

## APÉNDICE 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.

# SECCIÓN 1. Identificar documentos

Cliente – identificación

  
**Estados Unidos Mexicanos**  
**Acta de Nacimiento**

Verificación Electrónica  
 \*A85016520617\*  
 Clave Única de Registro de Población  
 VAM1504021ACHISGR00  
 Número de Certificado de Nacimiento  
 Ciudad de Registro  
 CHIHUAHUA  
 Municipio de Registro  
 JUAREZ, JUAREZ

Fecha de Registro	Oficial/a	Libro	Folio	Acta
24 DE SEPTIEMBRE DE 1945	2	48	117	2198

Datos de la Persona Registrada

**VASQUEZ**

Nombre(s): **VASQUEZ**      Apellido(s): **CHIHUAHUA**  
 Género: **FEMENINO**      Fecha de nacimiento: **04 JUN 1945**  
 Lugar de nacimiento: **CD. JUAREZ, JUAREZ, CHIHUAHUA**

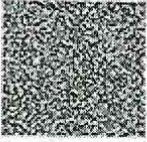
de la Unión de Filiación de toda acta así Registrada


Nombre(s)	Apellido(s)	Sexo	Edad	Nacionalidad	Estat
ENRIQUE VASQUEZ	CHIHUAHUA	M	75	MEXICANA	ES
ISRAEL VASQUEZ SUAREZ	CHIHUAHUA	M	75	MEXICANA	ES


Datos de los Abuelos

Abuelo I	Abuelo II
ISRAEL VASQUEZ SUAREZ	JOSE AGUIRRE VALLEZCAS
EVANGELINA GOMEZ DE VASQUEZ TENADA	PAULA GUTIERREZ DE AGUIRRE

Anotaciones Marginales	Certificación
NO CONTIENE ANOTACIONES.	LA PRESENTE CERTIFICACION ES UN EXTRACTO DEL ACTA SINDE DATOS ANTES DE FIRMADA Y QUE SE ENVIÓ FIRMOA ELECTRONICAMENTE, Y DE MANERA AUTOMÁTICA CON FUNDAMENTO EN LOS ARTICULOS 46 DEL CODIGO FAN DEL ESTADO DE CHIHUAHUA Y 2 DEL REGLAMENTO INTERIOR DEL REGISTRO CIVIL DEL ESTADO DE CHIHUAHUA EN CHIHUAHUA, CHIHUAHUA. HAGO CONSTAR DEL MILE DE PERSONA DE DICHA SINCERAMENTE.

  
1583070001104020617

  
**LUCIA INÉS AURORA MARTÍNEZ ESPINAL**  
 DIRECTORA DEL REGISTRO CIVIL

  
\*A85016520617\*

Para ver cómo se autoriza el uso del presente acta de nacimiento consulte la página 48 del folio 107. Firma: 2016/05/16 08:46:16:16:16

# SECCIÓN 1. Identificar documentos



## SECCIÓN 2. Cartas de Apoyo y Patrocinio

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]  
[REDACTED] AV  
[REDACTED] FL [REDACTED]

State of Florida Polk  
County of \_\_\_\_\_  
Sworn to (or affirmed) and subscribed to on this \_\_\_\_\_ day  
of June, 2019, by \_\_\_\_\_ person making statement.  
 Personally known to me  
 Produced Identification: Florida Driver Lic.  
Type of Identification Produced \_\_\_\_\_  
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] [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]  
[REDACTED]  
[REDACTED]

  
Zachary Kalfel  
State of Florida  
My Commission Expires 05/21/2021  
Commission No. GG 31895

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 # [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





Form **1040** Department of the Treasury—Internal Revenue Service (99) **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: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

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): [REDACTED] Apt. no.: [REDACTED] Presidential Election Campaign (see inst.)  You  Spouse  
 b. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and check here:

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.)	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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.

