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 The Southern California Affiliate of The Lawyers' Committee for Civil Rights Under Law

**Via Certified Mail/Return Receipt Requested**

September 14, 2011

National Records Center  
 FOIA/PA Office  
 P. O. Box 648010  
 Lee's Summit, MO 64064-8010  
 ATTN: FOIA Division

Re: **Carmen Garcia-Trujillo (A# 123-456-789)**  
**FOIA Request**  
**Date & Place of Birth: 05/06/1978, El Salvador**

Dear Sir or Madam:

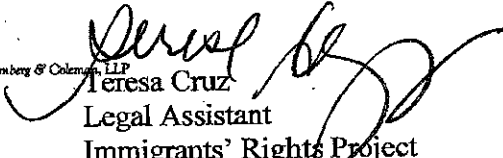
Enclosed please find Ms. Garcia-Trujillo's Freedom of Information/Privacy Act Request (Form G-639).

As authorized by Ms. Garcia-Trujillo, please forward Ms. Garcia-Trujillo's A file and any other documents on file with USCIS in response to this FOIA request to our office at:

Attn: Katka Werth, Esq.  
 Public Counsel  
 610 South Ardmore Avenue  
 Los Angeles, CA 90005

Thank you for your prompt attention to this request.

Sincerely,

  
 Teresa Cruz  
 Legal Assistant  
 Immigrants' Rights Project  
 (213) 385-2977, extension 139

Enclosures

Requests can be  
 emailed to  
[uscis.foia@dhs.gov](mailto:uscis.foia@dhs.gov).  
 If emailing, the G-639  
 must either be signed  
 under penalty of  
 perjury or be  
 notarized.

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"There is no greater justice than equal justice."

Department of Homeland Security  
U.S. Citizenship and Immigration Services**Form G-639, Freedom of  
Information/Privacy Act Request****NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.**START HERE - Type or print in black ink. Read instructions before completing this form.****1. Type of Request (Check appropriate box)**

- Freedom of Information Act (FOIA) (Complete all items except Number 6.)
- Privacy Act (PA) (Number 6 must be completed in addition to all other applicable items.)
- Amendment of Record (PA only) (Number 5 must be completed in addition to all other applicable items.)

**2. Requester Information**

Name of Requester (Last, First, and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone
Werth, Katka		09/14/2011	(213) 385-2977
Address (Street Number and Name)			Apt. Number
610 South Ardmore Ave.			
City	State	Zip Code	
Los Angeles	CA	90005	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)

Signature of requester: K. Werth

- Deceased Subject - Proof of death must be attached (Obituary, Death Certificate, or other proof of death required)

**3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)**

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)
Carmen Maria Garcia-Trujillo	<u>Carmen Garcia-Trujillo</u>

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

- All of my records       A portion of my records (If a portion, specify below what part, i.e., copy of application.)

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

**4. Information Needed to Search for Record(s)**

Identify the documents, records, or information you are seeking. Be as specific as possible.

A complete A file.

**Purpose:** (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)**5. Data Needed on Subject of Record (Note: Items marked with an asterisk (\*) must be provided if known.)**

*Family Name (Last Name)	Given Name (First Name)	Middle Name
Garcia-Trujillo	Carmen	Maria

**5. Data Needed on Subject of Record** (Continued)

*Other Names Used (if any) None		* Name at time of entry into the U.S. Carmen Maria Garcia-Trujillo	I-94 Admission # None
*Alien Registration Number (A#) 123-456-789	* Petition or Claim Receipt # Unknown	* Country of Birth El Salvador	*Date of Birth (mm/dd/yyyy) 05/06/1978

**Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):**

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
N/A			
<b>*Father's Name: Given Name (First Name)</b> Middle Name Family Name (Last Name)			
Juan		Garcia Manrique	
<b>*Mother's Name: Given Name (First Name)</b> Middle Name Family Name (Last Name) (including Maiden Name)			
Rose		Adelina Trujillo	

Country of Origin (Place of Departure) El Salvador	Port of Entry Into the U.S. Texas	Date of Entry (mm/dd/yyyy) 12/10/2006
Manner of Entry (Air, Sea, Land) Land	Mode of Travel (Name of Carrier) None	

**6. Verification of Subject of Record's Identity** (See instructions for explanation. Check one box.)

In-Person With ID     Notarized Affidavit of Identity     Other (Specify): See below

**7. Signature of Subject of Record**

(Original signature required): Carmen Garcia-Trujillo Date (mm/dd/yyyy) 09/14/2011  
Telephone No. (213) 555-5555

**8. Notary** (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

OR

NOTE: If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

**Executed outside the United States**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature \_\_\_\_\_

**Executed in the United States**

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature Carmen Garcia-Trujillo

Seal or Stamp

Seal or Stamp

# G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

## Part 1. Notice of Appearance as Attorney or Accredited Representative

A. This appearance is in regard to immigration matters before:

USCIS - List the form number(s): G-639

ICE - List the specific matter in which appearance is entered:

CBP - List the specific matter in which appearance is entered:

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

List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last	First	Middle	123-456-789	<input checked="" type="checkbox"/> Applicant
Garcia-Trujillo	Carmen	Maria		<input type="checkbox"/> Respondent
Address: Street Number and Street Name		Apt. No.	City	State Zip Code
123 S. Main St. #4			Los Angeles	CA 90005

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

*Carmen Garcia-Trujillo*

Date  
09/14/2011

## Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Supreme Court of Arizona
- I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:
- C.  I am associated with \_\_\_\_\_  
The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

## Part 3. Name and Signature of Attorney or Accredited Representative

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

Name of Attorney or Accredited Representative	Attorney Bar Number(s), if any
Katka Werth	22314
Signature of Attorney or Accredited Representative	Date
<i>K. Werth</i>	09/14/2011
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)	
610 S. Ardmore Ave; Los Angeles, CA 90005	
Phone Number (Include area code)	Fax Number, if any (Include area code)
(213) 385-2977	(213) 385-9089
E-Mail Address, if any	
kwerth@publiccounsel.org	



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\*\* Executive Committee Member  
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**Via Certified Mail/Return Receipt Requested**

