hours.

- Participating LEA personnel are responsible for ensuring proper record checks have been completed.

- Participating LEA personnel must report all encounters with asserted or suspected claims of U.S. citizenship to ICE immediately, but generally within one hour of the claim.

- Administrative files (A-files) are Federal records, subject to the Federal Records Act and applicable Federal confidentiality statues. It follows that the utilization and handling of the A-files must be consistent with applicable laws and DHS and ICE policy. ICE is responsible for requesting A-files and reviewing them for completeness. A-files can be maintained at an LEA facility as long as there are ICE personnel assigned to that facility and the personnel have a work area where documents can be adequately secured and stored by ICE personnel. Representatives from DHS must be permitted access to the facility where ICE records are maintained.

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APPENDIX B

COMPLAINT PROCEDURE

The training, supervision, and performance of participating LEA personnel pursuant to the MOA, as well as the protections for U.S. citizens' and aliens' civil and constitutional rights, are to be monitored. Part of that monitoring will be accomplished through the complaint reporting and resolution procedures, which the parties to the MOA have agreed to follow.

If any participating LEA personnel are the subject of a complaint or allegation involving the violation of the terms of this MOA or a complaint or allegation of any sort that may result in that individual receiving professional discipline or becoming the subject of a criminal investigation or civil lawsuit, the LEA shall, to the extent allowed by State law, make timely notification to an ICE officer within 48 hours of the LEA receiving notice of the complaint or allegation, excluding weekends, of the existence and nature of the complaint or allegation. The results of any internal investigation or inquiry connected to the complaint or allegation and the resolution of the complaint shall also be reported to an ICE officer, as soon as practicable, but no later than 30 days from the date of the resolution. It is the responsibility of the ICE officer to ensure notification is made to the ICE Office of Professional Responsibility (OPR) at **ICEOPRIntake@ice.dhs.gov**.

The LEA will also handle complaints filed against LEA personnel who are not designated and certified pursuant to this MOA but are acting in immigration functions in violation of this MOA. Any such complaints regarding non-designated LEA personnel acting in immigration functions must be forwarded to an ICE officer within 48 hours of the LEA receiving notice of the complaint. It is the responsibility of the ICE officer to ensure notification is made to OPR.

287(g) Complaint Process posters will be displayed in processing areas of the LEA to ensure aliens encountered under the 287(g) Program are aware of the complaint process. Posters will be displayed in English and Spanish. If the alien understands a language other than English or Spanish or is unable to read, LEA personnel will read and/or translate the complaint process in a language the alien understands.

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MN-SHERBURNE-26-0466-A-000022

APPENDIX C

PUBLIC INFORMATION POINTS OF CONTACT

Pursuant to Section V(D) of this MOA, the signatories agree to coordinate appropriate release of information to the media, provided the release has been previously approved by both the ICE Privacy Officer and Public Affairs Officer, regarding actions taken under this MOA before any information is released. The points of contact for coordinating such activities are:

For the LEA:

Sheriff Joel Brott
13880 Business Center Drive
Elk River, MN 55330
763-765-3500
sheriff@co.sherburne.mn.us

For ICE:

Public Affairs Office
Office of Public Affairs and Internal Communication
U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Washington, DC 20536
202-732-4242

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[redacted]

From: Joel Brott
Sent: Wednesday, January 28, 2026 2:41 PM
To: David Easterwood; Olson, Samuel J
Subject: 287G - Jail Model

Gentleman,

I do believe our intention to join the 287G – Jail Model agreement is still active. We are still interested in moving forward, please let us know when the training is available, so we are able to fully implement the program. As always, great working with ICE and stay safe.

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

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MN-SHERBURNE-26-0466-A-000024

[redacted]

From: Ganzhorn, Derek W <Derek.W.Ganzhorn@ice.dhs.gov>
Sent: Friday, January 16, 2026 8:52 AM
To: Sheriff
Subject: Detained ICE hearing

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Hello,

We are looking to have Sherburne Co log into an immigration hearing

[redacted]

Derek W. Ganzhorn
Assistant Chief Counsel
Office of the Principal Legal Advisor, Minneapolis/St. Paul, MN
U.S. Immigration and Customs Enforcement
1 Federal Drive, Suite 1800
Fort Snelling, MN 55111
[redacted]

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Absent clear and express consent contained in the body of the email, there is no consent to disclose this email.

