APPENDIX D

Sample documents for parole request

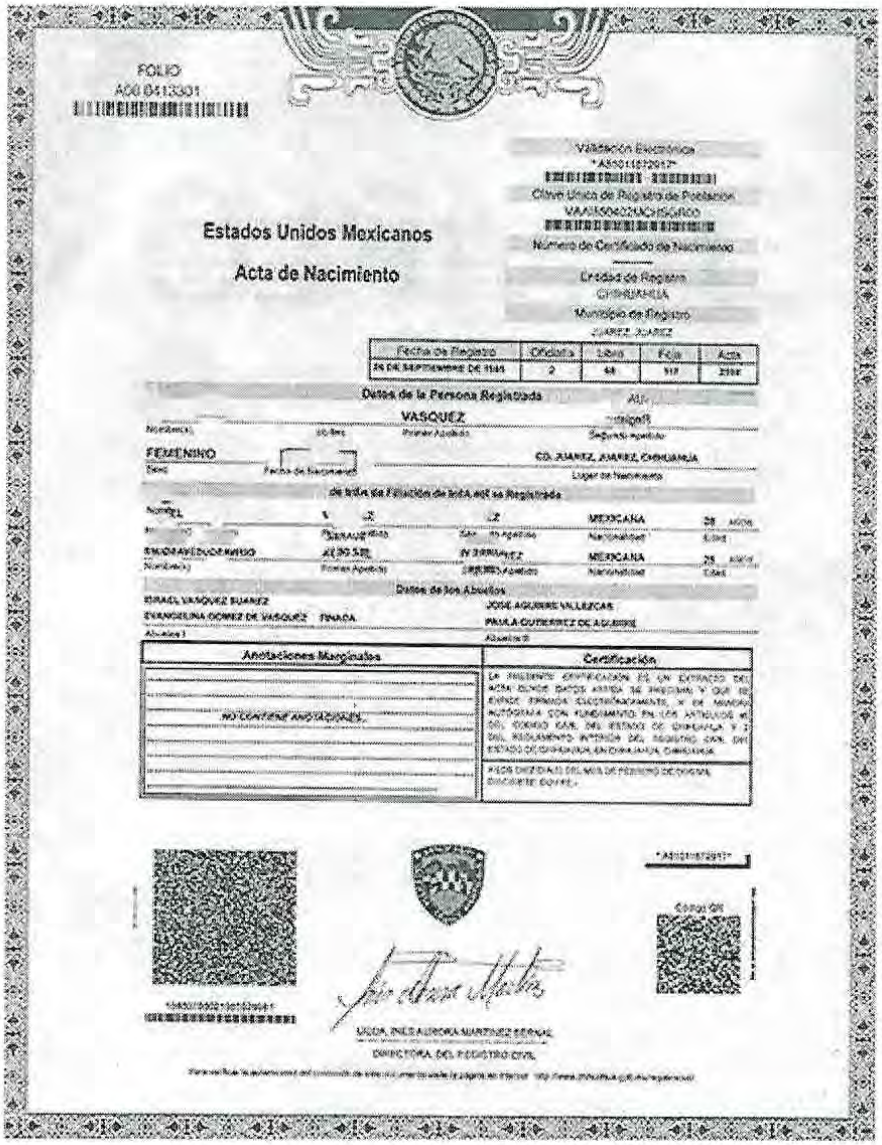
Please do not submit the following documents to ICE. They are meant as examples only to help you envision your own parole request.

Ejemplos de documentos para una solicitud del parole

Por favor no entregue o copie los siguientes documentos al ICE. Son solo ejemplos para ayudarle imaginar su propia solicitud del parole.

SECTION 1. Identity documents/Documentos de identidad

Cliente – identificación



Estados Unidos Mexicanos

Acta de Nacimiento

FOLIO

A00 8413301

Datos de la Persona Registrada

VASQUEZ

FEMENINO

CD. JUAREZ, JUAREZ, CHIHUAHUA

MEXICANA

MEXICANA

Datos de los Abuelos

ISRAEL VASQUEZ SUAREZ

EVANGELINA GOMEZ DE VASQUEZ FINADA

JOSE AGUIRRE VALLEJOS

PAULA GUTIERREZ DE AGUIRRE

Anotaciones Marginales

NO CONTIENE ANOTACIONES

Certificación

DIRECTORA DEL REGISTRO CIVIL


PASAPORTE
Estados Unidos Mexicanos
MEXICANA
12 07 1969
MEXICO, D.F.
17 02 2004
10 02 2014


Zacatecas
32
PESOS
G10773640

SECTION 2. Letter of Support & Sponsor documents/Carta de apoyo y documentos del patrocinador

Not a flight risk/No es riesgo de fuga

ADVERTENCIA: Estas cartas son ejemplos y de propósito informativo. NO ENVÍE ESTOS FORMULARIOS.

Ejemplo 1

[DIRECCIÓN DEL REMITENTE]

Estimado Oficial del ICE:

Yo, [NOMBRE DEL REMITENTE], respetuosamente solicito que [NOMBRE Y APELLIDO DEL DETENIDO] con A#[xxx-xxx-xxx-xxx] sea liberado de su detención mientras asiste a sus audiencias ante la Corte de Inmigración de Florida.

Soy ciudadana de los Estados Unidos. He vivido en los Estados Unidos toda mi vida y tengo viviendo en mi ciudad y en mi comunidad actual más de 13 años.

Conozco a [NOMBRE Y APELLIDO DEL DETENIDO] desde hace [x] años. Mi novio actual es primo de [DETENIDO] y él nos presentó. He llegado a conocer a [DETENIDO] y siempre lo he visto como una persona amable. Mientras [DETENIDO] ha estado detenido, he hablado con él más de dos o tres veces a la semana.

Si es liberado de su detención, [DETENIDO] vivirá con nosotros en mi casa ubicada en [DIRECCIÓN DEL REMITENTE] y yo apoyaré financieramente a [DETENIDO] con ropa, alimentos y todas sus necesidades, y me aseguraré de proporcionar transporte para todas las audiencias futuras de la corte de inmigración de [DETENIDO].

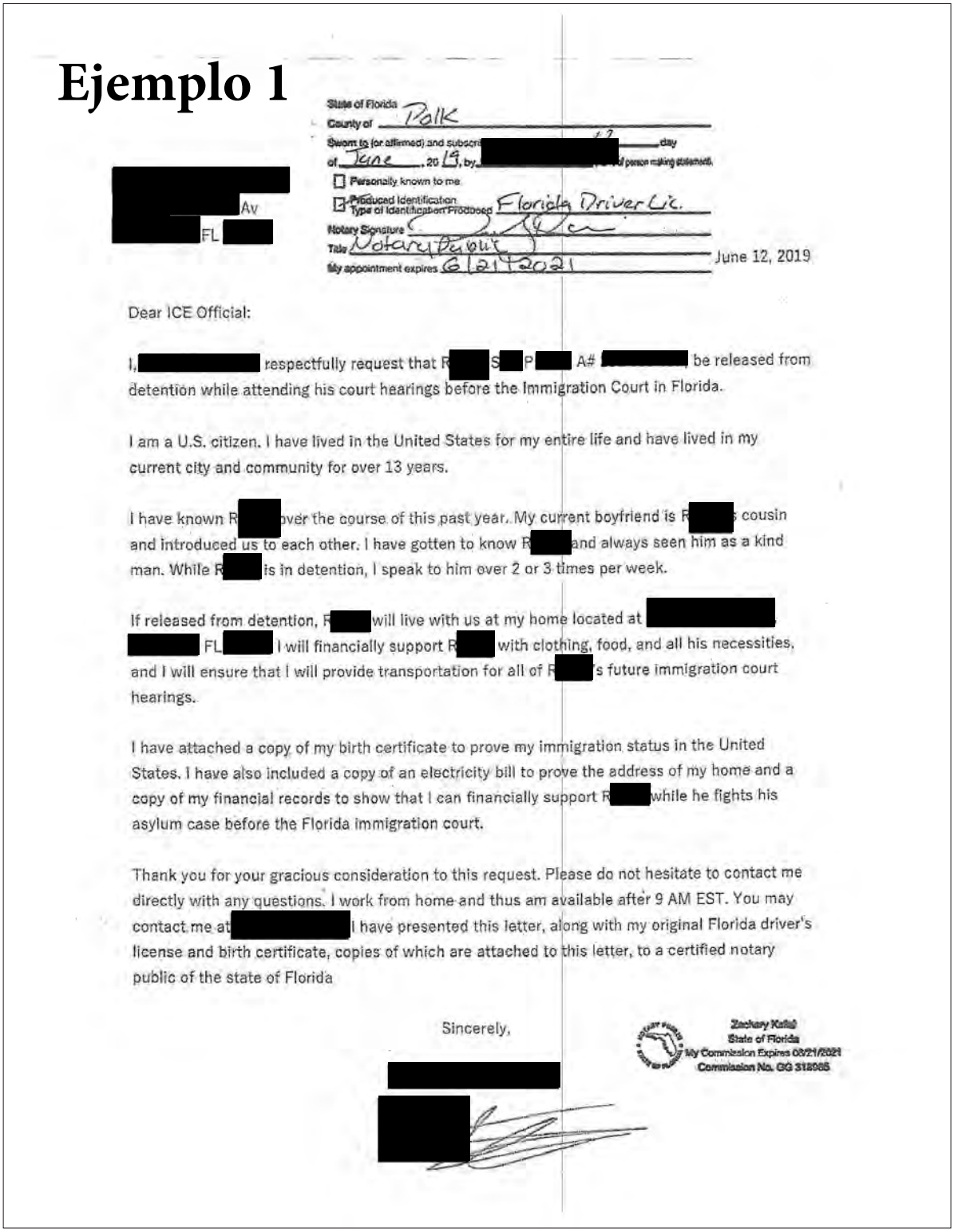
Le adjunto una copia de mi acta de nacimiento para probar mi estatus migratorio en los Estados Unidos. También le incluyo copia de una factura de electricidad para comprobar la dirección de mi casa y una copia de mis registros financieros para demostrar que puedo apoyar financieramente a [DETENIDO] mientras él lleve su caso de asilo ante la Corte de Inmigración de Florida.

