



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. **IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.**
 - I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.

Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**
(fill in what you can)

Name: Angel Rosa
First and Middle Last

Phone #: Cell: 203-901-8222 Home: N/A Work: 646-648-1713

Please note that we may contact you at the provided numbers.

Mailing Address: c/o Thomas Rome Law Group, Attention: Thomas S. Rome, Esq., 254 Prospect Ave., Hartford, CT 06106
PO Box or Street address City State Zip

Date of Birth: 08/11/1960 Email (optional): thomas.rome@gmail.com; reidmark527@gmail.com

Alien Registration #: (if you have one and it's available): A 028 620 363

Check here if you are in detention now.

Which facility? _____
Facility name Facility address

Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information Thomas S. Rome, Esq., Thomas Rome Law Group, 254 Prospect Ave., Hartford, CT 06106 thomas.rome@gmail.com, 860-236-6951

② **Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.**

Name: Thomas S. Rome, Esq. Angel Rosa's attorney
First Last Job title

Organization (if any): Thomas Rome Law Group

Phone #: Cell: 646-648-1713 Home: _____ Work: 860-236-6951

Mailing Address: 254 Prospect Ave., Hartford, CT 06106
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

Angel Rosa was arrested by ICE and incarcerated in the Utah County Jail, just south of Salt Lake City in Spanish Fork, Utah, on immigration detainer. The facility has a contract with ICE. In December 2014, guards put him in a cell with a broken toilet that overflowed with feces, and didn't allow Mr. Rosa to shower. He was then placed in solitary confinement as punishment for the broken toilet. At some point during this time, Mr. Rosa caught an infection known as Fournier's gangrene. It began in his testicles. Left untreated, it eventually caused his rectum to swell shut, and his intestines became infected. Mr. Rosa does not speak English. Only after another inmate, who spoke English, told a guard about Rosa's urgent medical situation was he examined and taken to an outside hospital. Mr. Rosa claims he was told to sign documentation so that, if needed, doctors could surgically remove his testes. Ultimately, he was not castrated, but he says he was left sterile and placed on antibiotics and other medicine. Fournier's gangrene is caused by both aerobic and anaerobic bacteria. It has an overall mortality rate of 40%, higher in the presence of sepsis.

Too sick to remain in detention, Mr. Rosa was released under terms that included regular check-ins with immigration authorities and for him to wear an electronic monitoring device on his ankle. For the past year, he has tried to comply with these conditions in good faith, but authorities disagreed. Mr. Rosa was taken back into ICE detention on or about January 15, 2016, awaiting removal. His current detention location is officially undisclosed by ICE, perhaps because ICE wishes to avoid media scrutiny of his case.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

Mr. Rosa's inhuman treatment at ICE's hands took place in late 2014 and early 2015, at the Utah County Jail in Spanish Fork, Utah.

It is pertinent that on July 12, 2014, ICE records show that another detainee, Santiago Sierra-Sanchez, a 38-year-old Mexican national, died after he was detained in the Utah County Jail. The cause of Mr. Sierra-Sanchez's death was determined to be staphylococcus aureus infection. He died at the Utah County Regional Medical Center, but he had been held previously at Utah County Jail before he was taken there.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: Spanish Fork State or Country: Utah, USA

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- Citizenship and Immigration Services (USCIS)
- Customs and Border Protection (CBP)*
 - Customs Officer
 - Border Patrol Agent
- Federal Emergency Management Agency (FEMA)
- Immigration and Customs Enforcement (ICE)
- Secret Service (USSS)
- Transportation Security Administration (TSA)*
- U.S. Coast Guard (USCG)
- Other DHS program *(specify)* : _____
- Not sure which DHS office
- Non-DHS employee working under the authority of DHS (e.g., 287g officer) specify: _____

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

Yes: Agency/Office/Court _____ Date: _____
 No

If so, has anyone responded to your complaint?

Yes No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

⑦ **Is there any other information you want us to know about or consider?**

On information and belief, Mr. Rosa is scheduled to be removed by ICE from the United States on Wednesday, February 3, 2016. We are requesting an immediate stay of his removal on humanitarian grounds and until further investigation of the instant complaint.

If Mr. Rosa is removed to Guatemala, he will face near impossible odds of survival -- almost certain death -- because of his medical condition caused by ICE's negligence, gross negligence, or other inhumane neglect.