September 14, 2011

U.S. Department of Homeland Security  
U.S. Citizenship and Immigration Services  
National Records Center  
P.O. Box 648010  
Lee's Summit, MO 64064-8010

SAMPLE

**Re: Freedom of Information Act Request  
"Notice to Appear Track"/Track Three  
Carmen Garcia-Trujillo (A# 123-456-789)**

Dear Sir or Madam:

Enclosed please find Ms. Garcia-Trujillo's Freedom of Information/Privacy Act Request (Form G-639). Please note that Ms. Garcia-Trujillo is appearing before the Los Angeles Immigration Court. We therefore are requesting her FOIA request be placed on the Notice to Appear Track. Attached to the Form G-639 please find the following:

1. Form G-28, Notice of Entry of Appearance as Attorney
2. Copy of Notice of Hearing in Removal Proceedings in Los Angeles, California
3. Copy of the Form I-862, Notice to Appear

As authorized by Ms. Garcia-Trujillo, please forward the response of this FOIA request to me at the following address:

Attn: Katka Werth, Esq.  
Public Counsel  
610 South Ardmore Avenue  
Los Angeles, CA 90005

Thank you for your prompt attention to this request.

Sincerely,

Katka Werth  
Staff Attorney  
Immigrants' Rights Project  
(213) 385-2977, extension 126  
Enclosures

Requests can be emailed to [uscis.foia@dhs.gov](mailto:uscis.foia@dhs.gov). If emailing, the G-639 must either be signed under penalty of perjury or be notarized.

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Vice President

**Form G-639, Freedom of Information/Privacy Act Request**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

**START HERE - Type or print in black ink. Read instructions before completing this form.**

**1. Type of Request (Check appropriate box)**

- Freedom of Information Act (FOIA) (Complete all items except Number 6.)
- Privacy Act (PA) (Number 6 must be completed in addition to all other applicable items.)
- Amendment of Record (PA only) (Number 5 must be completed in addition to all other applicable items.)

**2. Requester Information**

Name of Requester (Last, First, and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone
Werth, Katka		09/14/2011	(213) 385-2977
Address (Street Number and Name)			Apt. Number
610 South Ardmore Ave.			
City	State	Zip Code	
Los Angeles	CA	90005	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)

Signature of requester: K. Werth

- Deceased Subject - Proof of death must be attached (Obituary, Death Certificate, or other proof of death required)

**3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)**

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)
Carmen Maria Garcia-Trujillo	<u>Carmen Garcia-Trujillo</u>

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

- All of my records
- A portion of my records (If a portion, specify below what part, i.e., copy of application.)

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

**4. Information Needed to Search for Record(s)**

Identify the documents, records, or information you are seeking. Be as specific as possible.

A complete A file.

**Purpose:** (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)

**5. Data Needed on Subject of Record (Note: Items marked with an asterisk (\*) must be provided if known.)**

*Family Name (Last Name)	Given Name (First Name)	Middle Name
Garcia-Trujillo	Carmen	Maria

**5. Data Needed on Subject of Record** (Continued)

*Other Names Used (if any) None		* Name at time of entry into the U.S. Carmen Maria Garcia-Trujillo	I-94 Admission # None
*Alien Registration Number (A#) 123-456-789	* Petition or Claim Receipt # Unknown	* Country of Birth El Salvador	*Date of Birth (mm/dd/yyyy) 05/06/1978

**Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):**

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
N/A			
*Father's Name: Given Name (First Name)		Middle Name	Family Name (Last Name)
Juan			Garcia Manrique
*Mother's Name: Given Name (First Name)		Middle Name	Family Name (Last Name) (including Maiden Name)
Rose			Adelina Trujillo

Country of Origin (Place of Departure) El Salvador	Port of Entry Into the U.S. Texas	Date of Entry (mm/dd/yyyy) 12/10/2006
Manner of Entry (Air, Sea, Land) Land	Mode of Travel (Name of Carrier) None	

**6. Verification of Subject of Record's Identity** (See instructions for explanation. Check one box.)

In-Person With ID     Notarized Affidavit of Identity     Other (Specify): See below

**7. Signature of Subject of Record**

(Original signature required): Carmen Garcia-Trujillo      Date (mm/dd/yyyy) 09/14/2011  
 Telephone No. (213) 555-5555

**8. Notary** (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
 Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

OR

**NOTE:** If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

**Executed outside the United States**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature \_\_\_\_\_

**Executed in the United States**

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature Carmen Garcia-Trujillo

Seal or Stamp

Seal or Stamp

**G-28, Notice of Entry of Appearance  
as Attorney or Accredited Representative**

Department of Homeland Security

**Part 1. Notice of Appearance as Attorney or Accredited Representative**

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): G-639  CBP - List the specific matter in which appearance is entered:  
 ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any  123-456-789	<input type="checkbox"/> Petitioner
Name: Last Garcia-Trujillo	First Carmen	Middle Maria			<input checked="" type="checkbox"/> Applicant
Address: Street Number and Street Name 123 S. Main St. #4	Apt. No.	City Los Angeles	State CA	Zip Code 90005	

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

*Carmen Garcia-Trujillo*

Date  
09/14/2011

**Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)**

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Supreme Court of Arizona  
 I am not  or  am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

**Part 3. Name and Signature of Attorney or Accredited Representative**

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

Name of Attorney or Accredited Representative Katka Werth	Attorney Bar Number(s), if any 22314	
Signature of Attorney or Accredited Representative <i>K Werth</i>	Date 09/14/2011	
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code) 610 S. Ardmore Ave; Los Angeles, CA 90005		
Phone Number (Include area code) (213) 385-2977	Fax Number, if any (Include area code) (213) 385-9089	E-Mail Address, if any kwerth@publiccounsel.org

NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT  
606 SOUTH OLIVE ST., 17TH FLOOR, COURTROOM W  
LOS ANGELES, CA 90014