Gracias por su amable consideración a esta solicitud. Por favor, no dude en contactarme directamente si tiene alguna pregunta. Trabajo desde casa y por lo tanto estoy disponible después de las 9 AM EST. Puede comunicarse conmigo al [PHONE NUMBER] NÚMERO DE TELÉFONO. He presentado esta carta, junto con mi licencia de conducir original y el acta de nacimiento que se adjuntan, a un notario público certificado del estado de Florida.

Atentamente,
[NOMBRE COMPLETO DEL REMITENTE]
[FIRMA DEL REMITENTE]

[SELLO DEL NOTARIO]

Ejemplo 1



[redacted]
Av
[redacted]
FL [redacted]

State of Florida
County of Polk
Sworn to (or affirmed) and subscribed before me this [redacted] day
of June, 2019, by [redacted] the person making statement.
☐ Personally known to me
☑ Produced Identification
Type of Identification Produced Florida Driver Lic.
Notary Signature
Title Notary Public
My appointment expires 6/21/2021

June 12, 2019

Dear ICE Official:

I, [redacted] respectfully request that R[redacted] S[redacted] P[redacted] A# [redacted] be released from detention while attending his court hearings before the Immigration Court in Florida.

I am a U.S. citizen. I have lived in the United States for my entire life and have lived in my current city and community for over 13 years.

I have known R[redacted] over the course of this past year. My current boyfriend is R[redacted]'s cousin and introduced us to each other. I have gotten to know R[redacted] and always seen him as a kind man. While R[redacted] is in detention, I speak to him over 2 or 3 times per week.

If released from detention, R[redacted] will live with us at my home located at [redacted] FL[redacted] I will financially support R[redacted] with clothing, food, and all his necessities, and I will ensure that I will provide transportation for all of R[redacted]'s future immigration court hearings.

I have attached a copy of my birth certificate to prove my immigration status in the United States. I have also included a copy of an electricity bill to prove the address of my home and a copy of my financial records to show that I can financially support R[redacted] while he fights his asylum case before the Florida immigration court.

Thank you for your gracious consideration to this request. Please do not hesitate to contact me directly with any questions. I work from home and thus am available after 9 AM EST. You may contact me at [redacted] I have presented this letter, along with my original Florida driver's license and birth certificate, copies of which are attached to this letter, to a certified notary public of the state of Florida

Sincerely,

[redacted]

Zachary Kalil
State of Florida
My Commission Expires 03/21/2021
Commission No. GG 315985

ADVERTENCIA: Estas cartas son ejemplos y de propósito informativo. NO ENVÍE ESTOS FORMULARIOS.

Ejemplo 2, CORREGIDO

[FECHA DE LA CARTA]

Immigrations and Customs Enforcement
P.O. Box 248
Lumpkin, GA 31815

Estimado Oficial del ICE:

Yo, [NOMBRE DEL REMITENTE], ciudadano estadounidense identificado con la licencia de conducir del Estado de Nueva Jersey # [##########], certifico que mi cuñado, [NOMBRE Y APELLIDO DEL DETENIDO], es bienvenido a quedarse con mi familia en nuestra casa en Nueva Jersey si se le otorga la libertad condicional. Le aseguro que no se convertirá en un cargo público. Trabajo en [LUGAR DE TRABAJO] desde [FECHA DE INICIO DEL TRABAJO], y estoy dispuesto a proporcionar apoyo financiero, alojamiento, comida y todos los gastos de mantenimiento relacionados con [DETENIDO] mientras él continúa con su caso de asilo.

He estado en una relación con la hermana de [DETENIDO], [NOMBRE DE LA PAREJA], durante tres años. Nos volvimos a reunir el 14 de mayo de 2019, y ahora ella vive con mi familia y conmigo en Nueva Jersey. Nuestra dirección es [DIRECCIÓN DEL REMITENTE].

Junto con mi familia, doy todo mi apoyo a [NOMBRE DE LA PAREJA] y a su hermano en sus casos de asilo. Nos aseguraremos de que [DETENIDO] asista a todos los controles y audiencias del ICE ante la corte.

Adjunto a esta carta mi licencia de conducir y prueba de ciudadanía de los Estados Unidos y me encantaría proporcionarle cualquier otra cosa que pueda necesitar para proceder con esta solicitud.

Gracias por su atención y espero recibir a [DETENIDO] en nuestra casa lo antes posible.
Atentamente,
[NOMBRE DEL REMITENTE]

Ejemplo 2, corregido

August 30, 2019

Immigrations and Customs Enforcement
P.O. Box 248
Lumpkin, GA 31815

Dear ICE official:

I, [redacted], American citizen, identified with New Jersey Driver's License #I[redacted], certify that my brother-in-law, [redacted], is welcome to stay with my family at our home in New Jersey if released on parole. I assure that he will not become a public charge. I have worked at [redacted] since August 13, 2018, and I am willing to provide financial support, room, board, and all related living expenses for [redacted] while he proceeds with his asylum case.

I have been in a relationship with [redacted]'s sister, [redacted], for three years. We were reunited on May 14, 2019, and now she lives with my family and me in New Jersey. Our address is [redacted], [redacted].

Together with my family, I give my full support to [redacted] and her brother in their asylum case. We will assure that [redacted] attends all his ICE check-ins and hearings before the court.