He will be unable to take care of himself, to acquire absolutely necessary medical care for his potentially fatal disease contracted while in ICE custody, nor required medications, nor even adequately sanitary housing.

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.
-

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.



James D. Mathews, DO
Providence Family Medicine

382 West 280 North
PO Box 609
Providence, Utah 84332
Office :435-752-0330
Fax : 435-755-0922

14 September 2015

From: James Mathews

Re: Angel Rosa, DOB 8/11/1960

To: Whom It May Concern

I am writing this letter on behalf of Angel Rosa. I am his doctor. I have been treating him for high blood pressure (for which he takes Lisinopril), high cholesterol (for which he takes Zocor), diabetes mellitus (for which he takes Metformin), and a groin / testicular infection which has recurred several times, and at one point required hospitalization and surgery this year. He has had several recurrences of the infection. He sees me monthly for maintenance exams, and for rechecks on his diabetes. He is currently undergoing an evaluation for severe headaches and tingling on his face. I am not sure of the cause, as we are trying to discover this. I have ordered an MRI of his brain to check this. It is in my professional opinion that he should remain where his family and medical cares are available, specifically in the Cache County, Utah area. Thank you for your consideration.

Very Respectfully,

A handwritten signature in black ink, appearing to read "James Mathews".

Dr James Mathews

49114812
542508613

Rosa, Angel
8/11/1960 Gender M
ADDRESSOGRAPH


Intermountain
Logan Regional Hospital

THERAPISTS PROGRESS NOTE

Page 1 of 2

Date of Service 12/24/2014 1:12:00 PM Nurse Only Visit
Reason for visit Telephone

Staff Tayler Gailey, RN

BMI

Allergies • nkda; noted on .

PROBLEM: Wound, Other specified complications, scrotum

Reported Date of Onset 12/1/2014 Signs Surgical
Date Problem was Noted 12/24/2014 Diagnosis Other specified complications of procedures not elsewhere classified
Related Cellulitis and abscess

APPEARANCE

Pain from Problem 2 (Scale - 0 to 10)

TREATMENT

Periwound Cleanser NS and apply Vac Drape to peri-wound skin
Filler VAC-Sponge
Dressing Vac-sponge and VacOpsite
Frequency three times per week
Duration one week

Date report printed: 12/24/2014 3:53:33 PM

Page 1 of 2

49114812
542508613

Rosa, Angel
8/11/1960 Gender M
ADDRESSOGRAPH


Intermountain
Logan Regional Hospital

THERAPISTS PROGRESS NOTE

Page 2 of 7

PROBLEM: Wound, Other specified complications, scrotum

Reported Date of Onset	12/1/2014	Signs	Surgical
Date Problem was Noted	12/24/2014	Diagnosis	Other specified complications of procedures not elsewhere classified
		Related	Cellulitis and abscess

APPEARANCE

Problem Status	The problem is generally described as inadequately controlled.
Exudate	minimum amount of serosanguinous exudate
Tissue loss	full-thickness wound with exposed subcutaneous
Wound bed	has beefy red granulation
Periwound	normal
Granulation	100%
Pain from Problem	2 (Scale - 0 to 10)

MEASUREMENTS

Measurement 7.5 cm x 3.5 cm x 3.5 cm = 91.875 cm³

TREATMENT

Periwound Cleanser	NS and apply Vac Drape to peri-wound skin
Filler	VAC-Sponge
Dressing	Vac-sponge and VacOpsite
Frequency	three times per week
Duration	one week

THERAPIST COMMENTS

Patient comes to clinic with wound vac intact. Daughter is present with pt today. Pt does not speak any English. Interpreter services were called but because of holiday no one answered. Daughter speaks English and is able to interpret for us today. Daughter can not remember the hospital he had surgery at. She states that he had surgery a few weeks ago for an infection. She states he has a home care nurse but doesn't know the agency name. She states she will call us when she finds out what company they are from so we can send orders. Daughter states pt is taking diabetes medication, and abx and pain medication. She doesn't know the names of them right now. Wound vac was placed. Pt to fl/u in one week and call us once they know the homehealth agency name. Daughter verbalized understanding of instructions.

GOALS

Decrease the level of pain. Increased granulation tissue formulation. Infection control. Decrease the amount of necrotic tissue. Absorb drainage. Contraction of wound margins. Complete healing. Epithelialization of wound bed.