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[redacted]

From: Voita, Shahna G <Shahna.G.Voita@ice.dhs.gov>
Sent: Tuesday, January 20, 2026 11:55 AM
To: Dave Isais; Joel Brott
Cc: Colleen Rosonke; Appel, Jordan N; Rich, Tauria L; Olson, Samuel J; Adam Autio
Subject: ICE ERO no reimbursement for USC [redacted]

Importance: High

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Good afternoon,

For your awareness, the USC that was/is in your facility – [redacted], arrested by HSI and placed in your facility on Jan 14th, is not within scope of your agreement between the US Marshals Service IGA and ICE as an authorized user.

This agreement is an IGA between the county jail and the US Marshall Service. So, overall it is not limited to detention of non-citizens.

However, ICE has authority these types of detention contracts under the INA, 8 U.S. Code § 1103(a)(11) which states that ICE is authorized to "to make payments from funds appropriated for the administration and enforcement of the laws relating to immigration, naturalization, and alien registration for necessary clothing, medical care, necessary guard hire, and the housing, care, and security of persons detained by the Service pursuant to Federal law under an agreement with a State or political subdivision of a State".

That authorizes ERO to detain non-citizens under agreements without following the contracting process in the Federal Acquisition Regulations.

You will need to coordinate payment for any detention with HSI. ERO funding mechanism is not for detention of U.S. Citizens.

Shahna Voita
Management and Program Analyst /
Contracting Officer's Representative (COR)

DHS | ICE | Enforcement and Removal Operations
St. Paul Field Office
1 Federal Drive, Suite 1600
Fort Snelling, MN 55111
[redacted]
ICE | U.S. Immigration and Customs Enforcement

This communication is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed,

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and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.

Absent clear and express consent contained in the body of the email, there is no consent to disclose this email.

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[redacted]

From: Heyer, Nathan R <Nathan.R.Heyer@ice.dhs.gov>
Sent: Monday, February 2, 2026 9:07 AM
To: Joel Brott
Subject: RE: 287(g) JEM nomination/application process

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Sounds good—thank you Sheriff Brott!

Nathan Heyer
Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Enforcement and Removal Operations
St. Paul, MN Field Office, Des Moines, IA Sub-office
Desk: (515) 829-3045 [redacted]

This communication is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.

From: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Sent: Monday, February 2, 2026 9:03 AM
To: Heyer, Nathan R <Nathan.R.Heyer@ice.dhs.gov>
Subject: RE: 287(g) JEM nomination/application process

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Please use the Cofense Report Phishing button to report. If the button is not present, click here and follow instructions.

Nathan,

Sorry, I was out late last week. Thank you for the follow-up email. We will get things taken care of and submitted on our end.

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

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MN-SHERBURNE-26-0466-A-000028

From: Heyer, Nathan R <Nathan.R.Heyer@ice.dhs.gov>
Sent: Monday, February 2, 2026 8:19 AM
To: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Subject: 287(g) JEM nomination/application process

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Good morning, Sheriff Brott,

I left you a voice mail late last week, but I wanted to follow up with an e-mail. Please call me with any questions related to this nomination/application process for the 287(g) Jail Enforcement Model (JEM). The JEM requires all nominees successfully complete a hybrid training program which entails 3 weeks of online training and 1 week of in-person training at the Federal Law Enforcement Training Center (FLETC).

The following documents listed below and attached are the complete initiation packet that **must** be submitted for each nominee for personnel security processing. Please note, the SSA-89 must have a hand-written signature (do not submit with an electronic script font signature). If your packet does not have all the signed documents or the signature on the SSA-89 is electronic, it will be returned and delay the process of getting your candidate cleared.

JEM APPLICATIONS
(Tier 4 level Investigation – System access & PIV)
State Local_Mass Initiation Spreadsheet
Initiation worksheet (11000-25)
SSA-89—filled out by each nominee
Electronic Communications Consent Form
Authorization for Information Release Form

The "State Local_Mass Initiation Spreadsheet" will contain all the officers from Sherburne County (list of all 287g JEM nominees, this should be password protected).

- The Release, Electronic Communications Consent Form, and PREA Questionnaire needs to be filled out and individually signed by each nominee.