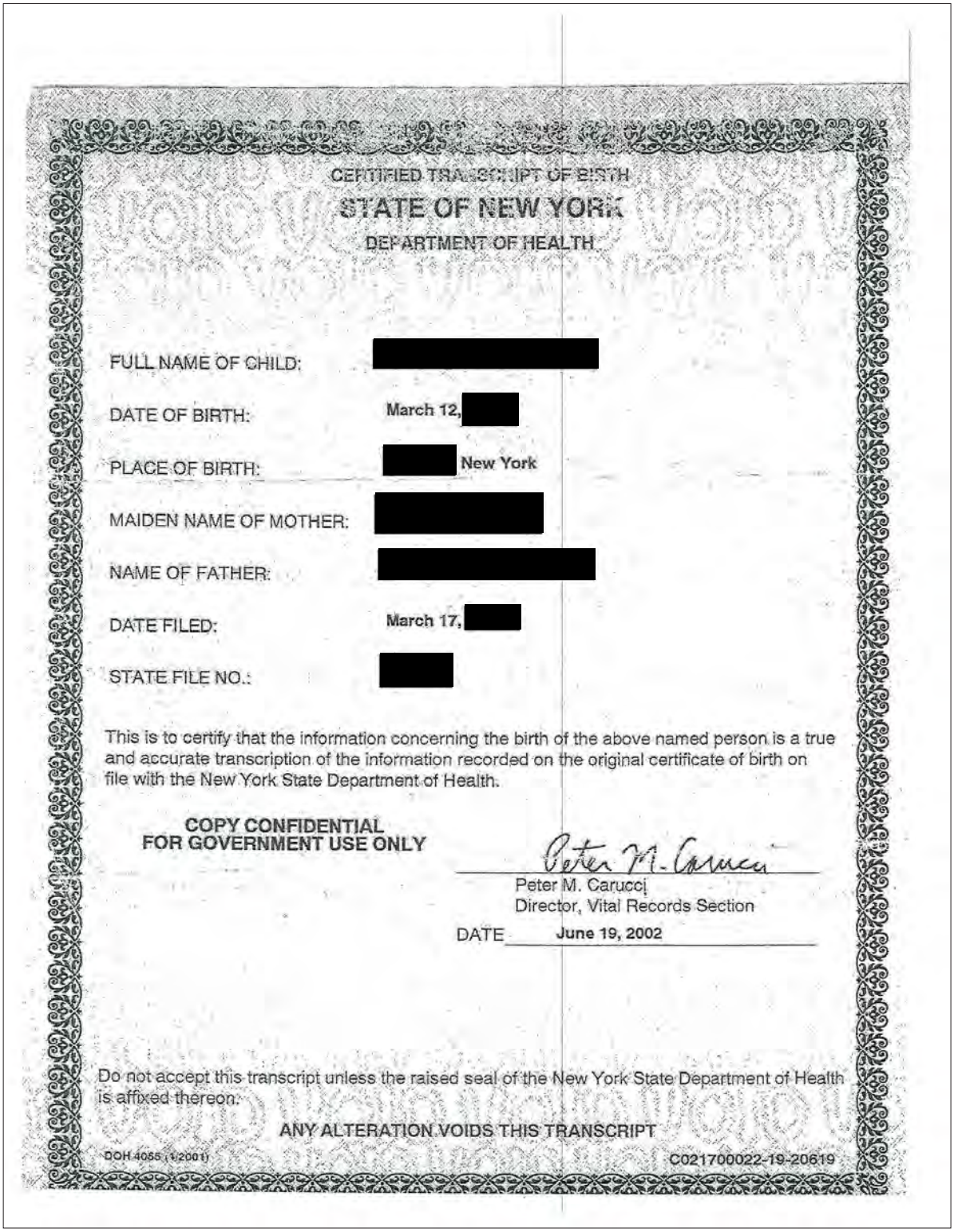
I have attached my driver license and proof of U.S. citizenship to this letter and I am happy to provide anything else you may need to proceed with this request.

Thank you for your consideration and I look forward to receiving [redacted] into our home as soon as possible.

Sincerely,

[redacted]

[redacted]



CERTIFIED TRANSCRIPT OF BIRTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

FULL NAME OF CHILD: [redacted]

DATE OF BIRTH: March 12, [redacted]

PLACE OF BIRTH: [redacted] New York

MAIDEN NAME OF MOTHER: [redacted]

NAME OF FATHER: [redacted]

DATE FILED: March 17, [redacted]

STATE FILE NO.: [redacted]

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original certificate of birth on file with the New York State Department of Health.

COPY CONFIDENTIAL
FOR GOVERNMENT USE ONLY

Peter M. Carucci

Peter M. Carucci
Director, Vital Records Section

DATE June 19, 2002

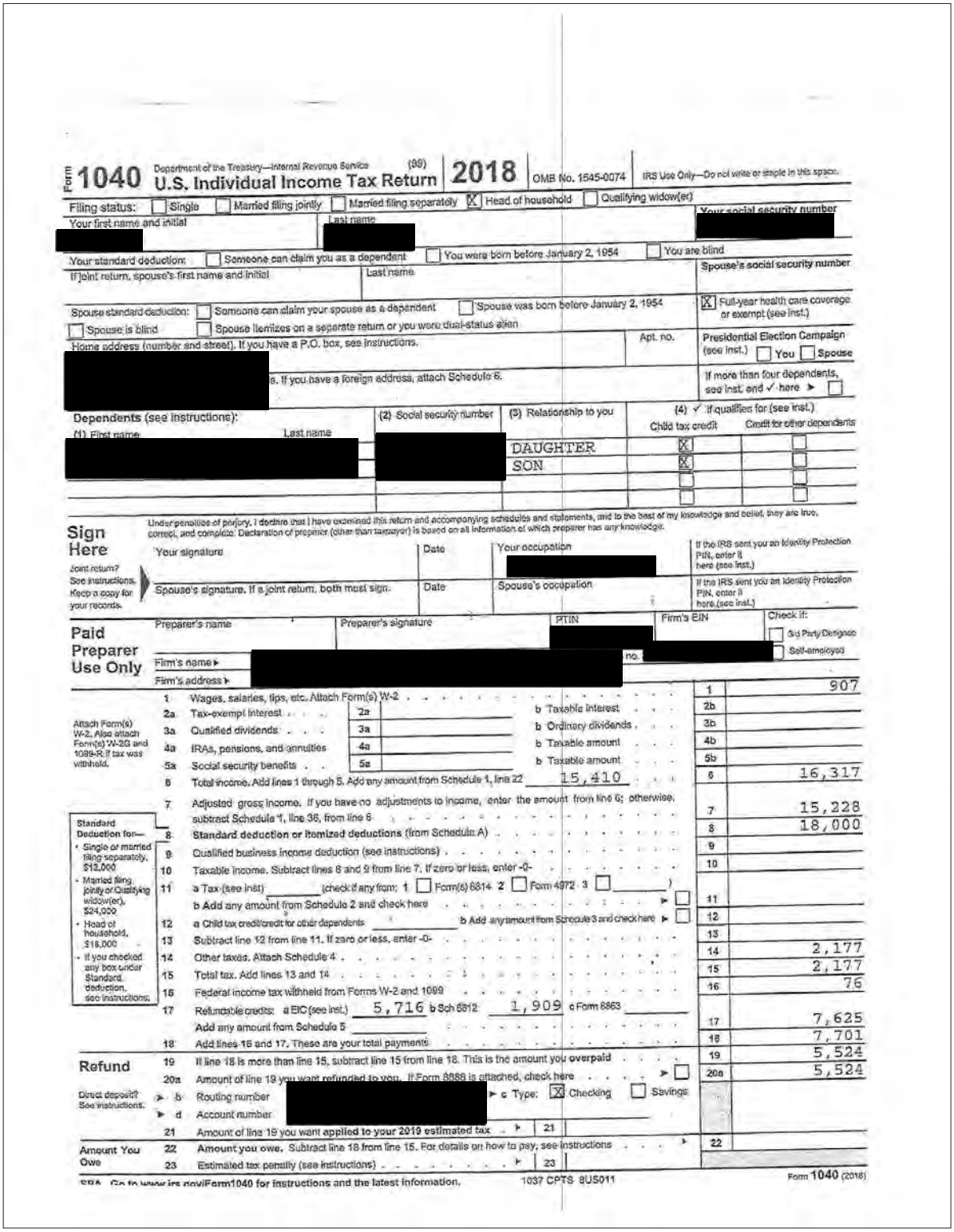
Do not accept this transcript unless the raised seal of the New York State Department of Health is affixed thereon.

