

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

CRISTINA NICHOLE IGLESIAS)	
(a.k.a. CRISTIAN NOEL IGLESIAS),)	
)	
Plaintiff,)	
)	Case No. 19-cv-00415-RJN
v.)	
)	
IAN CONNORS, <i>et al.</i> ,)	
)	
Defendants.)	

DEFENDANTS’ NOTICE OF CASE DEVELOPMENTS

Defendants, by their undersigned attorneys, submit this notice of case developments.

1. Plaintiff Christina Nicole Iglesias is currently housed at the Carswell Federal Medical Center (“FMC Carswell”), located in Fort Worth, Texas. *See* Ex. 1 at ¶ 2, Declaration of Jon Gustin.
2. FMC Carswell staff recently submitted a request that Plaintiff be housed in a Residential Reentry Center (“RRC”), commonly referred to as a “half-way house,” for the final portion of her sentence, which is currently projected to end on December 25, 2022. *Id.*
3. The referral has been processed and has resulted in Plaintiff’s RRC placement date of March 24, 2022. *Id.* at ¶ 3. On that date, Plaintiff is scheduled to transfer to an RRC which is located in the Southern District of Florida and houses female inmates. *Id.*
4. The Federal Bureau of Prisons remains responsible for Plaintiff’s medical care while she is at an RRC. *Id.* at ¶ 3.

Dated: October 4, 2021

Respectfully submitted,

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United States Attorney

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Acting Assistant Attorney General
Civil Division

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

CRISTINA NICHOLE IGLESIAS (a.k.a.,)	
CRISTIAN NOEL IGLESIAS),)	
)	
Plaintiff,)	
)	
vs.)	Case No. 19-cv-00415-NJR
)	
IAN CONNORS, ET AL.,)	
)	
Defendants.)	

DECLARATION OF JON GUSTIN

I, Jon E. Gustin, make the following declaration, in accordance with the provisions of 28 U.S.C. § 1746:

1. I am currently employed by the Federal Bureau of Prisons (“BOP”) as the Residential Reentry Management Branch Administrator. I have held my current position since June of 2015. I have been employed by the BOP since October 1997.

2. Iglesias is currently housed at the Carswell Federal Medical Center (FMC Carswell), located in Fort Worth, Texas. FMC Carswell staff recently submitted a referral recommending that Iglesias be housed in a Residential Reentry Center (commonly referred to as an RRC or halfway house) for the final portion of her sentence, which is currently projected to end on December 25, 2022. Attachment 1 is a true and accurate copy of the referral form, with security sensitive information redacted.

3. The referral was processed, and resulted in a current RRC placement date of March 24, 2022. On that date, Iglesias is scheduled to transfer to an RRC which is located in the Southern District of Florida and houses female inmates. BOP remains responsible for Ms. Iglesias’ medical care while she is housed at an RRC.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this
1st day of October 2021.

JON
GUSTIN
Jon E. Gustin

Digitally signed by
JON GUSTIN
Date: 2021.10.01
16:19:07 -04'00'



EXHIBIT 1

BP A0210

INSTITUTIONAL REFERRAL FOR CCC PLACEMENT CDFRM

OCT 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Community Corrections Manager) Darlene Tyler	FROM: Chief Executive Officer (Name, Title & Date) Signature certifies approval and CIMS Clearance Carr, Michael, Warden, 09/16/2021
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Inmate Name IGLESIAS, CRISTIAN NOEL	Register Number 17248-018	Date 09/15/2021
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Unit Manager/Mail ID [REDACTED]	Institution (Address and Phone Number) CARSWELL FMC P.O. BOX 27066 FORT WORTH, TX 76127 (817)782-4000
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1. Release City Miami, Florida	Supervision Southern District of Florida District
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2. Anticipated Release Date 12/25/2022	Method GCT REL	Verified by (ISM Staff) Bishop, Ashton
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3. Recommended (only one): a. Range 271 - 365 , or b. Date	4. If a presumptive parole case, enter the date the pre release record review progress report was submitted to the Parole Commission:
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5. Statutory Interim Hearing Scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	6. Supervised Release <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5 Years	Special Parole Term <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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7. Aftercare Supervision <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Mental Health <input type="checkbox"/> Other	<input type="checkbox"/> N/A
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8. CIM Case: [REDACTED]	Assignment [REDACTED]
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As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be considered for CCC placement and clearance be granted by the Warden. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature of CMC <u>Mallard, Stacy</u> Upon signature of the Warden, I will update SENTRY to reflect CCC referral for range/date as listed in item 3 above.	NOTE: The CMC will update SENTRY to reflect specific dates and CCC location code upon notification of acceptance from the CCM.
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9. If proposed District of Supervision differs from Sentencing District, has USPO approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Does inmate have a committed fine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate how fine will be paid in item 12.
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11. Additional Information, including status of any detainers or pending charge(s) and whether there is a substance abuse history.

Inmate Iglesias has no known active warrants or pending charges. Iglesias has a history of substance abuse including alcohol, marijuana, and Valium.

12. Specific release preparation/Pre natal care needs.

Inmate Iglesias is being recommended for a Residential Reentry Center placement. Our Health Services Department has determined Iglesias is appropriate for a Residential Reentry Center placement. Inmate Iglesias is homeless, therefore Unit Team are requesting additional halfway house time.

13. For MINT Referrals, Date of Delivery:

14. (a) For MINT Referrals, Projected Date of Return to Parent Institution:

[Redacted]

(B) Proposed guardian:

[Redacted]

TO BE FORWARDED WITH THE REFERRAL FORM	NO. COPIES	TO BE FORWARDED TO THE REGIONAL TSM	NO. COPIES
BP S210, Referral Form	2	BP S210, Referral Form	1
Current Progress Report	2	Current Progress Report	2
Pre sentence Report/Violation Report	2	Treatment Summary and Referral Form	2
Community Based Program Agreement	2	Drug Abuse Treatment Programs Agreement to Participate in Community Transition Programming	2
BP 339 CIM Case Information Summary (Non Separation Cases)	1		
USPO Acceptance Letter	2		
Copy of Latest Notice of Action	2		
BP 351 Medical Evaluation for Transfer of Inmates to CCC Type Facility	2		
Judgment & Commitment Order	2		
Statement of Responsibility	2		

* If the inmate has a diagnosed, ongoing medical condition, such as diabetes or coronary disease, send any pertinent medical records.

Record Copy CCM; Copy Institution File; Copy USPO Sentencing District; Copy USPO District of Supervision