RE: \_\_\_\_\_  
FILE: \_\_\_\_\_

DATE: \_\_\_\_\_

TO: KATKA MERIK, ESQ.  
PUBLIC COUNSEL  
610 S. ARDMORE AVE.  
LOS ANGELES, CA 90005

Please take notice that the above captioned case has been scheduled for a  
Master Individual Hearing before the Immigration Court on  
at \_\_\_\_\_ at \_\_\_\_\_

606 SOUTH OLIVE ST., 17TH FLOOR, COURTROOM W  
LOS ANGELES, CA 90014

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice To Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

- 1) You may be taken into custody by the Immigration and Naturalization Service and held for further action.
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Immigration and Naturalization Service established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT LOS ANGELES, CA THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A List of Free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180  
LR5

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

- ( ) 1. You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A, below) for a period of ten (10) years after the date of entry of the final order of removal.
- X 2. You have been scheduled for an asylum hearing, at the time and place set forth on the attached notice. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A, Below) for a period of ten (10) years from the date of your scheduled hearing.
- ( ) 3. You have been granted voluntary departure from the United States, pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date other than because of exceptional circumstances beyond your control\*\* will result in your being ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A, Below) for ten (10) years from the date of the scheduled departure or the date of unlawful reentry, respectively. Your voluntary departure bond, if any, will also be breached. Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000.
- ( ) 4. An order of removal has been entered against you. If you fail to appear pursuant to a final order of removal at the time and place ordered by the INS, other than because of exceptional circumstances beyond your control\*\* you will not be eligible for certain forms of relief under the Immigration and Nationality Act (see Section A, below) for ten (10) years after the date you are scheduled to appear.

\*\*the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances.

A. THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE:

- 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act;
- 2) Cancellation of removal as provided for in section 240A of the Immigration and Nationality Act; and
- 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act.

This written notice was provided to the alien in English. Oral notice of the contents of this notice must be given to the alien in his/her native language. ~~Latin~~ Language he/she understands by the Immigration Judge.

Date: \_\_\_\_\_  
Immigration Judge: [Signature] or Court Clerk: \_\_\_\_\_

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M)  PERSONAL SERVICE (P)

TO: [ ] ALIEN; [ ] ALIEN c/o Custodial Officer  ALIEN'S ATTORNEY  INS

DATE: \_\_\_\_\_ BY: COURT STAFF [Signature]

Attachments: [ ] EOIR-33 [ ] EOIR-28 [ ] Legal Services List [ ] Other \_\_\_\_\_ Z6

In removal proceedings under section 240 of the Immigration and Nationality Act:

File No: 123-456-789

In the Matter of:  
Respondent:

Carmen Maria Garcia-Trujillo

123 S. Main St., #4 Los Angeles, CA 90005  
(Number, street, city, state and ZIP code)

currently residing at:

(213) 555-5555  
(Area code and phone number)

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled.
- 3. You have been admitted to the United States, but are deportable for the reasons stated below.

The Service alleges that:

- 1) You are not a citizen or national of the United States.
- 2) You are a native of \_\_\_\_\_ and a citizen of \_\_\_\_\_
- 3) You entered the United States at or near UNKNOWN POE on or about UNKNOWN DOE;
- 4) You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:  
Section 212 (a) (6) (A)(i) of the Immigration and Nationality Act (Act), as amended, as an alien present in the United States without being admitted or paroled, or who has arrived in the United States at any time or place other than designated by the Attorney General.

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to:  8 CFR 208.30(f)(2)  8 CFR 235.3(b)(5)(iv)

**YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:**  
606 S. OLIVE STREET, 15TH FLOOR, LOS ANGELES, CA 90014-0000  
(Complete Address of Immigration Court, including Room Number, if any)

on \_\_\_\_\_ at 8:30 am to show why you should not be removed from the United States based on  
(Date) (Time)  
the charge(s) set forth above.

C. Williams, SA  
(Signature and Title of Issuing Officer)

ANAHEIM, CA  
(City and State)

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

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will provided with this Notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with your case. If any document is in a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or deportable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the INS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to have a 10-day period prior to appearing before an immigration judge.

(Signature of Respondent)

Before:

Date:

(Signature and Title of INS Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on \_\_\_\_\_, in the following inanner and in compliance with section 239(a)(1)(F) of the Act: (Date)

in person

by certified mail, return receipt requested

by regular mail

Attached is a credible fear worksheet.

Attached is a list of organizations and attorneys which provide free legal services.

The alien was provided oral notice in the \_\_\_\_\_ language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

*Winfred G. Berg*  
(Signature and Title of Officer)

(Signature of Respondent if Personally Served)

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**Via Certified Mail/Return Receipt Requested**

September 14, 2011

U.S. Department of Justice  
Executive Office for Immigration Review  
Office of General Counsel - FOIA/Privacy Act Requests  
5107 Leesburg Pike, Suite 2600  
Falls Church, Virginia, 22041

Re: **Carmen Garcia-Trujillo (A# 123-456-789)**  
**Freedom of Information Act Request**

To Whom It May Concern:

I am writing to request, under the Freedom of Information Act, a complete copy of my immigration court case file held by EOIR. Enclosed is a completed DOJ-361. I need this copy as soon as possible.

Please mail the response to this FOIA request to my attorney:

Attn: Katka Werth, Esq.  
Public Counsel  
610 South Ardmore Avenue  
Los Angeles, CA 90005

Thank you for your prompt attention to this request. If you have any questions, you can reach my attorney at (213) 385-2977, ext. 126.

Sincerely,

*Carmen Garcia-Trujillo*  
Carmen Garcia-Trujillo

Enclosure

# Certification of Identity



**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> Carmen Maria Garcia-Trujillo

Citizenship Status <sup>2</sup> \_\_\_\_\_ Social Security Number <sup>3</sup> N/A

Current Address 123 S. Main St. #4 Los Angeles, CA 90005

Date of Birth 05/06/1978 Place of Birth El Salvador

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> Carmen Garcia-Trujillo Date 09/14/2011

### OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Katka Werth

**Print or Type Name**

<sup>1</sup> Name of individual who is the subject of the record sought.  
<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an Alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.  
<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.  
<sup>4</sup> Signature of individual who is the subject of the record sought.