Date report printed: 12/24/2014 12:58:24 PM

Page 2 of 7

ED Physician/LIP Report (01/04/2015 00:00)

(Status: Final)

Date of Service: 01/04/2015

CHIEF COMPLAINT: Abdominal pain.

HISTORY OF PRESENT ILLNESS: This 64-year-old male was brought to the emergency department by his wife and daughter with somewhat of a complicated and convoluted history. He was apparently incarcerated in prison and had a surgery done at a hospital in the Provo area, where he spent 15 days in the hospital, he had a significant infection of the scrotum that required fairly extensive surgery. Description of the process and that he possibly may have had Fournier gangrene, in any case, he now is currently having wound care followup by Dr. Nail here at the wound clinic at Logan Regional Hospital. He has a wound VAC in place on the wound in the scrotum. He is concerned because he ran out of pain medicine 3 days ago and has been having worsening pain and he explained it is 10/10 in severity, primarily in the left inguinal region, radiating throughout his entire abdomen. He has itching around the edge of his wound VAC. This surgery occurred about a month ago, he has had some subjective fevers with no objective measurement, has felt a little bit constipated well. He has been on narcotic pain medication that he is currently ran out of. He has home health nurses come in to his home to do daily dressing changes and wound management with the wound VAC in place. He notes no consistent alleviating factors to this 10/10 severity pain, it is achy in quality. He is worried that the infection is still in his body causing these issues. There are no other concerns or complaints at this time.

Spanish translation was utilized in communication with the patient.

CURRENT MEDICATIONS: See the EMR, which is reviewed and agreed with.

ALLERGIES: See the EMR, which is reviewed and agreed with.

PAST MEDICAL HISTORY: See the EMR, which is reviewed and agreed with.

REVIEW OF SYSTEMS: See the EMR, which is reviewed and agreed with.

FAMILY AND SOCIAL HISTORY: Patient resides in Hyrum, Utah. He has a past history of tobacco use.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 36.33, pulse 82, respirations 17, blood pressure 129/84, oxygen saturation 96% on room air. Pain 10/10.

GENERAL: The patient is awake, interactive, and in no acute distress.

HEENT: Head is normocephalic. Sclerae are anicteric. Extraocular muscles are intact. No nasal discharge noted on exam.

NECK: Seemingly supple with normal range of motion.

Logan Regional Hospital



ED Physician/LIP Report

EMPI: 571295645

MRN: 18-22-17

ENC: 49162449

ROOM:

DOB: 08/11/1950

AGE: 54Y Ago At Date Of Note

Name: ROSA, ANGEL ANTONIO

Authored By: DURFEE, BRANDON

Authored For: WHITTAKER, NATHAN D.

I personally examined and evaluated this patient, reviewed all pertinent data, and directed the care given. I was present for the key portions of any procedures performed by Brandon Durfee, PA-C, under my supervision. I agree with the findings, assessment, and plan as recorded. I also supervised any/all IV infusions/injections given to this patient.

BRANDON DURFEE PA-C

NATHAN D WHITTAKER MD

Date: _____ Time: _____

BD/ds VID: 8647037 TID: 9616256 D: 01/08/2015 01:26:32 T: 01/08/2015 03:03:14

Authored By: BRANDON DURFEE, PA-C
Authored For: NATHAN D. WHITTAKER, MD
Electronically Signed By: NATHAN D. WHITTAKER, MD (01/09/15 (03:05))



Logan Regional Hospital

ED Physician/LIP Report

EMPI: 571295645

MRN: 18-22-17

ENC: 49162449

ROOM:

DOB: 08/11/1960

AGE: 54Y Age At Date Of Note

Name: ROSA, ANGEL ANTONIO

Authored By: DURFEE, BRANDON

Authored For: WHITTAKER, NATHAN D.

49114812
542508613
Rosa,Angel
8/11/1960 Gender M
ADDRESSOGRAPH



THERAPISTS PROGRESS NOTE

Page 3 of 3

NURSING ASSESSMENT

Patient Arrival Method Ambulatory
Departure Disposition Departure with assistance
Departure Instructions Special needs, Complex discharge instructions (detailed with follow-up) and Patient Processing: Complex
Special Needs Language barrier

Pain Assessment

Location scrotum
Current Level 0 **Scale** 0
Current Regimen pt placed in comfortable position in exam chair. Topical lidocaine placed on wound bed.
Goals pt to tolerate dressing change and procedure.