Your signature: [REDACTED] Date: [REDACTED] Your occupation: [REDACTED]  
 Spouse's signature, if a joint return, both must sign: [REDACTED] Date: [REDACTED] Spouse's occupation: [REDACTED]

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	907
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRAs, pensions, and annuities	4a		4b	
5a	Social security benefits	5a		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 <input type="checkbox"/> Form(s) 9814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) 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			17	7,625
18	Add lines 16 and 17. These are your total payments			18	7,701
19	Refund. 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: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> 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 16 from line 15. For details on how to pay, see instructions			22	
23	Estimated tax penalty (see instructions)			23	

SUNTRUST BANK  
 PO BOX 305183  
 NASHVILLE TN 37230-5183



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](http://suntrust.com/cardcontrols).

Account Summary	Account Type	Account Number	Statement Period
	EVERYDAY CHECKING		
	Description	Amount	Description
	Beginning Balance	\$545.26	Average Balance
	Deposits/Credits	\$645.00	Average Collected Balance
	Checks	\$5.00	Number of Days in Statement Period
	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](http://www.suntrust.com/overdraft).

Transaction History			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		17.25	
04/22		Point of Sale Debit TR DATE 04/22 Lakeland Electric Lakeland		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		10.00	
04/29		Check Card Purchase TR DATE 04/26 Sosa Family Cigars COR, Lake Buena Vllf		27.16	
04/29		Point of Sale Debit TR DATE 04/27 7-Eleven Lakeland		30.00	
04/29		Check Card Purchase TR DATE 04/27 Crabbys Dockside Clearwater Bell		80.90	160.10
04/30		Check Card Purchase TR DATE 04/30 Travelocity www.Tvly.Com Wa		137.89	22.21
05/08		Electronic/ACH Credit SSA Treas 310 Xsbot Sec	645.00		667.21
05/13		Recurring Check Card Purchase TR DATE 05/12 Cricket Wireless		80.00	587.21
05/17		Point of Sale Debit TR DATE 05/17 Rent-A-Center		167.98	

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

Page 2 of 2



Account Statement

Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
05/17		Electronic/ACH Debit Planet Fit Club Fees		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	567.21	567.21
	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 (TM) by Experian (R). This premium experience is provided at no cost for SunTrust clients - just visit [suntrust.com/IDnotify](http://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](http://suntrust.com/studentloans) to learn more.

126869

Member FDIC

Patrocinador – bill mostrando su dirección fija



UTILITY BILLING  
http://www.ci.oxnard.ca.us

305 W. Third Street, Oxnard, CA 93030-5790 • Phone (805) 385-7816

**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

\*AUTO'S DIGIT 83030 1 P90 40248R22-A-1  
170 1 AV 0312



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
		<b>Total Amount Due \$</b>	<b>114.04</b>

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	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	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 DEDUCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY	
5,000.00	1,451.28	3,548.72	1,000.00	290.26	709.74	

# SECCIÓN 3. No es un peligro para la sección comunitaria

Cliente – certificación de no antecedentes penales del país de origen

**PUEBLA**  
ACCIONES QUE TRANSFORMAN

**CONSTANCIA DE NO ANTECEDENTES PENALES**  
PROCURADURÍA GENERAL DE JUSTICIA

PROCURADURÍA GENERAL DE JUSTICIA DEL ESTADO DE PUEBLA  
DIRECCIÓN GENERAL DE SERVICIOS PERICIALES

A QUIEN CORRESPONDA:

Con fundamento en el artículo 14, fracción VI del Reglamento de la Ley Orgánica de la Procuraduría General de Justicia del Estado, se informa al Sr. [REDACTED] que en los expedientes de su expediente de antecedentes penales no se han detectado antecedentes penales en los archivos de esta Procuraduría General de Justicia del Estado, según consta en el presente documento.

**PROCURADURÍA GENERAL DE JUSTICIA DEL ESTADO**  
DIRECCIÓN GENERAL DE SERVICIOS PERICIALES  
CENTRO INTEGRAL DE SERVICIOS PERICIALES  
PUEBLA, PUE.