We appreciate your agency's commitment and partnership to assist ICE enforce America's immigration laws.

Please reach out with any questions.

Respectfully,

Nate

Nathan Heyer
Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Enforcement and Removal Operations
St. Paul, MN Field Office, Des Moines, IA Sub-office
Desk: (515) 829-3045 [redacted]

AMERICAN OVERSIGHT

This communication is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.

AMERICAN OVERSIGHT

[redacted]

From: David Easterwood
Sent: Friday, December 26, 2025 7:36 AM
To: Joel Brott
Cc: Heyer, Nathan R; McMahon, Corey M
Subject: RE: MOU - Jail Enforcement Model

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Good morning,

We reached out to our 287(g) folks at HQ for some guidance. They confirmed that there is no mechanism to temporarily suspend an MOA. If Sherburne County wishes to cease 287(g) operations due to the ongoing litigation, you would need to formally terminate your existing MOA. To terminate the MOA, ICE 287g will need an official termination letter from Sherburne County on official letterhead.

The official termination letter should be sent to ERO287g@ice.dhs.gov , cc'ing our local program managers AFOD Heyer and AFOD McMahon for our records. Both of them are copied above.

Thank you,

David Easterwood
Acting FOD
[redacted]

From: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Sent: Tuesday, December 23, 2025 11:28 AM
To: Easterwood, David B <david.b.easterwood@ice.dhs.gov>
Subject: MOU - Jail Enforcement Model

You don't often get email from joel.brott@co.sherburne.mn.us. Learn why this is important

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Please use the Cofense Report Phishing button to report. If the button is not present, click here and follow instructions.

David,

I'm sure you are aware of the ACLU, Freeborn County lawsuit (attached) related to the 287g program. I wanted to let you know in writing per the MOU that we signed with ICE to participate in the Jail Enforcement model that we would temporarily suspend our MOU/application until there is more clarity which the lawsuit should provide upon its resolution and/or appeal. As always, appreciate our partnership. Take care and Merry Christmas.

AMERICAN OVERSIGHT

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

AMERICAN OVERSIGHT

[redacted]

From: David Easterwood
Sent: Wednesday, December 24, 2025 9:35 AM
To: Joel Brott
Subject: RE: MOU - Jail Enforcement Model

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

No idea. All of those types of intra-agency (field office to HQ in this case) moves are on hold until at least the first of the year.

Thanks,

David Easterwood
Acting FOD
[redacted]

From: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Sent: Wednesday, December 24, 2025 9:10 AM
To: Easterwood, David B <david.b.easterwood@ice.dhs.gov>
Subject: Re: MOU - Jail Enforcement Model

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Please use the Cofense Report Phishing button to report. If the button is not present, click here and follow instructions.

David,

Once Corey McMahon gets officed at our place that should take care of any gaps. I think it's only come up a few times over the many years. Do you know when Corey might be coming ?

Joel

Sent via the Samsung Galaxy XCover7 Pro, an AT&T 5G smartphone
Get Outlook for Android

From: Easterwood, David B <david.b.easterwood@ice.dhs.gov>
Sent: Wednesday, December 24, 2025 8:57:43 AM
To: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Subject: RE: MOU - Jail Enforcement Model

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Thank you, Sheriff Brott.

AMERICAN OVERSIGHT

David Easterwood
Acting FOD
[redacted]

From: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Sent: Tuesday, December 23, 2025 11:28 AM
To: Easterwood, David B <david.b.easterwood@ice.dhs.gov>
Subject: MOU - Jail Enforcement Model

You don't often get email from joel.brott@co.sherburne.mn.us. Learn why this is important

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Please use the Cofense Report Phishing button to report. If the button is not present, click here and follow instructions.

David,

I'm sure you are aware of the ACLU, Freeborn County lawsuit (attached) related to the 287g program. I wanted to let you know in writing per the MOU that we signed with ICE to participate in the Jail Enforcement model that we would temporarily suspend our MOU/application until there is more clarity which the lawsuit should provide upon its resolution and/or appeal. As always, appreciate our partnership. Take care and Merry Christmas.

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

AMERICAN OVERSIGHT

[redacted]

From: Joel Brott
Sent: Tuesday, January 27, 2026 1:01 PM
To: Leonova, Valerie
Subject: RE: 70CDCR25FIGR00146_P00003

Thank you very much, do you need me to sign or just for our records?

