









Instructions for Completing the Pro Se Request for Release Pursuant to *Fraihat* (Individuals)

These accompanying instructions are designed to help you complete the Pro Se Request for Release pursuant to *Fraihat*; **they are not to be used as legal advice**. It is always recommended that one attempt to seek the assistance of an experienced immigration attorney. However, it is not required to have an attorney in order to make a request for release.

Important notice(s):

- 1. You MUST SEND the request to the ICE Field Office Director ("FOD") or Assistant Field Office Director ("AFOD") of the facility where the detained person is currently detained and to their Deportation Officer. Please do not send the completed Fraihat Request to any of our law firm's offices.
- 2. Your final completed Fraihat Request must be submitted in English. If you need assistance filling out the form in English, you may call the *Fraihat* hotline at 866-422-0151.

STEP 1: INTRODUCTION

On April 20, 2020, the Court in *Fraihat v. ICE*, Case No. 5:19-cv-01546-JGB-SHK (C.D. Cal. Apr. 20, 2020), ECF No. 133, issued an order impacting all people in Immigration and Customs Enforcement (ICE) detention with Risk Factors. On October 7, 2020, the court found ICE in violation of the previous order and set additional requirements to protect elderly and medically vulnerable individuals in ICE detention.

People with Risk Factors are people who are over the age of 55, who are pregnant, or have health conditions or disabilities including:

- **→** Chronic health conditions such as:
- Heart disease (including congestive heart failure, history of myocardial infarction, history of cardiac surgery)
- High blood pressure (hypertension)
- Chronic respiratory disease (including asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, other pulmonary diseases, or other conditions that make it difficult to breathe)
- Diabetes
- Cancer
- Liver disease
- Kidney disease
- → Autoimmune diseases (including psoriasis, rheumatoid arthritis, systemic lupus erythematosus, or other conditions that affect the immune system)
- Severe psychiatric illness (including depression, anxiety, PTSD, bipolar, schizophrenia)
- ➤ History of organ transplantation
- → HIV/AIDS

For anyone in ICE detention with Risk Factors, ICE is ordered to:

- Identify and track them within five days of detention
- Conduct custody redetermination within one week, where they review the detained person's individual Risk Factors to determine whether ICE can justify continuing detention or whether the person must be released because ICE cannot adequately protect them based on their individual vulnerabilities to the virus

ICE is also ordered to update their internal protocols for responding to the pandemic to better protect people who remain in detention from COVID-19 infection and ensure that the requirements of this order be implemented at **every detention facility across the nation**.

STEP 2: COMPLETING THE "PRO SE REQUEST FOR CUSTODY REDETERMINATION PURSUANT TO FRAIHAT"

The "*Pro Se* Request for Custody Redetermination (release) pursuant to *Fraihat*" form can be used to seek the release of detained individuals pursuant to the *Fraihat* court case, as described above.

On the top of the first page, include the date you are sending out or completing the request in the top field marked as "Date." In the United States of America, the month comes first. For example, March fifteenth, 2020 would be written as 03/15/2020.

If you know the "Field Office" that is responsible for the detained person's case, write the name down on the lines indicated. (for example: Atlanta Field Office). If you know specifically who the "Field Office Director" and "Deportation Officer" are who are responsible for the detained person's case, write their names down on the lines indicated.

Under the section called "<u>My Information</u>," write down your name ("Name"), A number ("A number"), date of birth ("Date of Birth"), and the name of the detention center where you are currently detained ("I am currently detained at:"). Your A number is a number assigned to you by immigration authorities. You should know your A number as it will be on your immigration paperwork and any identifying documents given to you at the detention center, such as a wristband or identification card.

I. "I AM A SUBCLASS MEMBER OF FRAIHAT V. ICE"

In this section, check off all boxes that apply to you and your medical history. You may also include any additional details you would like to highlight for the deportation officer on the blank lines provided.

II. "SPONSOR INFORMATION"

Who can be the sponsor?

The sponsor is a person who agrees to take responsibility for the detained individual throughout the process of their immigration case. This person will attest to ICE, in writing, that: (1) they will give you a home to live once you leave detention (2) they will give you financial support (3) they will ensure that you go to your court hearings.

Does the sponsor have to be a relative?