SUPLENTE ELECTIVO NO REELECCIÓN  
PUEBLA, PUE. 20 de ABRIL de 2019

ENCARGADA DEL DEPARTAMENTO DE ANTECEDENTES PENALES DE LA DIRECCIÓN GENERAL DE SERVICIOS PERICIALES DE LA PROCURADURÍA GENERAL DE JUSTICIA DEL ESTADO DE PUEBLA

**ROCIO GALCÁN GÓMEZ**

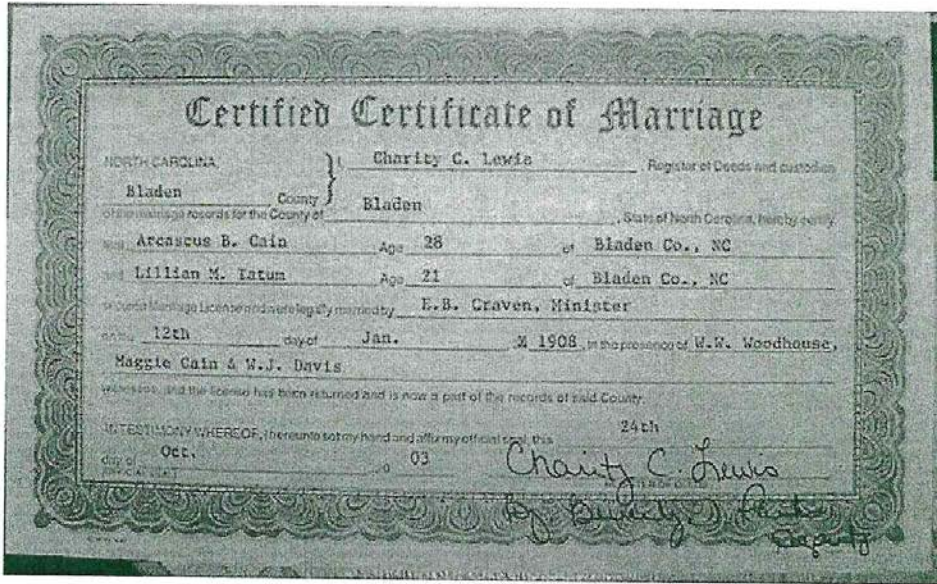
ROCI G

ROCI GALCÁN GÓMEZ



# SECCIÓN 4. Otros documentos

Cliente – certificado de matrimonio





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]

Benson, 12 de abril de 2018  
A quien Corresponda

Por medio de la presente documento  
permite recomendar a [REDACTED] a quien  
tengo 20 años de conocer, siendo mi cunada  
con el de cunada.

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 cercanía con toda 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.

M. Flores

Mary Flores

5/11/18

Date

certificado de traducción inglés—esp.

[REDACTED] *Catholic Church*

[REDACTED] NC [REDACTED]

[REDACTED]

Phone: [REDACTED]

Fax: [REDACTED]

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



**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

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HEALTH  
RESOURCES

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**Regional Locations**

- Delaware
- Maine
- Massachusetts
- North Carolina
- Pennsylvania
- Rhode Island
- Virginia



for the following behavioral health programs:  
Community Treatment, Assessment and Referral, Case Management, Services Coordination, and Housing, Community Integration, Crisis Stabilization, Intensive Outpatient Treatment, Outpatient Treatment, Supported Living, and Respite Services.

June 5<sup>th</sup>, 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 SIGNATURE]

[REDACTED]