ANY ALTERATION VOIDS THIS TRANSCRIPT

DOH 4055 (1/2001)

C021700022-19-20619


Florida
DRIVER LICENSE
[redacted]
03/08/2019
DONOR



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2018** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

Your first name and initial [redacted] Last name [redacted] Your social security number [redacted]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial Last name Spouse's social security number

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

[redacted] s. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.) Child tax credit	Credit for other dependents
[redacted]	[redacted]	DAUGHTER	☒	☐
		SON	☒	☐
			☐	☐
			☐	☐

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation [redacted] If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only Preparer's name Preparer's signature PTIN [redacted] Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ [redacted] Phone no. [redacted]

Firm's address ▶

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	907
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a	b Taxable amount	4b	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	15,410		6	16,317
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7	15,228
8	**Standard deduction or itemized deductions** (from Schedule A)			8	18,000
9	Qualified business income deduction (see instructions)			9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	
11	a Tax (see inst) _____ (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____) b Add any amount from Schedule 2 and check here ▶ ☐			11	
12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here ▶ ☐			12	
13	Subtract line 12 from line 11. If zero or less, enter -0-			13	
14	Other taxes. Attach Schedule 4			14	2,177
15	Total tax. Add lines 13 and 14			15	2,177
16	Federal income tax withheld from Forms W-2 and 1099			16	76
17	Refundable credits: a EIC (see inst.) 5,716 b Sch 8812 1,909 c Form 8863 _____ Add any amount from Schedule 5 _____			17	7,625
18	Add lines 16 and 17. These are your total payments			18	7,701
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**			19	5,524
20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			20a	5,524
b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings				
d	Account number [redacted]				
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21				
22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶			22	
23	Estimated tax penalty (see instructions) ▶ 23				

Standard Deduction for— • Single or married filing separately, $12,000 • Married filing jointly or Qualifying widow(er), $24,000 • Head of household, $18,000 • If you checked any box under Standard deduction, see instructions.

Refund Direct deposit? See instructions.

Amount You Owe

SEA Go to www.irs.gov/Form1040 for instructions and the latest information. 1037 CPTS 8US011 Form **1040** (2018)

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

[redacted]

SUNTRUST

[redacted]

Account Statement

Questions? Please call
1-800-786-8787

SunTrust Debit Card Controls are now available!
Enjoy enhanced card security by controlling how and where your card is used. Lock/unlock your card by transaction type or manage your spending limits right from SunTrust Online or Mobile Banking.
Learn more at suntrust.com/cardcontrols.

Account Summary

Account Type	Account Number	Statement Period
EVERYDAY CHECKING	[redacted]	[redacted]

Description	Amount	Description	Amount
Beginning Balance	$545.26	Average Balance	$344.68
Deposits/Credits	$645.00	Average Collected Balance	$344.68
Checks	$.00	Number of Days in Statement Period	32
Withdrawals/Debits	$842.38		
Ending Balance	$347.88		

Overdraft Protection

Account Number [redacted]

Protected By
Not enrolled

For more information about SunTrust's Overdraft Services, visit www.suntrust.com/overdraft.

Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
04/20		Beginning Balance			545.26
04/22		Recurring Check Card Purchase TR DATE 04/22 Netflix Com Los Gatos [redacted]		17.25	
04/22		Point of Sale Debit TR DATE 04/22 Lakeland Electric Lakeland [redacted]		219.75	308.26
04/23		Check Card Purchase TR DATE 04/22 Charlie's Family Resta Lakeland Fl		30.10	278.16
04/29		Point of Sale Debit TR DATE 04/26 Family Fun Cente Lakeland [redacted]		10.00	
04/29		Check Card Purchase TR DATE 04/26 Sosa Family Cigars COR Lake Buena Vfl		27.16	
04/29		Point of Sale Debit TR DATE 04/27 7-Eleven Lakeland [redacted]		30.00	
04/29		Check Card Purchase TR DATE 04/27 Crabbys Dockside Clearwater Bell		50.90	160.10
04/30		Check Card Purchase TR DATE 04/30 Travelocity [redacted] Www.Tvly.Com Wa		137.89	22.21
05/08		Electronic/ACH Credit SSA Treas 310 Xxsoc Sec [redacted]	645.00		667.21
05/13		Recurring Check Card Purchase TR DATE 05/12 Cricket Wireles [redacted]		80.00	587.21
05/17		Point of Sale Debit TR DATE 05/17 Rent-A-Center [redacted]		167.98	

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

[redacted]

SUNTRUST

Account Statement

Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
05/17		Electronic/ACH Debit Planet Fit Club Fees [redacted]		21.35	397.88
05/21		Over-The-Counter Withdrawal		40.00	
05/21		Over-The-Counter Withdrawal		10.00	347.88
05/21		**Ending Balance**			347.88
		Credit and Debit Totals	$645.00	$842.38	

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.
For more information, including details related to fees and balances, please sign on to Online Banking.

Balance Activity History

Date	Balance	Collected Balance	Date	Balance	Collected Balance
04/20	545.26	545.26	05/08	667.21	667.21
04/22	308.26	308.26	05/13	587.21	587.21
04/23	278.16	278.16	05/17	397.88	397.88
04/29	160.10	160.10	05/21	347.88	347.88
04/30	22.21	22.21			

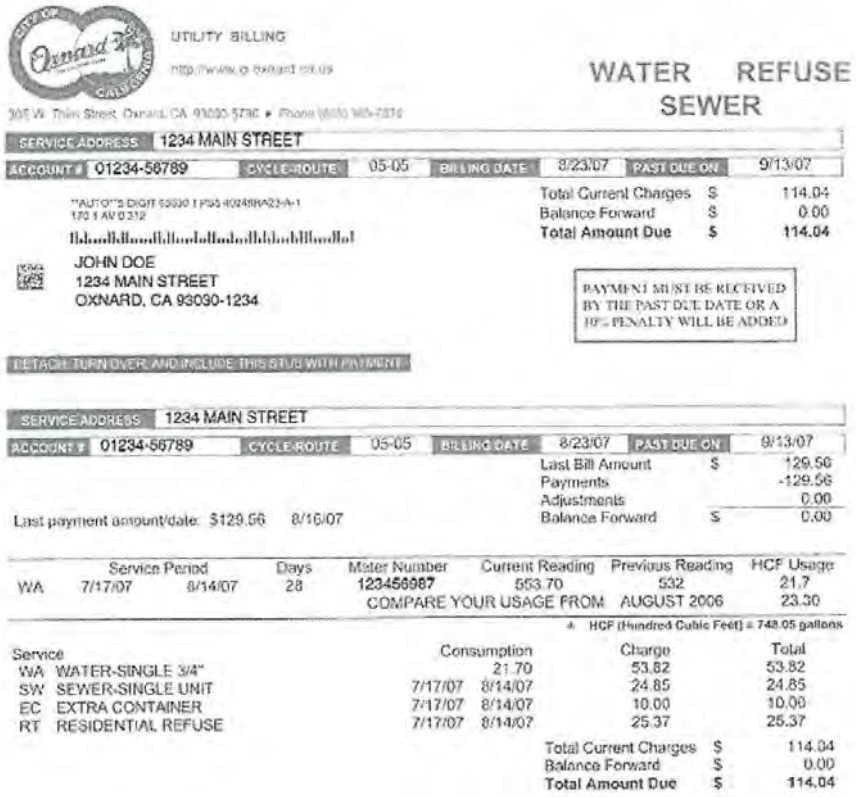
SunTrust is helping you take control of your personal data with credit and identity monitoring through IDnotify (T) by Experian (R). This premium experience is provided at no cost for SunTrust clients - just visit suntrust.com/IDnotify to enroll for free.

Paying for college? Know your options.
In addition to private student loans, SunTrust offers tools & resources to help you plan for college costs.
Visit suntrust.com/studentloans to learn more.