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

From: Leonova, Valerie <Valerie.Leonova@ice.dhs.gov>
Sent: Tuesday, January 27, 2026 12:44 PM
To: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Cc: Appel, Jordan N <Jordan.N.Appel@ice.dhs.gov>
Subject: RE: 70CDCR25FIGR00146_P00003

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Please see the correct executed copy.

Sincerely,
Valerie

Valerie Leonova
Contract Specialist
Department of Homeland Security | Immigration and Customs Enforcement
Office of Acquisition Management | Detention, Compliance and Removals
[redacted]

From: Leonova, Valerie
Sent: Tuesday, January 27, 2026 12:50 PM
To: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Cc: Appel, Jordan N <Jordan.N.Appel@ice.dhs.gov>
Subject: 70CDCR25FIGR00146_P00003

AMERICAN OVERSIGHT

Hello,

Attached please find a copy of executed funding modification for your record.

Sincerely,
Valerie

Valerie Leonova
Contract Specialist
Department of Homeland Security | Immigration and Customs Enforcement
Office of Acquisition Management | Detention, Compliance and Removals
[redacted]

AMERICAN OVERSIGHT

[redacted]

From: Leonova, Valerie <Valerie.Leonova@ice.dhs.gov>
Sent: Tuesday, January 27, 2026 12:44 PM
To: Joel Brott
Cc: Appel, Jordan N
Subject: RE: 70CDCR25FIGR00146_P00003
Attachments: 5.1.1-P00003-70CDCR25FIGR00146 Executed.pdf

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Please see the correct executed copy.

Sincerely,
Valerie

Valerie Leonova
Contract Specialist
Department of Homeland Security | Immigration and Customs Enforcement
Office of Acquisition Management | Detention, Compliance and Removals
[redacted]

From: Leonova, Valerie
Sent: Tuesday, January 27, 2026 12:50 PM
To: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Cc: Appel, Jordan N <Jordan.N.Appel@ice.dhs.gov>
Subject: 70CDCR25FIGR00146_P00003

Hello,

Attached please find a copy of executed funding modification for your record.

Sincerely,
Valerie

Valerie Leonova
Contract Specialist
Department of Homeland Security | Immigration and Customs Enforcement
Office of Acquisition Management | Detention, Compliance and Removals
[redacted]

AMERICAN OVERSIGHT

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
		1 3

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00003	See Block 16C	192126FSPSHERBU01	

6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
70CDCR		ICE/DCR	

DETENTION COMPLIANCE AND REMOVALS
ICE Office of Acquisition Management
500 12th St SW
WASHINGTON DC 20024

ICE/Detention Compliance & Removals
ICE Office of Acquisition Management
500 12th St SW
Washington DC 20024

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SHERBURNE COUNTY SHERIFFS DEPARTMENT
13880 HWY 10
13880 BUSINESS CENTER DRIVE
ELK RIVER MN 55330

CODE M165QVFHYH66 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
41-99-0129
70CDCR25FIGR00146

10B. DATED (SEE ITEM 13)
05/01/2025

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule

Net Increase: $1,807,635.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Funding Action Only

E. IMPORTANT: Contractor ☒ is not ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

UEI: M165QVFHYH66

Contracting Officer's Representative (COR):
Jordan N. Appel 515-201-9587
Jordan.N.Appel@ice.dhs.gov

Contracting Officer:
Roberta O. Onuma 202-731-8179
Roberta.O.Onuma@ice.dhs.gov

Contract Specialist:
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		ROBERTA O. ONUMA	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		ROBERTA O ONUMA Digitally signed by ROBERTA O ONUMA Date: 2025.01.27 09:17:38 -05'00' (Signature of Contracting Officer)	

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)
Prescribed by GSA FAR (48 CFR) 53.243