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*Vice President*

**Via Certified Mail/Return Receipt Requested**

September 14, 2011

U.S. Immigration and Customs Enforcement  
 FOIA Office  
 500 12<sup>th</sup> Street S.W. Stop 5009  
 Washington, DC 20536-5009

Re: **Carmen Garcia-Trujillo (A# 123-456-789)**  
**FOIA Request**  
**Date & Place of Birth: 05/06/1978, El Salvador**

Dear Sir or Madam:

Enclosed please find Ms. Garcia-Trujillo's Freedom of Information/Privacy Act Request (Form G-639).

As authorized by Ms. Garcia-Trujillo, please forward Ms. Garcia-Trujillo's A file and any other documents on file with U.S. ICE in response to this FOIA request to our office at:

Attn: Katka Werth, Esq.  
 Public Counsel  
 610 South Ardmore Avenue  
 Los Angeles, CA 90005

Thank you for your prompt attention to this request.

Sincerely,

*K. Werth*  
 Katka Werth  
 Directing Attorney  
 Immigrants' Rights Project  
 (213) 385-2977, extension 126

Enclosures

**NOTE:** Requests can be submitted online at:  
[www.ice.gov/foia/request-form.htm](http://www.ice.gov/foia/request-form.htm)

Requests can be faxed to:  
 202-732-0660

Requests can be emailed to:  
[ice-foia@dhs.gov](mailto:ice-foia@dhs.gov)

**Form G-639, Freedom of Information/Privacy Act Request**Department of Homeland Security  
U.S. Citizenship and Immigration Services**NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.**START HERE - Type or print in black ink. Read instructions before completing this form.****1. Type of Request (Check appropriate box)**

- Freedom of Information Act (FOIA) (Complete all items except Number 6.)
- Privacy Act (PA) (Number 6 must be completed in addition to all other applicable items.)
- Amendment of Record (PA only) (Number 5 must be completed in addition to all other applicable items.)

**2. Requester Information**

Name of Requester (Last, First, and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone
Werth, Katka		09/14/2011	(213) 385-2977
Address (Street Number and Name)			Apt. Number
610 South Ardmore Ave.			
City	State	Zip Code	
Los Angeles	CA	90005	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)

Signature of requester: K. Werth

- Deceased Subject - Proof of death must be attached (Obituary, Death Certificate, or other proof of death required)

**3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)**

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)
Carmen Maria Garcia-Trujillo	<u>Carmen Garcia-Trujillo</u>

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

- All of my records       A portion of my records (If a portion, specify below what part, i.e., copy of application)

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

**4. Information Needed to Search for Record(s)**

Identify the documents, records, or information you are seeking. Be as specific as possible.

A complete A file.

**Purpose:** (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)**5. Data Needed on Subject of Record (Note: Items marked with an asterisk (\*) must be provided if known.)**

*Family Name (Last Name)	Given Name (First Name)	Middle Name
Garcia-Trujillo	Carmen	Maria

**5. Data Needed on Subject of Record** (Continued)

*Other Names Used (if any) None		* Name at time of entry into the U.S. Carmen Maria Garcia-Trujillo	I-94 Admission # None
*Alien Registration Number (A#) 123-456-789	* Petition or Claim Receipt # Unknown	* Country of Birth El Salvador	*Date of Birth (mm/dd/yyyy) 05/06/1978

**Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):**

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
N/A			
*Father's Name: Given Name (First Name) Juan	Middle Name	Family Name (Last Name) Garcia Manrique	
*Mother's Name: Given Name (First Name) Rose	Middle Name	Family Name (Last Name) (including Maiden Name) Adelina Trujillo	

Country of Origin (Place of Departure) El Salvador	Port of Entry Into the U.S. Texas	Date of Entry (mm/dd/yyyy) 12/10/2006
Manner of Entry (Air, Sea, Land) Land	Mode of Travel (Name of Carrier) None	

**6. Verification of Subject of Record's Identity** (See instructions for explanation. Check one box.)

In-Person With ID     Notarized Affidavit of Identity     Other (Specify): See below

**7. Signature of Subject of Record**

(Original signature required): Carmen Garcia-Trujillo      Date (mm/dd/yyyy) 09/14/2011  
 Telephone No. (213) 555-5555

**8. Notary** (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
 Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

OR

NOTE: If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

**Executed outside the United States**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature \_\_\_\_\_

**Executed in the United States**

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature Carmen Garcia-Trujillo

Seal or Stamp

Seal or Stamp

**G-28, Notice of Entry of Appearance  
as Attorney or Accredited Representative**

Department of Homeland Security

**Part 1. Notice of Appearance as Attorney or Accredited Representative**

A. This appearance is in regard to immigration matters before:

USCIS - List the form number(s): \_\_\_\_\_

CBP - List the specific matter in which appearance is entered: \_\_\_\_\_

ICE - List the specific matter in which appearance is entered:  
Carmen Garcia-Trujillo FOIA Request

B. I hereby enter my appearance as attorney or accredited representative at the request of:  
List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>			A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last	First	Middle	123-456-789	<input checked="" type="checkbox"/> Applicant
Garcia-Trujillo	Carmen	Maria		<input type="checkbox"/> Respondent
Address: Street Number and Street Name	Apt. No.	City	State	Zip Code
123 S. Main St. #4		Los Angeles	CA	90005

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date  
09/14/2011

*Carmen Garcia-Trujillo*

**Part 2. Information about Attorney or Accredited Representative** (Check applicable item(s) below)

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Supreme Court of Arizona  
I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:  
\_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

**Part 3. Name and Signature of Attorney or Accredited Representative**

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

Name of Attorney or Accredited Representative	Attorney Bar Number(s), if any
Katka Werth	22314
Signature of Attorney or Accredited Representative	Date
<i>K. Werth</i>	09/14/2011
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)	
610 S. Ardmore Ave; Los Angeles, CA 90005	
Phone Number (include area code)	Fax Number, if any (include area code)
(213) 385-2977	(213) 385-9089
E-Mail Address, if any	
kwerth@publiccounsel.org	

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The Southern California Affiliate of The Lawyers' Committee for Civil Rights Under Law

Via Certified Mail/Return Receipt Requested

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*Vice President*

September 14, 2011

U.S. Customs and Border Protection  
 FOIA Division  
 799 9th Street NW, Mint Annex  
 Washington, DC 20229-1181

RE: Juana Garcia, a.k.a. Juana Desconocida (A# 012-345-678) FOIA Request

To Whom It May Concern:

I represent Juana Garcia, (a.k.a. Juana Desconocida, A#12-345-678, Date of Birth: 01/12/1959, Country of Birth: El Salvador), and I am writing you with this request under the Freedom of Information Act.

Date(s) range of request: 1984 (entire year) and November 1992 through January 1993

Description of the request: Any documents or records pertaining to any entry into the U.S. of or apprehension at the U.S./Mexico border by Ms. Garcia, including entries into the U.S. on or around 1984 and December 1992

Enclosed please find a signed G-639 Freedom of Information Act Request and a G-28 Notice of Entry of Appearance as Attorney. As evidenced by the attached documents, Ms. Garcia has authorized the release of this information to me. Please forward the response to the FOIA request to our office:

Attn: Katka Werth, Esq.  
 Public Counsel  
 610 South Ardmore Avenue  
 Los Angeles, CA 90005

Please contact me at (213) 385-2977, ext. 126 if you have any questions. Thank you for your prompt attention.

Signed under penalty of perjury,

*K. Werth*

Katka Werth  
 Senior Staff Attorney/Immigrants' Rights Project  
 Enclosures

**Form G-639, Freedom of Information/Privacy Act Request**

**NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

**START HERE - Type or print in black ink. Read instructions before completing this form.**

**1. Type of Request (Check appropriate box)**

- Freedom of Information Act (FOIA) *(Complete all items except Number 6.)*
- Privacy Act (PA) *(Number 6 must be completed in addition to all other applicable items.)*
- Amendment of Record (PA only) *(Number 5 must be completed in addition to all other applicable items.)*

**2. Requester Information**

Name of Requester <i>(Last, First, and Middle Names)</i>		Date <i>(mm/dd/yyyy)</i>	Daytime Telephone
Werth, Katka		09/14/2011	(213) 385-2977
Address <i>(Street Number and Name)</i>			Apt. Number
610 South Ardmore Ave.			
City	State	Zip Code	
Los Angeles	CA	90005	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 *(See instructions)*

Signature of requester: *K. Werth*

- Deceased Subject - Proof of death must be attached *(Obituary, Death Certificate, or other proof of death required)*

**3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)**

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent <i>(Original signature required)</i>
Juana Garcia	<i>Juana Garcia</i>

By my signature, I consent to allow the requester named in Number 2 above to review *(Check applicable box):*

- All of my records
- A portion of my records *(If a portion, specify below what part, i.e., copy of application.)*

1984 (entire year) and November 1992 through January 1993

*(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)*

**4. Information Needed to Search for Record(s)**

Identify the documents, records, or information you are seeking. Be as specific as possible.

Any documents or records pertaining to any entry into the U.S. of or apprehension at the U.S./Mexico border by Ms. Garcia, including entries into the U.S. on or around 1984 and December 1992

**Purpose:** *(Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)*

*(Empty box for purpose of request)*

**5. Data Needed on Subject of Record (Note: Items marked with an asterisk (\*) must be provided if known.)**

*Family Name <i>(Last Name)</i>	Given Name <i>(First Name)</i>	Middle Name
Garcia	Juana	

**5. Data Needed on Subject of Record** (Continued)

*Other Names Used (if any)		* Name at time of entry into the U.S.	L-94 Admission #
Juana Desconocida		Juana Desconocida	None
*Alien Registration Number (A#)	* Petition or Claim Receipt #	* Country of Birth	*Date of Birth (mm/dd/yyyy)
012-345-678	Unknown	El Salvador	01/12/1959

**Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):**

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
N/A			
*Father's Name: Given Name (First Name)		Middle Name	Family Name (Last Name)
Manuel			Desconocida Fuentes
*Mother's Name: Given Name (First Name)		Middle Name	Family Name (Last Name) (including Maiden Name)
Paz			Daliva Hernandez

Country of Origin (Place of Departure)	Port of Entry into the U.S.	Date of Entry (mm/dd/yyyy)
El Salvador	California	05/05/1984
Manner of Entry (Air, Sea, Land)		Mode of Travel (Name of Carrier)
Land		None

**6. Verification of Subject of Record's Identity** (See instructions for explanation. Check one box.)

In-Person With ID     Notarized Affidavit of Identity     Other (Specify): See below

**7. Signature of Subject of Record**

(Original signature required): Juana Garcia      Date (mm/dd/yyyy) 09/14/2011  
 Telephone No. (213) 555-5555

**8. Notary** (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
 Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

OR

**NOTE:** If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

**Executed outside the United States**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct:

Signature \_\_\_\_\_

**Executed in the United States**

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature Juana Garcia

Seal or Stamp

Seal or Stamp

# G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

## Part 1. Notice of Appearance as Attorney or Accredited Representative

A. This appearance is in regard to immigration matters before:

- USCIS - List the form number(s): \_\_\_\_\_
- ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

CBP - List the specific matter in which appearance is entered:  
Juana Garcia/Juana Desconocida FOIA

B. I hereby enter my appearance as attorney or accredited representative at the request of:  
 List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last	First	Middle	012-345-678	<input checked="" type="checkbox"/> Applicant
Garcia	Juana			<input type="checkbox"/> Respondent
Address: Street Number and Street Name		Apt. No.	City	State Zip Code
678 Wall St. #9			Los Angeles	CA 90005

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.  
 Signature of Petitioner, Applicant, or Respondent: Juana Garcia Date: 09/14/2011

## Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Supreme Court of Arizona
- I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation: \_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