126869

Member FDIC

Patrocinador – bill mostrando su dirección fija



UTILITY BILLING

WATER REFUSE SEWER

SERVICE ADDRESS 1234 MAIN STREET

ACCOUNT # 01234-56789 CYCLE-ROUTE 05-05 BILLING DATE 8/23/07 PAST DUE ON 9/13/07

Total Current Charges	$	114.04
Balance Forward	$	0.00
Total Amount Due	**$**	**114.04**

JOHN DOE
1234 MAIN STREET
OXNARD, CA 93030-1234

PAYMENT MUST BE RECEIVED BY THE PAST DUE DATE OR A 10% PENALTY WILL BE ADDED

DETACH, TURN OVER, AND INCLUDE THIS STUB WITH PAYMENT

SERVICE ADDRESS 1234 MAIN STREET

ACCOUNT # 01234-56789 CYCLE-ROUTE 05-05 BILLING DATE 8/23/07 PAST DUE ON 9/13/07

Last Bill Amount	$	129.56
Payments		-129.56
Adjustments		0.00
Balance Forward	$	0.00

Last payment amount/date: $129.56 8/16/07

	Service Period		Days	Meter Number	Current Reading	Previous Reading	HCF Usage
WA	7/17/07	8/14/07	28	123456987	553.70	532	21.7
				COMPARE YOUR USAGE FROM		AUGUST 2006	23.30

* HCF (Hundred Cubic Feet) = 748.05 gallons

Service		Consumption		Charge	Total
WA	WATER-SINGLE 3/4"	21.70		53.82	53.82
SW	SEWER-SINGLE UNIT	7/17/07	8/14/07	24.85	24.85
EC	EXTRA CONTAINER	7/17/07	8/14/07	10.00	10.00
RT	RESIDENTIAL REFUSE	7/17/07	8/14/07	25.37	25.37

Total Current Charges	$	114.04
Balance Forward	$	0.00
Total Amount Due	**$**	**114.04**

Patrocinador – talón de cheque mostrando su estabilidad financiera

Sample Company Name, Sample Company Address, 95220 — EARNINGS STATEMENT

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE
James Robert	XXX-XX-6565	454545	259248	01/23/14-01/29/14	01/31/14

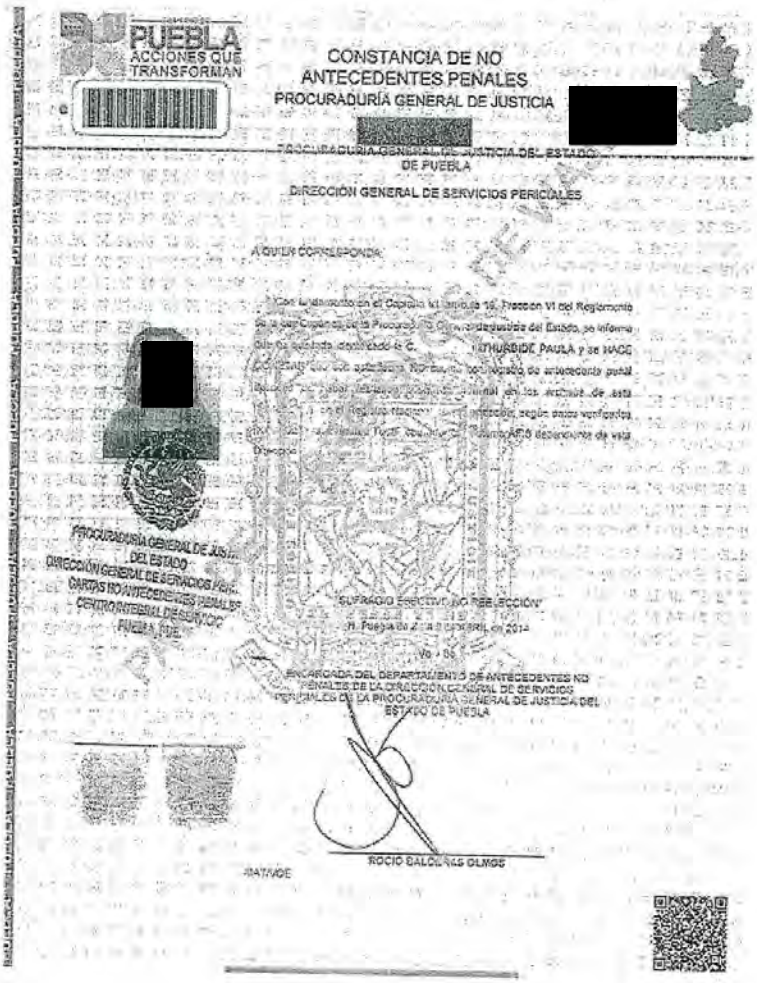
INCOME	RATE	HOURS	CURRENT TOTAL
GROSS WAGES			1,000.00

DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
FICA MED TAX	14.50	72.50
FICA SS TAX	62.00	310.00
FED TAX	159.50	797.48
CA ST TAX	44.26	221.31
SDI	10.00	50.00

YTD GROSS	YTD DEDCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY
5,000.00	1,451.28	3,548.72	1,000.00	290.26	709.74

SECTION 3. Not a danger to the community/ No es un peligro a la sociedad

Cliente – certificación de no antecedentes penales del país de origen



PUEBLA
ACCIONES QUE TRANSFORMAN

CONSTANCIA DE NO ANTECEDENTES PENALES
PROCURADURÍA GENERAL DE JUSTICIA

[redacted]

PROCURADURÍA GENERAL DE JUSTICIA DEL ESTADO DE PUEBLA

DIRECCIÓN GENERAL DE SERVICIOS PERICIALES

A QUIEN CORRESPONDA:

Con fundamento en el Capítulo VI, artículo 19, Fracción VI del Reglamento de la Ley Orgánica de la Procuraduría General de Justicia del Estado, se informa que la persona identificada como C. ITURBIDE PAULA y se HACE CONSTAR que no aparece Registro de antecedente penal [redacted] en los archivos de esta Dirección, según datos verificados.

Dictamen

SUFRAGIO EFECTIVO. NO REELECCIÓN

H. Puebla de Z. a 3 de enero de 2014

Vo. Bo.

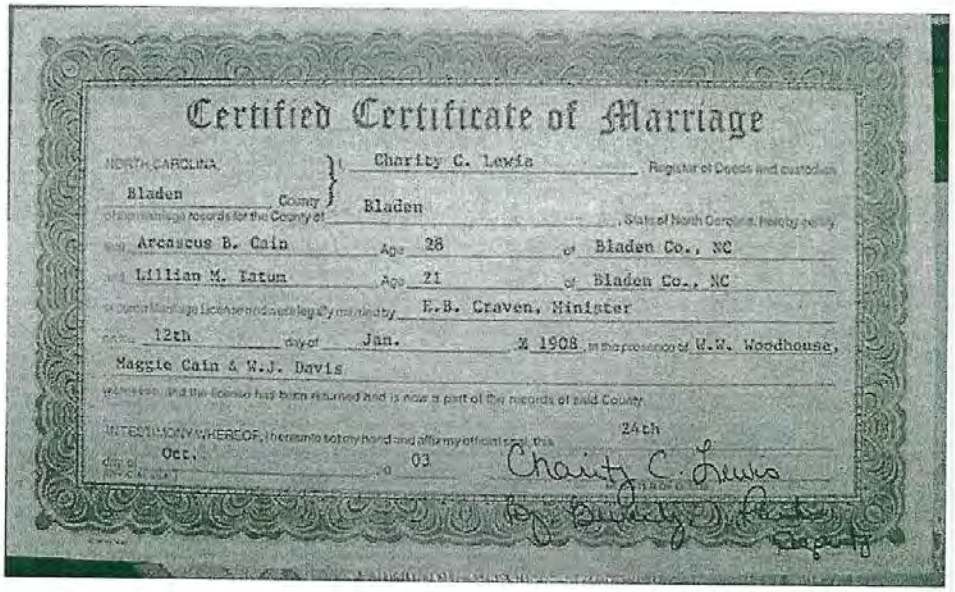
ENCARGADA DEL DEPARTAMENTO DE ANTECEDENTES NO PENALES DE LA DIRECCIÓN GENERAL DE SERVICIOS PERICIALES DE LA PROCURADURÍA GENERAL DE JUSTICIA DEL ESTADO DE PUEBLA

ROCIO SALCEDA OLMOS

PROCURADURÍA GENERAL DE JUSTICIA DEL ESTADO
DIRECCIÓN GENERAL DE SERVICIOS PERICIALES
CARTAS NO ANTECEDENTES PENALES
CENTRO INTEGRAL DE SERVICIOS
PUEBLA, PUE.

SECTION 4. Other documents/Otros documentos

Cliente – certificado de matrimonio



Certified Certificate of Marriage

NORTH CAROLINA } I Charity C. Lewis Register of Deeds and custodian
Bladen County } of the marriage records for the County of Bladen, State of North Carolina, hereby certify
that Arcaucus B. Cain Age 28 of Bladen Co., NC
and Lillian M. Tatum Age 21 of Bladen Co., NC
were duly licensed and lawfully married by E.B. Craven, Minister
on the 12th day of Jan. A.D. 1908 in the presence of W.W. Woodhouse,
Maggie Cain & W.J. Davis
witnesses, and the license has been returned and is now a part of the records of said County.