AMERICAN OVERSIGHT

NAME OF OFFEROR OR CONTRACTOR
SHERBURNE COUNTY SHERIFFS DEPARTMENT

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Valerie Leonova 202-731-4703 Valerie.Leonova@ice.dhs.gov --- The purpose of this modification is to provide funding for detention and transportation services for ICE detainees in Sherburne County, MN under the provisions of USMS agreement number 41-99-0129. The total funded amount of the task order has increased from: $2,649,870.00 by: $1,807,635.00 to: $4,457,505.00. Note: There shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE. The funding provided in this Task Order is the amount presently available for payment and allotted to this Task Order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. --- Period of Performance: 05/01/2025 to 04/30/2026 Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	DETENTION SERVICES Bed/Day Rate: $155.00/Day The total funded amount of this CLIN has increased: From: $2,509,870.00 By: $1,788,235.00 To: $4,298,105.00 Accounting Info: ERODETN-U01 E1 31-12-00-000 Continued ...				1,788,235.00

AMERICAN OVERSIGHT

NAME OF OFFEROR OR CONTRACTOR
SHERBURNE COUNTY SHERIFFS DEPARTMENT

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	18-62-0800-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-U01 RP 31-12-00-000 18-62-0800-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: NONE000-000 E1 31-12-DF-U01 18-62-0800-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $1,788,235.00 Change Item 0002 to read as follows(amount shown is the obligated amount): TRANSPORTATION SERVICES Transportation Services rate: $40.00/Hour. Mileage rate per GSA The total funded amount of this CLIN has increased: From: $140,000.00 By: $19,400.00 To: $159,400.00 Accounting Info: RMD10LT-U01 E5 32-23-00-000 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-U01 E5 32-23-00-000 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-U01 TP 32-23-00-000 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: NONE000-000 E5 32-23-GT-U01 18-62-0800-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $19,400.00				
0002					19,400.00

AMERICAN OVERSIGHT

[redacted]

From: Olson, Samuel J <Samuel.J.Olson@ice.dhs.gov>
Sent: Wednesday, January 28, 2026 2:52 PM
To: Joel Brott; David Easterwood
Subject: RE: 287G - Jail Model

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Thanks Sheriff, appreciate the partnership and support. I will push this to our 287(g) folks so they can ensure everything is square on our end.

Sam

From: Joel Brott <Joel.Brott@co.sherburne.mn.us>
Sent: Wednesday, January 28, 2026 2:41 PM
To: Easterwood, David B <david.b.easterwood@ice.dhs.gov>; Olson, Samuel J <Samuel.J.Olson@ice.dhs.gov>
Subject: 287G - Jail Model

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Please use the Cofense Report Phishing button to report. If the button is not present, click here and follow instructions.

Gentleman,

I do believe our intention to join the 287G – Jail Model agreement is still active. We are still interested in moving forward, please let us know when the training is available, so we are able to fully implement the program. As always, great working with ICE and stay safe.

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

AMERICAN OVERSIGHT

[redacted]

From: Joel Brott
Sent: Tuesday, December 2, 2025 2:41 PM
To: WESTON, NATHAN J
Subject: RE: Officer impersonating scam?

Thank you for the email, scam. We have no one here by that name and all of our badge numbers start with 35 or 38.

Sheriff Joel Brott
Sherburne County Sheriff's Office
13880 Business Center Drive NW
Elk River, MN 55330
p 763-765-3500
"Commitment to Service with Integrity and Pride"
https://www.co.sherburne.mn.us/296/Sheriff
Facebook: @SherbCoSheriff

From: WESTON, NATHAN J <nathan.j.weston@cbp.dhs.gov>
Sent: Tuesday, December 2, 2025 2:27 PM
To: Sheriff <sheriff@co.sherburne.mn.us>
Subject: Officer impersonating scam?

This email came from OUTSIDE of Sherburne County. If you suspect this isn't legitimate, please use the PHISH ALERT button.

Good afternoon,

I received a call to my personal cell phone -private number from someone claiming to be SGT Michael Walker, badge 84365 , Sherburne County Sheriff Dept. stating that I had missed a jury summons, and that I needed to state my first and last name for a recording that I did not receive the summons. When I refused they hung up.

Seems like a likely scam, unsure if this is something you want to pursue but just thought I would bring it to your attention. The number was private so I cant help much there. I guess at a minimum if you could verify that you don't have anyone by that name at SCSD, that would be helpful. I could bring my phone in if you wanted to run a trace on the line, just let me know.

Thanks for your time,

Nate Weston

Nathan J. Weston
Branch Chief, Classification Operations
CBP Hiring Center, Office of Human Resources Management

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT