

# 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. Please (1) dial 910# if you are calling from inside the facility or (2) dial 866-422-0151, if you are calling from outside the facility.

## **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.

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 by April 30, 2020, or within five days of detention (whichever is later)
- Conduct custody redeterminations where they review detained people’s Risk Factors to determine whether they can be protected from COVID-19 infection in detention or whether they must be released because ICE cannot adequately protect them based on their individual vulnerabilities

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 who the “Field Office Director” and “Deportation Officer” are who are responsible for your case, write their names down on the lines indicated.

Under the section called “*My Information*,” 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.

**ADDITIONAL RESOURCES FOR DETAINED INDIVIDUALS**

*Fraihat* Counsel has a free telephone line you can use that is staffed Tuesday, Wednesday, and Thursday from 1 – 3pm Eastern Time. If you need additional information, please (1) dial 910# if you are calling from inside the facility or (2) dial 866-422-0151, if you are calling from outside the facility. This call will be free and confidential. Language interpretation is provided.

# Pro Se Request for Release Pursuant to *Fraihat*

Date: \_\_\_\_\_

Field Office Director: \_\_\_\_\_

Deportation Officer: \_\_\_\_\_

## RE: *PRO SE* REQUEST FOR CUSTODY REDETERMINATION PURSUANT TO *FRAIHAT*

### My Information

Name: \_\_\_\_\_

A Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am currently detained at: \_\_\_\_\_

### I. I am a subclass member of *Fraihat v. ICE*

I respectfully submit this request for custody redetermination under *Fraihat v. ICE*, Case No. 5:19-cv-01546-JGB-SHK (C.D. Cal. Apr. 20, 2020), ECF No. 133. I believe I am a subclass member because:

- I am 55 or older.
- I am pregnant.
- I have the following condition(s):
  - Heart disease (including history of congestive heart failure, heart attack, heart surgery, heart rhythm problems, chest pain, heart infection)
  - High blood pressure
  - Respiratory disease (including asthma, bronchitis, emphysema, or other conditions that make it difficult to breathe)
  - Diabetes
  - Cancer
  - Liver disease
  - Kidney disease
  - Autoimmune disease (including psoriasis, rheumatoid arthritis, lupus, or other conditions that affect the immune system)
  - Mental illness (including depression, anxiety, PTSD, bipolar, schizophrenia)
- I have previously had an organ transplant.
- I am HIV/AIDS positive.
- Although ICE's medical records reflect my conditions, I have also voluntarily attached medical records evidencing my Risk Factor(s).

Additional Details:

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**II. Sponsor Information**

If released, I will stay with my:

- Friend
- Family Member
- Other Sponsor

Sponsor Name: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

Sponsor Address:

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By submitting this request, I am notifying ICE of their obligation to review me for release under *Frailhat*.

Sincerely,

X \_\_\_\_\_