IN TESTIMONY WHEREOF, I hereunto set my hand and affix my official seal, this 24th
day of Oct. A.D. 03

Charity C. Lewis
Register of Deeds

By [illegible] Deputy

Teacher de la escuela – carta de apoyo

[Teacher's name]

[Teacher's address]

[Date]

To Whom it May Concern:

I have had the pleasure of having [name of student] in my class for [weeks/months/years]. S/he was a standout individual and a hard worker. S/he is extremely well mannered, kind, and respectful. S/he is a student who gets her/his work done and is appreciative of the school system. It breaks my heart to see her/him hurting and sad, due to something happening at home. I cannot imagine what s/he is going through and obviously it has affected her/his personality some at school. It would be hard to focus when your mind is on if you are going to get to see your [name of family member] again. I would hate for this to negatively affect her/his education and innocent personality.

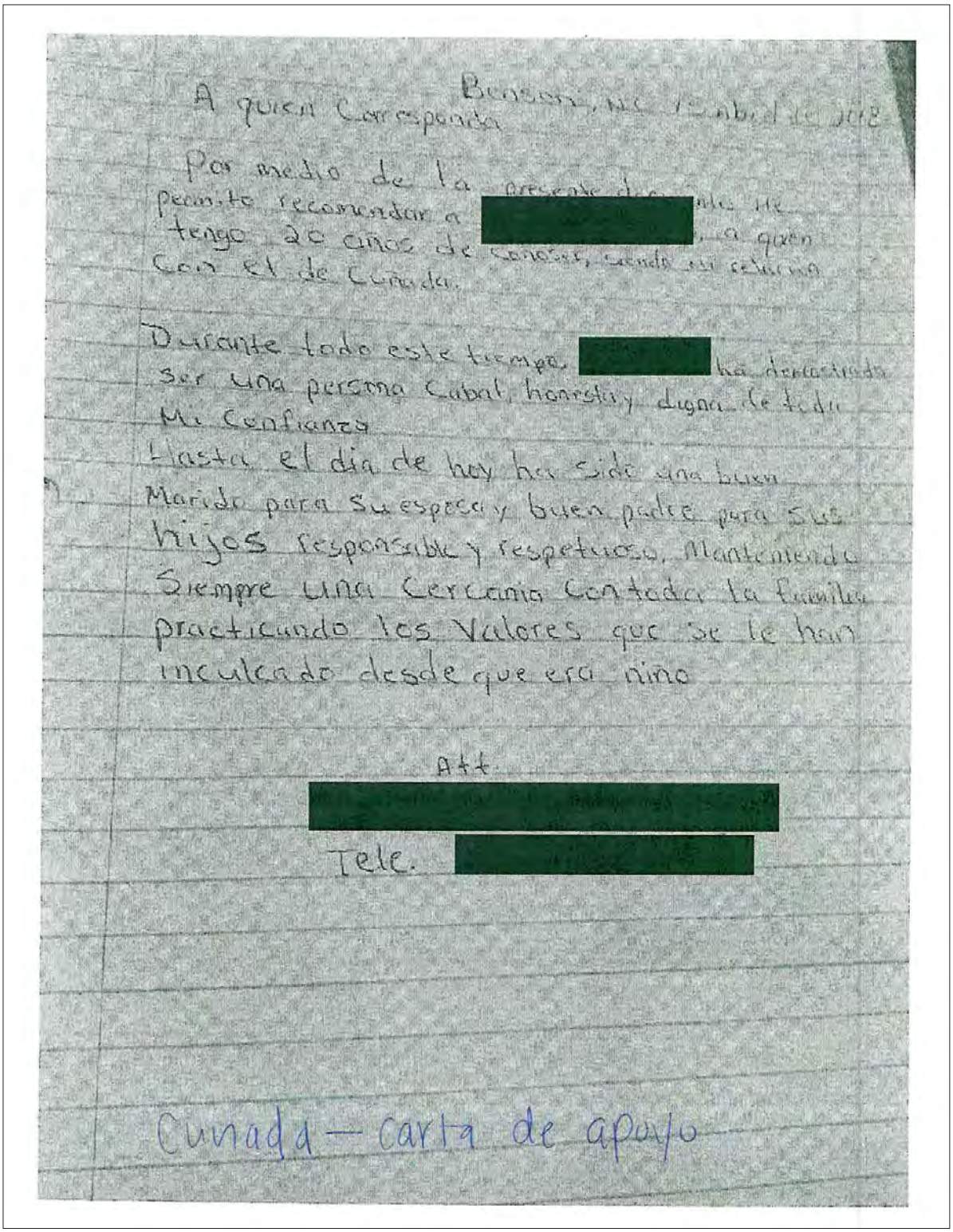
Having worked with children for over [weeks/months/years], I can tell how most children are raised. Being around [name of student] I can tell s/he has great, involved parents. S/he was taught to respect her/his teachers and peers and not to take her/his education for granted. S/he is always happy and smiling. S/he is a joy to be around. I have no doubt in my mind that [name of student] will be a contributing member of our workforce in the future.

In conclusion, [name of student] is being affected in all aspects of her/his life from her/his [name of family member] being detained by immigration. I love this kid and would hate for this tragedy to change who s/he is. It breaks my heart to see hear in her/his eyes. I hope in the future this family unit is reunited and is whole again.

Sincerely,

[Teacher's signature]

[Teacher's name]



A quien Corresponda

Por medio de la presente [redacted] me permito recomendar a [redacted], a quien tengo 20 años de conocer, siendo su cuñada con el de Cuñada.

Durante todo este tiempo, [redacted] ha demostrado ser una persona cabal, honesta y digna de toda Mi Confianza

Hasta el día de hoy ha sido una buen Marido para su esposa y buen padre para sus hijos responsable y respetuoso, Manteniendo Siempre una Cercania Contada la familia practicando los Valores que se le han inculcado desde que era niño

Att.

[redacted]

Tele. [redacted]

Cunada – carta de apoyo

Benson, NC. April 15, 2018

To Whom it May Concern

Through this document I would like to recommend [redacted], whom I have known for 20 years as he is my brother-in-law.

During all of this time, [redacted] has demonstrated himself to be an upright person, honestly deserving of all of my trust.

Up to this day he has been a good husband to his wife and a good father to his children; responsible and respectable. He has maintained a closeness to all of his family, practicing the values that were instilled in him since he was a child.

Attentively,

[redacted]

Telephone [redacted]

Cuñada – carta de apoyo traducida

I, Mary Flores, do hereby certify that I am qualified to translate between the Spanish and English languages, that I have read the attached document and that this is a true and correct translation of the original document from Spanish to English to the best of my abilities.

MFlores

Mary Flores

5/11/18

Date

certificado de traducción inglés – esp.

[redacted] Catholic Church

[redacted] NC [redacted]

[redacted]

Phone: [redacted]
Fax:
Email: [redacted]

April 5, 2018

Re: [redacted]

To Whom it may concern:

I am writing this letter of confirmation for Mr. [redacted] Mr. [redacted] and his family are registered members of [redacted] Catholic Church in [redacted], North Carolina. The family has been registered at our Parish since April of 2010. The family regularly attends Sunday Mass and the children faithfully attend Religious Education Classes. We have never encountered any difficulties whatsoever with this family.

We are a part of the Diocese of [redacted], North Carolina.

Mr. [redacted] is the sole breadwinner for the family. In his absence the family has been struggling financially to pay bills and feed everyone.

I thank you for the support and acknowledgement that you can give this family for their immigration needs and I am grateful for your consideration.

Sincerely,

[redacted]

(Church Seal)

Carta de apoyo – Pastor de la iglesia

FHR Behavioral Healthcare Services
Fostering Hope and Recovery

North Carolina Region
Mary Ann Johnson, Regional Director
5509 Creedmoor Road
Raleigh, NC 27612
www.fhr.net
t: 919-573-6520 | f: 919-573-6555

June 5th, 2018
Monica Whatley
Legal Assistant
Southern Poverty Law Center

Dear Ms. Whatley:
Your client [redacted] is welcome to attend clinical counseling services for substance addiction at the Fellowship Health Resources (FHR) in Raleigh, NC. FHR offers intensive outpatient treatment services that require attendance 3 days per week, 3 hours per day. The location is 5509 Creedmoor Rd, Raleigh, NC 27612.