## Part 3. Name and Signature of Attorney or Accredited Representative

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

Name of Attorney or Accredited Representative	Attorney Bar Number(s), if any
<u>Katka Werth</u>	<u>22314</u>
Signature of Attorney or Accredited Representative	Date
	<u>09/14/2011</u>
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)	
<u>610 S. Ardmore Ave; Los Angeles, CA 90005</u>	
Phone Number (Include area code)	E-Mail Address, if any
<u>(213) 385-2977</u>	<u>kwerth@publiccounsel.org</u>
Fax Number, if any (Include area code)	
<u>(213) 385-9089</u>	

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*Jones Day*  
 CORY COPELAND  
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 ANDRE J. CRONTHALL  
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*PriceWaterhouseCoopers LLP*  
 BERT H. DEYLER  
*Randall Brink & Kasper LLP*  
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*Munger, Tolles & Olson LLP*  
 GREGORY EVANS  
*Integr. Law Corporation*  
 RICHARD C. FINKELMAN  
*Atsugi*  
 MICHAEL J. FINNEGAN  
*Pillarsky Wintershow Stone Brennan LLP*  
 WILLIAM FLUMENBAUM  
*The Capital Group Companies, Inc.*  
 LAURENCE R. GOLDMAN  
*Fuld and Goldenberg, APC*  
 KARLENE GOLLER\*\*  
*Los Angeles Times*  
 DANIEL GRUNFELD  
*Kane Schuler LLP*  
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*Major, Lindsey & Africa*  
 YAKUB HAZARD  
*Robins, Kaplan, Miller & Cressi L.L.P.*  
 MERLENE D. HICALLS  
*Kirkland & Ellis LLP*  
 DAVID G. JOHNSON\*\*  
*Act 4 Entertainment*  
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**Via Certified Mail/Return Receipt Requested**

September 14, 2011

Office of Information Programs and Services  
 A/GIS/IPS/RL  
 U.S. Department of State  
 Washington, D.C. 20522-8100

Dear FOIA Officer:

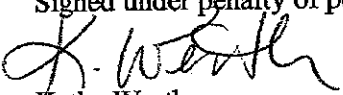
This is a request filed under the Freedom of Information Act.

**Date range of request:** January 1, 1994 to December 31, 1996  
**Description of the request:** Any and all documents (including applications, notes, computer printouts, etc.) relating to a visa issued at Harare, Zimbabwe or London, Great Britain issuing posts for a person under the surname Doe and the given name Jane with control number 11111, passport number 0123456, date of birth 01/01/1973, place & country of birth Harare, Zimbabwe, issue date 01/02/1999. I have attached a copy of the visa for your reference.

I am an individual seeking information for personal use and not for commercial use, as authorized by the attached Third Party Authorization from xxx. I am willing to pay fees for this request up to a maximum of \$25.00. Please inform me if estimated fees will exceed this limit before processing my request. As authorized by Jane Doe, please forward the response to this FOIA request to our office at:

Attn: Katka Werth, Esq.  
 Public Counsel  
 610 South Ardmore Avenue  
 Los Angeles, CA 90005

**Please note that I ask that a response to this request be expedited.** Ms. Doe is currently in removal proceedings and copies of the requested documents are essential to her ability to present evidence on her behalf. Please contact me at (213) 385-2977, ext. 126 to discuss this request. Thank you for your prompt attention.

Signed under penalty of perjury,  
  
 Katka Werth  
 Staff Attorney/Immigrants' Rights Project  
 Enclosures

**THIRD PARTY AUTHORIZATION**

I, **Jane Doe**, authorize the U.S. Department of State to release to **Katka Werth** any and all information that it has pertaining to me. This includes all files, documents and records.

This authorization includes the release of all records or documents deemed confidential or private and extends to all documents considered confidential or private under any Federal or State privacy Acts.

Date: 09/14/2011

Signature: Jane Doe

Name: **Jane Doe**

I declare, certify, verify, or state under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

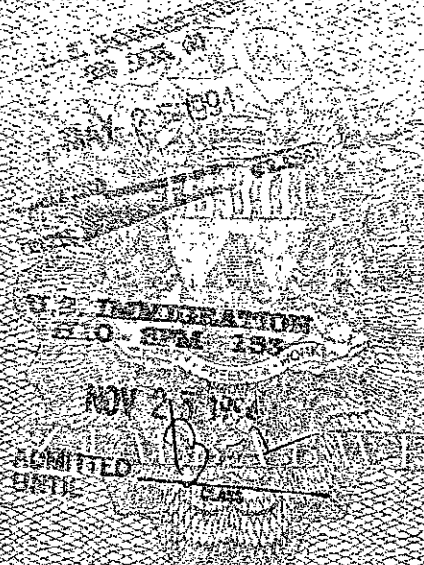
Date: 09/14/2011

Signature: Jane Doe

Name: **Jane Doe**

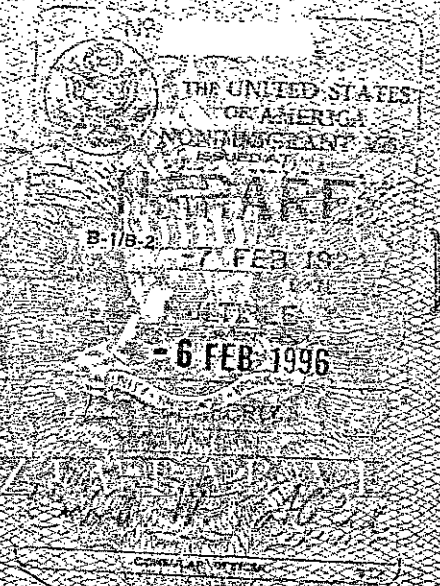
Signed in: Los Angeles CA

-14-  
MAVHIZA/AMAVIZA  
VISAS



Verenga chiviso chidzidzidzo 70  
Bata isicoko sikupati 71  
See information on page 72  
CITIZEN OF ZIMBABWE

-11-  
MAVHIZA/AMAVIZA  
VISAS



Verenga chiviso chidzidzidzo 70  
Bata isicoko sikupati 71  
See information on page 72  
CITIZEN OF ZIMBABWE

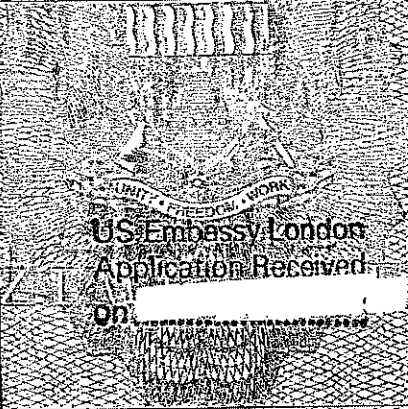
MARI YEKUNE DZIMWE NYIKA YOKU JISA  
IMALI YOKUHAMBISA EYAMANYE AMAZWE  
FOREIGN EXCHANGE FOR TRAVELLING EXPENSES

Hazvibvumirwa kunyora paperi rino kunza kwemabhanga omuZimbabwe  
anomiswa kune chidhundo chawo pane zvirango zvanorwa.