BRADEN ASSESSMENT

NURSING COMMENTS

12/29/2014 9:28:49 AM
Tayler Galley, RN
Chantell from IHC HH called and gave me information on the patient. They are the ones caring for patient. She stated that he is a recent diagnosed diabetic. He recently was in prison and was release due to this infection and surgery that he has had. She states she went over his medication and he is only taking melformin and glimebride. She states there was no abx that he was taking that she could find.

12/30/2014 9:31:16 AM
Justin White, CHRN
Translator was present today, Mike. Patient and daughter present through entire visit. Gave patient list of accepting primary physicians in our facility and contact information for pt to set up a primary care MD. All questions and concerns were resolved and pt denied any further quesilons or concerns at this time.

Wound Care Report (12/24/2014 13:12)

(Status: Final)

Authored By: IC WOUND
Authored For: IC WOUND
Signed By: IC WOUND (12/24/2014 18:16)

Logan Regional Hospital

ROOM:

DOB: 08/11/1960

AGE: 54Y Age At Date Of Note

Name: ROSA, ANGEL ANTONIO

Authored By: WOUND, IC

Authored For: WOUND, IC



Wound Care Report

EMPI: 571295645

MRN: 18-22-17

ENC: 49114812



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1: Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)
▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2: Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1.a. USCIS

1.b. List the form numbers

2.a. ICE

2.b. List the specific matter in which appearance is entered

3.a. CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select only one box:
 Applicant Petitioner Requestor
 Respondent (ICE, CBP)

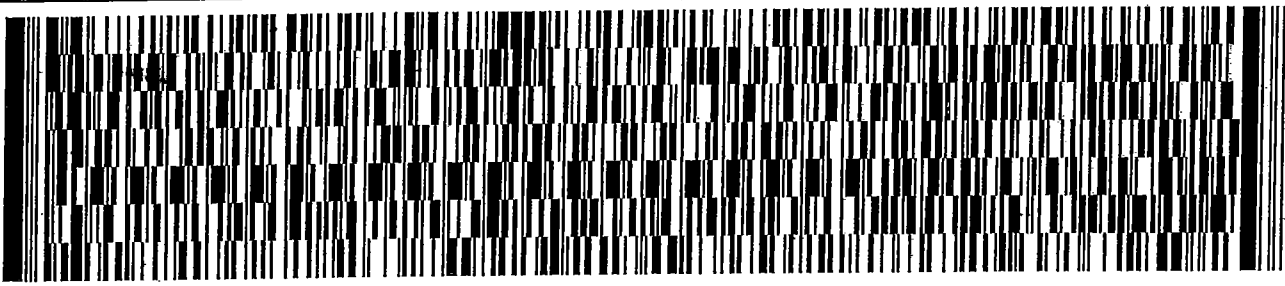
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2: Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

- 7. USCIS ELIS Account Number (if any)
▶
- 8. Alien Registration Number (A-Number) or Receipt Number
- 9. Daytime Telephone Number
- 10. Mobile Telephone Number (if any)
- 11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

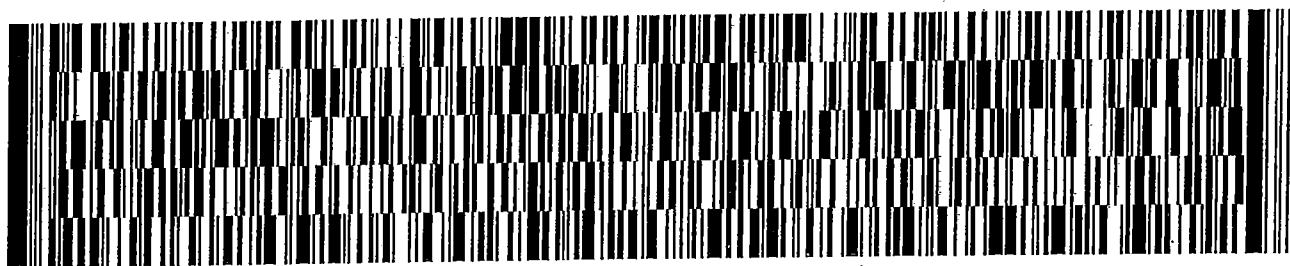
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3: Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)
Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. Name of Law Firm
- 1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
- 2.c. Date accreditation expires (mm/dd/yyyy) ▶



Part 3: Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4: Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICB or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy) ▶ 12/16/2015

Part 5: Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ 01/04/2015