We look forward to meeting Mr. [redacted] and assisting him on along his recovery.

Sincerely,

[redacted]

[redacted]

Director of Addiction Services

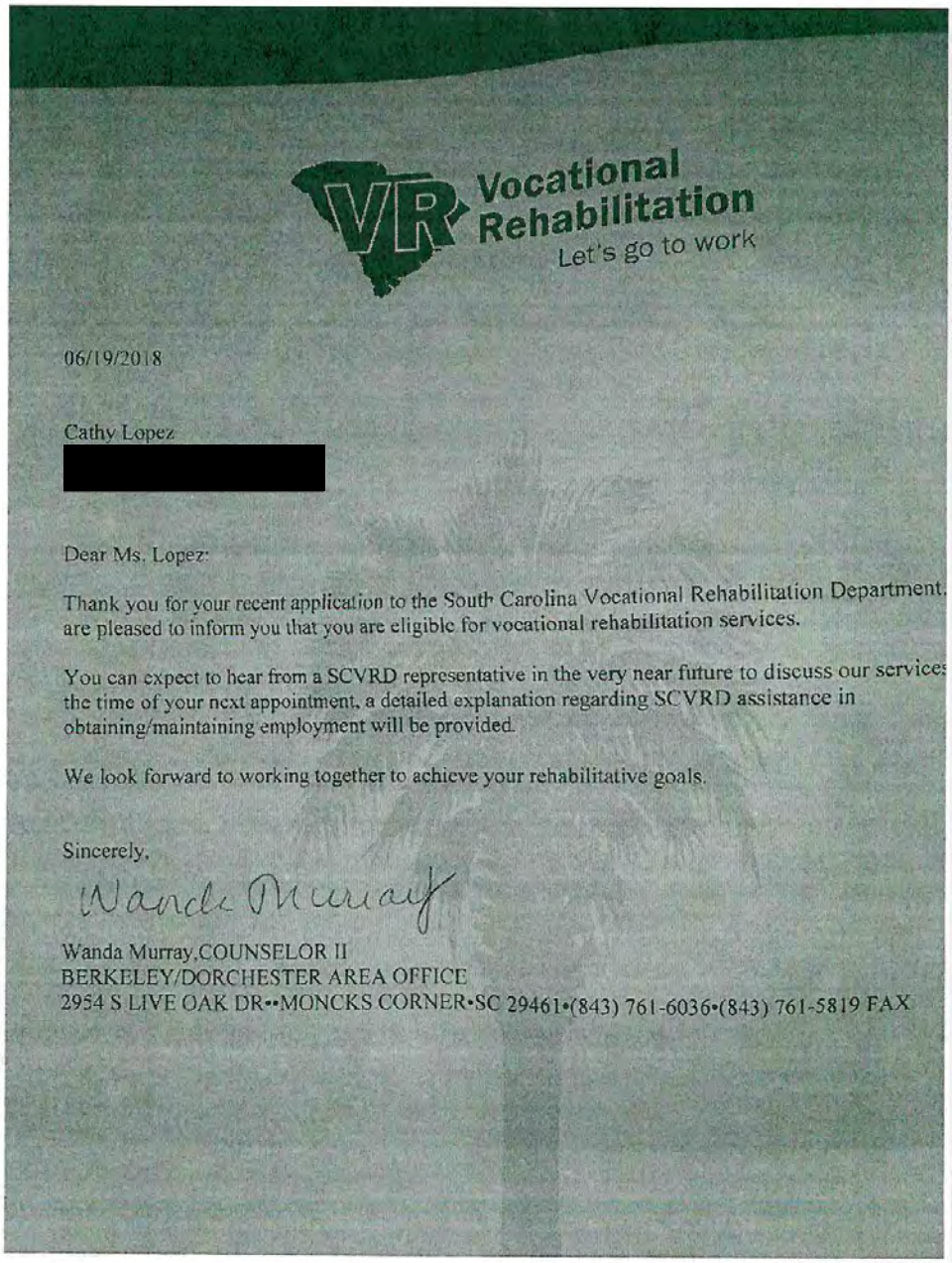
Fellowship Health Resources, Inc
5509 Creedmoor Rd
Raleigh, NC 27612

[redacted]

[redacted]

Carta de apoyo - terapeuta

Carta de referencia - rehab



Vocational Rehabilitation
Let's go to work

06/19/2018

Cathy Lopez
[redacted]

Dear Ms. Lopez:

Thank you for your recent application to the South Carolina Vocational Rehabilitation Department. are pleased to inform you that you are eligible for vocational rehabilitation services.

You can expect to hear from a SCVRD representative in the very near future to discuss our service the time of your next appointment, a detailed explanation regarding SCVRD assistance in obtaining/maintaining employment will be provided.

We look forward to working together to achieve your rehabilitative goals.

Sincerely,

Wanda Murray

Wanda Murray,COUNSELOR II
BERKELEY/DORCHESTER AREA OFFICE
2954 S LIVE OAK DR••MONCKS CORNER•SC 29461•(843) 761-6036•(843) 761-5819 FAX

Carta de apoyo- rehabilitación

El Zócalo Immigrant Resource Center
Mailing Address: P.O. Box 250953
Little Rock, AR. 72225
Physical Address (by appointment only):
5500 Geyer Springs Rd.
Little Rock, AR, 72209
Phone: (501) 301-4652 (301-HOLA)
Email: team@zocalocenter.org
Website: http://www.zocalocenter.org

July 16, 2019

[redacted]
146 CCA Road
Lumpkin, GA 31815

Dear [redacted]:

El Zócalo Immigrant Resource Center is a 501(c)3 non-profit organization in Central Arkansas. Our mission is to promote a dignified life for immigrants in Arkansas by connecting individuals and families with services and fostering community-wide understanding through education. Poverty, language and cultural barriers often make it difficult for immigrants to navigate life in Arkansas. We take a culturally-informed approach, providing the support they need to help themselves.

We have been in contact with the Southern Poverty Law Center and are aware that Mr. [redacted] is seeking to move to the Little Rock area upon his release from Stewart Detention Center. Should he be released [redacted] from detention, we would be happy to help Mr. [redacted] with health and social support, English language instruction, and any basic needs that he may have. Our community is ready to assist him and we also provide case management services.

I look forward to hearing from and assisting Mr. [redacted] If you have any questions, please feel free to contact me at [redacted]

Sincerely,

[redacted]

Carta de apoyo –
Centro de recursos para inmigrantes

ATLANTA TECHNICAL COLLEGE

Dear Graduation Candidate,

Congratulations on your achievement!!

The President, Faculty, Staff, Local and Foundation board would like to congratulate you on reaching this most awesome milestone in your life. We are pleased that you chose Atlanta Technical College as the institution to further your education, and we were delighted to share this day with you.

When your award is available you will be notified by mail with instructions outlining how to retrieve your certificate, diploma or degree. In the meantime you may contact the Registrar's Office @ [redacted], if you require a transcript.

Again, We extend sincere congratulations to you on your success!

Congratulations!!

Best Wishes,

Atlanta Technical College

Certificado de graduación

Student Affairs Division
1560 Metropolitan Parkway, SW
Atlanta, Georgia 30310-4446
t 404.225.4400
www.atlantatech.edu

Fuerte defensa a la deportacion

April 18, 2019

[redacted]

[redacted]

146 CCA Road
Lumpkin, GA 31815

Re: [redacted] A# [redacted]

Dear [redacted]

My name is Nicholas Katz, and I am the senior manager of legal services at CASA de Maryland, a 501(c)(3) nonprofit organization that provides services and advocates for the immigrant community in Maryland, Virginia and Pennsylvania.

I have been in contact with Matt Boles from the Southern Poverty Law Center's Southeast Immigrant Freedom Initiative (SIFI), who is working on Mr. [redacted] case. Should he be released from detention [redacted], our organization is willing to provide a consultation, and possible pro bono placement or referral on his merits case. While pro bono representation is never a guarantee, we feel confident we could help Mr. [redacted] connect with an attorney for either pro bono or low-bono legal services to assist with his merits claim.