Akukhonyelwa ukubhala epejini te ngaphandle kwemabhanga ezimbabwe  
afungele afake isidhundo dzazane kwaloko okubhalweyo.

No entries to be made on this page except by a Bank in Zimbabwe whose official  
stamp must appear against each entry.

DATE ZIMBABWE CURRENCY EQUIVALENT OF AMOUNT  
ISSUED OR REFUNDED



Verenga chevisi chiri pane 70  
Bata isicabo esikuphi 71  
See information on page 72  
CITIZEN OF ZIMBABWE

[Redacted area]

MURIDZI WEPASIPOTI INGANOSUNGIRI KUZADZISA ZVIRI PASI  
UMUKAZI WEPASIPOTI KIMELE AGCWAISISI OKULOTSHWE  
NGAPHANSI  
THE HOLDER MUST COMPLETE THE PARTICULARS BELOW

Form with fields for KERO YAKO, IKELD YAKHO, YOUR RESIDENTIAL ADDRESS, GUTA, IDLOBHA, TOWN, NYIKA, HUZANE, COUNTRY, ZITA, IGAMA, NAME, HUKAMA, HBUHLOBO, RELATIONSHIP, KERO YAKE, IKELD YAKHE, RESIDENTIAL ADDRESS, GUTA, IDLOBHA, TOWN, NYIKA, HUZANE, COUNTRY.

Verenga chevisi chiri pane 70  
Bata isicabo esikuphi 71  
See information on page 72  
CITIZEN OF ZIMBABWE

[Redacted area]

## **INSTRUCTIONS ON HOW TO OBTAIN A CRIMINAL BACKGROUND REPORT FROM THE FEDERAL BUREAU OF INVESTIGATION (FBI)**

In order to obtain a copy of the federal government's file of your criminal record, which is held at the Federal Bureau of Investigation, please go to CARECEN, the Central American Resource Center, to get your digital fingerprints taken. You must bring a photo ID and a money order for \$18.00 to cover the cost of the FBI criminal record request. In addition, CARECEN asks for a donation of \$25 for taking your fingerprints.

CARECEN is located at 2845 West 7<sup>th</sup> Street, Los Angeles, CA 90005, and is open for fingerprinting from 9am – 4pm on Mondays, and 9am – 12pm on Wednesdays and Fridays. The telephone number is (213) 385-7800.

## **INSTRUCTIONS ON HOW TO OBTAIN A CRIMINAL REPORT CALIFORNIA DEPARTMENT OF JUSTICE**

In order to obtain a copy of the California state government's file of your criminal record, which is held at the California Department of Justice ("DOJ"), you must go to a "Live Scan" service site. You must bring An unexpired photo ID, a money order made out to American LiveScan for \$52.00 (DOJ charges \$32.00 and American LiveScan charges a \$20.00 processing fee), and the sheet included with this letter to the "Live Scan" service site. See the list of approved locations that offer Life Scan fingerprinting services for the public: <http://ag.ca.gov/fingerprints/publications/contact.php>.

The site closest to Public Counsel's office is:

**American LiveScan  
3540 Wilshire Blvd., Suite 322  
Los Angeles, CA 90010  
Tel: (213) 386-1038  
Monday – Friday 9am-6pm and Saturday 9am-3pm**

It is important that you obtain these records as soon as possible. In addition, if your residence is not permanent or if you think that you will move residence soon, please use the Public Counsel address so that the government agencies send the results to our office.

**INSTRUCCIONES PARA OBTENER SU ARCHIVO CRIMINAL  
DE LA OFICINA FEDERAL DE LA INVESTIGACION (FBI)**

Para obtener una copia de su reporte criminal que mantiene el gobierno federal, puede ir a CARECEN para que le tomen las huellas digitales. También debe llevar algún tipo de identificación con su fotografía y un giro postal (“money order”) por la cantidad de \$18.00 para cubrir la cuota de servicio con el FBI. Además, CARECEN pide una donación de \$25.00 para tomar las huellas.

Las oficinas de CARECEN está localizada en el 2845 West 7th Street, Los Angeles, CA 90005. Las horas de oficina son las siguientes: lunes de 9 a 4 y miércoles y viernes 9 – 12 pm. El número de teléfono es (213) 385-7800.

**INSTRUCCIONES PARA OBTENER SU ARCHIVO CRIMINAL  
DEL DEPARTAMENTO DE JUSTICIA DE CALIFORNIA (CALIFORNIA  
DEPARTMENT OF JUSTICE)**

Para obtener una copia de su reporte criminal que mantiene el gobierno estatal – con el Departamento de Justicia del Estado de California (“CDOJ,” o “California Department of Justice”) puede ir a uno de los sitios que provee servicios de “Live Scan.” Debe presentar su identificación válida con fotografía, un giro postal (“money order”) por la cantidad de \$32.00 para cubrir la cuota de servicio con el CDOJ, y la hoja adjunta esta carta al sitio que ofrece servicios de “Live Scan.” Se encuentra una lista de sitios que proveen estos servicios en el sitio de Internet:  
<http://ag.ca.gov/fingerprints/publications/contact.php>.