Director of Addiction Services

Fellowship Health Resources, Inc

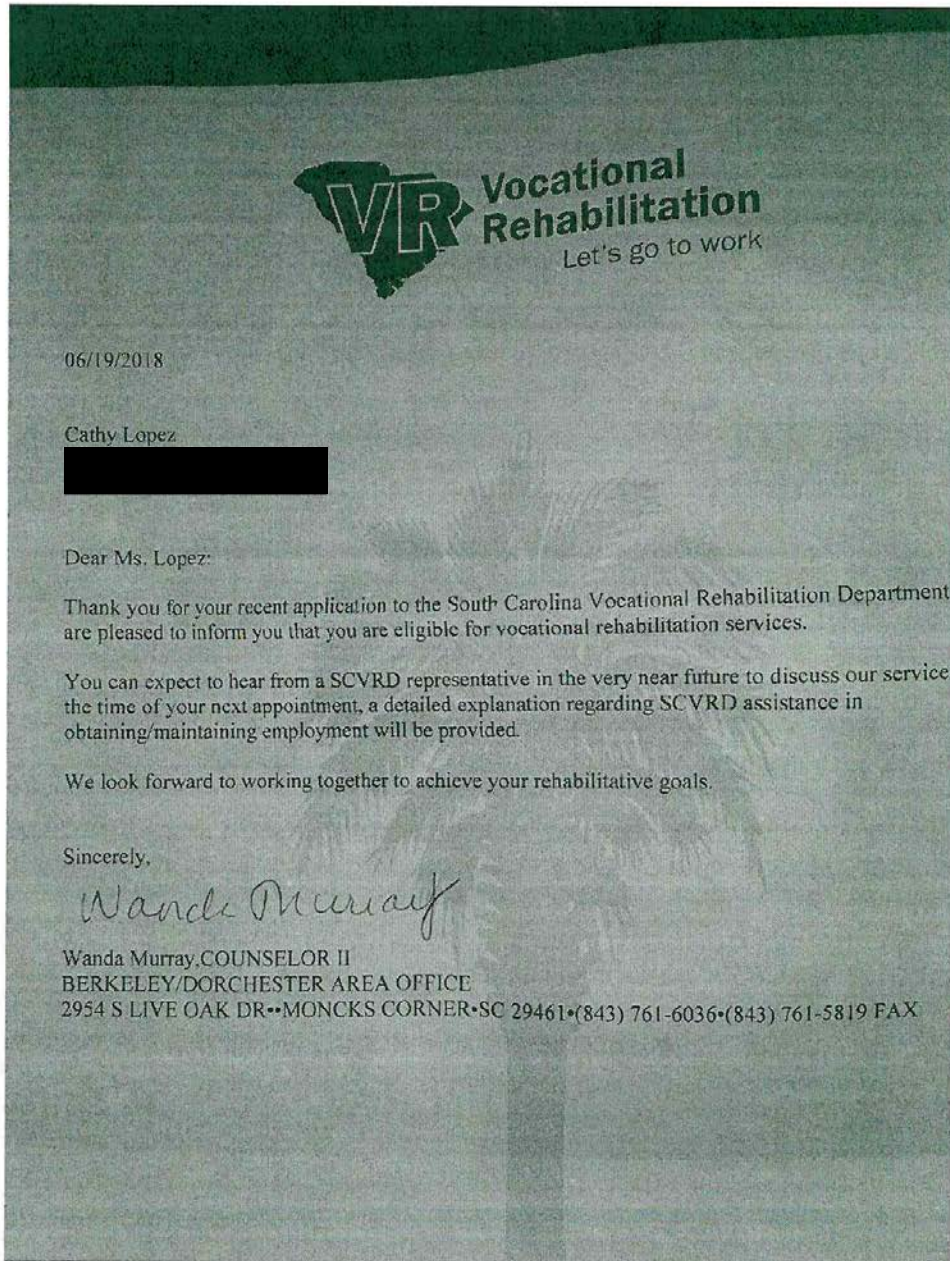
5509 Creedmoor Rd

Raleigh, NC 27612

[REDACTED]

Carta de apoyo-  
terapeutica

Carta de referencia - rehab



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](mailto: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

65

55





## 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 <u>Tallahatchie Correctional Facility, TUTWILER, MS</u>
Field Office <u>New Orleans</u>

**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**
  - o Your *original*, valid passport *OR*
  - o Copy of your passport AND one or more of the other identity documents listed here
- **National ID Card**
  - o Your *original*, valid national ID card *OR*
  - o Copy of your national ID card AND one or more of the other identity documents listed here
- **Birth Certificate**
  - o Your *original* birth certificate AND one or more of the other identity documents listed here
  - o 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**
  - o *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - o *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
  - o *Must* include the person's full name and her/his address and phone number(s)
  - o *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**
  - o *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - o *Must* include the person's/organization's full name and her/his address and phone number(s)
  - o *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
  - o *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
  - o *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
  - o *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**
  - o 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.
  - o Documentation of any legal, medical or social services you will receive upon release

3) Documents that May Prove that You 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
  - o Must include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - o 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
  - o Must include the person's full name and her/his address and phone number(s)
  - o Must state how and for how long he or she has known you
  - o 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 siguiente:**

08/16/2018 @ 5:00 PM  
(Month, Day, Year) (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 coleccionar sus documentos) antes de**

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

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