Not necessarily. The rules do not require sponsors to be relatives of people who apply for parole. However, experience shows us that ICE considers it more favorable if the sponsors are familiar. If there is no family member who is willing to be the sponsor, do not give up. Consider other options, such as friends, faith organizations, support for immigrants, or solidarity with compatriots in your country.

Does the sponsor have to be a citizen or permanent resident of the U.S.?

There is no written rule that requires it. However, experience teaches us that ICE rarely approves parole for someone if their sponsor is not a citizen or permanent resident of the U.S. So do your best to locate a sponsor that is a citizen or resident. Additionally, ICE may use information provided to them for other purposes. Consult with an immigration attorney if you have further questions.

Check off whether your sponsor is a friend ("Friend"), family member ("Family Member"), or other ("Other Sponsor"). Write down the sponsor's name ("Sponsor Name"), phone number ("Sponsor Phone Number"), and address ("Sponsor Address") on the indicated lines.

Sign your request on the last line marked with an "x."

STEP 3: SEND YOUR REQUEST

If you have medical records showing the medical condition(s) applicable, we recommend that you attach them to the form but providing a copy of medical records is not required to request a custody redetermination. Your request and any supporting documentation must be sent in English. Make a copy of the request for your records.

STEP 4: FOLLOWING UP

If possible, we ask that you fill out the "Fraihat Custody Redetermination Requests Tracker 2.0" Form. This form is used by the *Fraihat* attorneys to track the number of custody requests and it will help us understand whether the order is being implemented by ICE. Please send your original request to the Deportation Officer and Assistant Field Officer.

ADDITIONAL RESOURCES FOR DETAINED INDIVIDUALS

Fraihat Counsel has a free telephone line you can use that is staffed by volunteers from 9 am – 9 pm EST, Monday – Friday. If you need additional information, please (1) dial 910# if you are calling from inside the facility or (2) dial 966-422-0151, if you are calling from outside the facility. This call will be free and confidential.

For more information about Fraihat requests, visit splcenter.org/fraihat-v-ice-community-resources.

For more information about parole requests, visit splcenter.org/seeking-release-ice-detention-toolkit-covid-19-pandemic.

Pro Se Request for Release Pursuant to *Fraihat*

Date:	
Field Office,	/Field Office Director:
Deportation	Officer:
RE: PRO SE	REQUEST FOR CUSTODY REDETERMINATION PURSUANT TO FRAIHAT
My Informa	ation
Name:	
A Number:	Date of Birth:
I am curren	tly detained at:
I respectfull (C.D. Cal. A ₁	oclass member of <i>Fraihat v. ICE</i> ly submit this request for custody redetermination under Fraihat v. ICE, Case No. 5:19-cv-01546-JGB-SHK pr. 20, 2020), ECF No. 133; Fraihat v. ICE (C.D. Cal. Oct. 7, 2020), ECF No. 240. m a subclass member because:
☐ I am 55 o	or older.
☐ I am preg	gnant.
☐ I have th	e following condition(s):
	art disease (including history of congestive heart failure, heart attack, heart surgery, heart rhythm blems, chest pain, heart infection)
□ Hig	gh blood pressure
	spiratory disease (including asthma, bronchitis, emphysema, or other conditions that make it difficult to athe)
☐ Dia	betes
☐ Cai	ncer
□ Liv	er disease
□ Kid	lney disease
	toimmune disease (including psoriasis, rheumatoid arthritis, lupus, or other conditions that affect the nune system)
□ Ме	ntal illness (including depression, anxiety, PTSD, bipolar, schizophrenia)
☐ I have pr	eviously had an organ transplant.
☐ I am HIV	//AIDS positive.
_	n ICE's medical records reflect my conditions, I have also voluntarily attached medical records evidencing

Additional Details:
II. Sponsor Information If released, I will stay with my:
☐ Friend
☐ Family Member
☐ Other Sponsor
Sponsor Name:
Sponsor Phone Number:
Sponsor Address:
By submitting this request, I am notifying ICE of their obligation to review me for release under <i>Fraihat</i> . ICE must conduct an individualized review and must treat my Risk Factor(s) as a "significant discretionary factor(s) weighing in favor of release." If ICE denies my release, they must provide a written justification.
As the court ordered, I expect your response within the week, by at the latest.
Finally, please be advised that per the Court's order, ICE must turn over this Fraihat request and your notice in response, to Fraihat Class Counsel.
Sincerely,
X