I look forward to hearing from and assisting Mr. [redacted] If you have any questions, please feel free to contact me at [redacted]

Sincerely,

Nicholas Katz
Senior Manager of Legal Services
CASA de Maryland

CASA Legal Program P.O. Box 7277, MD 20787-7277 | www.wearecasa.org | 301.431.4185

Carta de apoyo/referencia — abogado/a

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

PAROLE ADVISAL AND SCHEDULING NOTIFICATION
Notificación de Parole (Libertad Condicional)

Alien's Claimed Name(s) (including AKAs) _____

_____ A#(s) _____

Detention Facility Name and Location Tallahatchie Correctional Facility, TUTWILER, MS

Field Office New Orleans

NOTICE TO THE ALIEN

Because you have been determined to have a "credible fear" of persecution or torture, U.S. Immigration and Customs Enforcement (ICE) will consider whether to parole you from custody pending the resolution of your immigration proceedings. As an Asylum Officer may have already explained to you, ICE may grant you parole if you can establish to ICE's satisfaction: (1) your identity; (2) that you are likely to appear for all scheduled hearings and enforcement appointments (including for removal from the United States if you are ordered removed); and (3) that you do not present a security risk to the United States or a danger to the community.

1) Documents that *May* Prove Identity Documentos que *quizás* prueban la identidad

- **Passport**
  - Your *original*, valid passport *OR*
  - Copy of your passport AND one or more of the other identity documents listed here
- **National ID Card**
  - Your *original*, valid national ID card *OR*
  - Copy of your national ID card AND one or more of the other identity documents listed here
- **Birth Certificate**
  - Your *original* birth certificate AND one or more of the other identity documents listed here
  - Copy of your birth certificate AND one or more of the other identity documents listed here
- **Affidavit (Letter) from a Person Who Can Confirm Your Identity**
  - *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - *Must* be signed by a lawful permanent resident (green card holder) or citizen of the United States of America and include a copy of the person's passport or green card
  - *Must* include the person's full name and her/his address and phone number(s)
  - *Must* state how and for how long he or she has known you

2) Documents that *May* Prove that You are Not a Flight Risk Documentos que *quizás* prueban que no es riesgo de fuga

- **Affidavit (Letter) from a Person or Community Organization Who Will Support You**
  - *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - *Must* include the person's/organization's full name and her/his address and phone number(s)
  - *Must* be signed by a lawful permanent resident (green card holder) or citizen of the United States of America and include a copy of the person's passport or green card
  - *Must* state that you will reside at the address listed and that the person/organization is willing to support you – for example, provide you housing and food – while you are in immigration proceedings
  - *Must* include a copy of a utility or telephone bill, with the person's/organization's name and current address matching the address of residence included in the affidavit
  - *Can* include details of any other ties that you have to where you will live (family, friends, etc.)
- **In addition to the Affidavit of Sponsorship, you may also submit**
  - Letters from others in the community where you will live, showing their support. Note: *must* include the writer's name, address, contact information, and immigration status.
  - Documentation of any legal, medical or social services you will receive upon release

3) Documents that *May* Prove that Your are Not a Danger to the Community

Documentos que *quizás* prueban que no es peligro a la comunidad

- **Evidence of acquittal or dismissal of any criminal charges**
- **Certificates** for rehabilitation classes or evidence of other positive accomplishments (completion of a degree or training, long-term employment, volunteer activities, activities with your place of worship)
- **Affidavit attesting to your rehabilitation**
  - *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - *Must* be signed by a lawful permanent resident (green card holder) or citizen of the United States of America and include a copy of her/his passport or green card
  - *Must* include the person's full name and her/his address and phone number(s)
  - *Must* state how and for how long he or she has known you
  - *Must* explain why she/he believes that you have been rehabilitated

If you would like ICE to consider any documents as part of its assessment whether to parole you from detention, you must provide those documents as soon as possible to allow ICE sufficient time to review the documents thoroughly before your interview. You may also request additional time to obtain documents for ICE's consideration, but should make that request as soon as possible.

ICE has scheduled you for an interview to assess whether you meet these qualifications. That interview will take place at the time and place indicated below.

Your parole interview has been scheduled with an ICE officer at the following date and time:

Su entrevista de parole esta agendada con un oficial de ICE en la fecha y a la hora siguente:

08/16/2018 (Month, Day, Year) @ 5:00 PM (Time – Indicate "a.m." or "p.m.")

Mes, Dia, Año — Hora - Indica "a.m" o "p.m."

Please provide any paperwork you would like considered (or any request for additional time to gather paperwork) no later than

Por favor provea cualquier documento que quiere que consideremos (o cualquier solicitud por tiempo adicional para colectar sus documentos) antes de

08/16/2018 (Month, Day, Year), to:

JAMES SHEFFIELD Officer Name	415 U.S. HIGHWAY 49 N TUTWILER, MS 38963 Address/City/State/Zip
+1 (662) 345-6567 Office Telephone Number	+1 (662) 345-8527 Fax

(ICE Detention and Removal Operations Field Office Personnel: Indicate Manner in Which Alien Should Provide Documentation)

Following your interview, you will be notified in writing of ICE's decision, usually within 7 days. If your request is denied, you will receive a written explanation of the denial.

Después de la entrevista, le notificarán por escrito de la decisión de ICE, usualmente dentro de 7 días. Si su solicitud esta denegada, recibirá una explicación escrita de la negación.

PROOF OF SERVICE

Firma de la persona pidiendo el asilo:

Asylum Seeker's Signature: _____

Date: 08/16/2018

ICE Officer's Name: _____

Language Used: _____ Interpreter Number (if applicable): _____

Idioma usado:

Ejemplo de preguntas de la entrevista de parole

Sample Parole Interview Questions

1. **Do you have a sponsor? (Yes or No)** *¿Usted tiene un patrocinador? Escriba nombre, dirección y teléfono de su patrocinador (Sí o No)*

2. **What is their relation to you? (Name, address, phone number)** ¿*Cuál es su relación familiar con su patrocinador? (Nombre, dirección, número de teléfono)*

3. **Will you be living with your sponsor? (Yes or No)** *¿Usted vivirá con su patrocinador? (Sí o No)*

4. **If not, where will you be residing and their relation to you? (Name, address, phone number)** *Si no ¿con quién vivirá en los Estados Unidos? ¿Y cuál es su relación con la persona con quien vivirá? (Nombre, dirección, número de teléfono)*

5. **Do you have close family ties living in the United States? Describe: (mother, father, number of children; USC or LPR)** *¿Tiene familia cercana en los Estados Unidos? Descripción: (¿madres, padre, hijos? ¿Ciudadanos o residentes permanentes?)*

6. **If your parole is granted, do you have travel arrangements?** *Si le conceden libertad condicional, ¿puede usted o su familia pagar por su viaje a la dirección de su patrocinador?*

7. **Do you have sufficient funds for any form of transportation/food? (Taxi, bus fare or plane ticket)** *¿Usted tiene suficientes fondos/dinero para pagar su transportación y su comida? (taxi, pasaje en autobús, pasaje en avión)*

8. **Do you have any community ties or non-governmental sponsors? Describe: (church, rehabilitation programs)** *¿Usted tiene algún vínculo con alguna comunidad o una entidad no relacionada con el gobierno? Descripción: (Un iglesia o programa de rehabilitación)*

9. **Have you ever been convicted of a crime? Describe: (only answer Yes or No)** *¿Usted tiene antecedentes penales, alguna condena criminal o arresto? Descripción: (Solo conteste Sí o No)*

10. **Do you have a valid, government-issued documentation of identity?** *Tiene algún document de identificación emitido por algun gobierno?*

11. **In the absence of government-issued documentation of identity, are there any third-party affidavits from affiants, who are themselves able to establish their own identity and address, that support the validity of the individual's claimed identity?** *¿Si usted no tiene algun documento de identificación, tiene alguna persona que pueda establecer su identidad por medio de una declaración jurada?*

12. **Is there anything you want to add?** *Usted quiere añadir alguna otra información?*