El sitio más cercano a Public Counsel pide una cuota de \$20.00 y está localizado en:

Able LiveScan Services  
3540 Wilshire Blvd., Suite 322  
Los Angeles, CA 90010  
Tele: (213) 386-1038

Horario: lunes a viernes 9am-6pm y sábado 9am-3pm

Es importante que usted obtenga estos archivos lo antes posible. Además, si su domicilio no es permanente o si se piensa mudar pronto, por favor use el domicilio de Public Counsel para que las agencias gubernamentales envíen los resultados a nuestra oficina.

REQUEST FOR LIVE SCAN SERVICE

SAMPLE

ORI: CA0349435 Type of Application: (check one)  Record Review  Visa/Immigration

(Job Title) Reason for Application: Personal

Agency Address Set Contributing Agency:

California Department of Justice  
Record Review Unit  
P.O. Box 903417  
Sacramento, CA 94203-4170

Mail Code: 07041

Contact Name: Record Review Unit  
Contact Telephone No. (916) 227-3849

Name of Applicant: PARKER Brigitta C.  
(Please print) Last First MI

AKA: Fredriksen Brigitta  
Last First

Date of Birth: 7 / 7 / 1977 SEX:  Male  Female Billing No. N/A

Height: 5'8 Weight: 150

EYE Color: Blue HAIR Color: Blonde

Place of Birth: Sweden  
(State or Foreign Country)

Social Security Number: 111-11-1111

California Driver's License No. 2222222

Applicant's Address:

610 S. Ardmore Ave  
Street or P.O. Box

Los Angeles  
City, State and Zip Code

(213) 123-4567  
Daytime Telephone Number

Level of Service  DOJ Only If Resubmission, list Original ATI No. \_\_\_\_\_

Live Scan Transaction Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency: \_\_\_\_\_ Terminal ID: \_\_\_\_\_ Amount Collected: \_\_\_\_\_

ATI Number: \_\_\_\_\_

## FBI Identification Record Request/Criminal Background Checks

Home • About Us • CJIS • Identification Record Request/Criminal Background Check

An FBI Identification Record—often referred to as a criminal history record or a “rap sheet”—is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, federal employment, naturalization, or military service. The process of responding to an Identification Record request is generally known as a criminal background check.

If the fingerprints are related to an arrest, the Identification Record includes name of the agency that submitted the fingerprints to the FBI, the date of the arrest, the arrest charge, and the disposition of the arrest, if known to the FBI. All arrest data included in an Identification Record is obtained from fingerprint submissions, disposition reports, and other information submitted by agencies having criminal justice responsibilities.

The U.S. Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI’s Criminal Justice Information Services (CJIS) Division processes these requests.

### Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)

Only you can request a copy of your own Identification Record.

Individuals typically make this request for personal review, to challenge the information on record, to satisfy a requirement for adopting a child in the U.S. or internationally, or to satisfy a requirement to live, work, or travel in a foreign country (i.e., police certificate, letter of good conduct, criminal history background, etc.).

### Background Checks for Employment or Licensing

If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency. You should contact the agency requiring the background check or the appropriate state identification bureau (or state police) for the correct procedures to follow for obtaining an FBI fingerprint background check for employment or licensing purposes.

### How to Request a Copy of Your Record

**Step 1:** Complete the Applicant Information Form (pdf).

- If the request is for a couple, family, etc., all persons must sign the form.
- Include your complete mailing address. Provide your telephone number and/or e-mail address, if available.

**Step 2:** Obtain a set of your fingerprints.

- Provide the original fingerprint card. Previously processed cards or copies will **not** be accepted.
- Your name and date of birth **must** be provided on the card. Fingerprints should be placed on a standard fingerprint form (FD-258) commonly used for applicant or law enforcement purposes.

- Include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometime referred to as plain or flat impressions).
- If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- To ensure the most legible prints possible, refer to the Recording Legible Fingerprints brochure.

**Step 3: Submit payment.**

- Option 1: Obtain a money order or cashiers check for \$18 U.S. dollars made payable to the Treasury of the United States. Please be sure to sign where required.
- Option 2: Pay by credit card using the Credit Card Payment Form (pdf). **Don't forget to include the expiration date of the credit card that you are using.**
- **Important note:** Cash, personal checks, or business checks WILL NOT be accepted.
- Payment must be for the exact amount.
- If the request is for a couple, family, etc., include \$18 for each person.
- If you are making multiple requests per person, include \$18 for each request.

**Step 4:** Review the FBI Identification Record Request Checklist (pdf) to ensure that you have included all the information we require to process your request.

**Step 5:** Mail the required items listed above—applicant information form, fingerprint card, and payment—to the following address:

**FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306**

**What Happens Next**

If we find no record, you will receive a “no record” response. If you do have a criminal history record on file, you will receive your Identification Record, or “rap sheet.”

**Note:** Although the FBI employs the most efficient methods for processing these requests, processing times may take up to six weeks depending on the volume of requests received. For More Information See the responses to some frequently asked questions.

**<http://www.fbi.gov/about-us/cjis/background-checks>**

**Via Certified Mail**

June 5, 2011

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306

Dear Sir or Madam:

My name is **Brigitta Parker**. I was born in on **July 7, 1977**. I currently reside at 123 S. Main Street, Apt. 808, Los Angeles Ca, 90001 I am hereby requesting a copy of my identification record. For this purpose, enclosed please find an application information form, a set of fingerprints and a money order payable to the Treasury of the United States in the amount of \$18.00.

Please send a copy of my identification record in care of:

**Katka Werth, Esq.**  
**Public Counsel**  
**610 South Ardmore Avenue**  
**Los Angeles, CA 90005**

Thank you in advance for your attention on this matter.

Sincerely,



\_\_\_\_\_  
Signature

Brigitta Parker

Print Name

Enclosures

### Applicant Information Form

**Privacy Statement**

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks federal agencies to use this number to help identify individuals in agency records.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the federal executive branch has also published notice.

**Applicant Information \* Denotes Required Fields**

SAMPLE

\* Last Name

\* First Name

Middle Name 1

Middle Name 2

\* Date of Birth

\* Social Security Number

Phone Number

E-Mail

**Applicant Home Address**

\* Address 1

Address 2

Address 3

\* City

\* State

\* Postal (ZIP) Code

\* Country

**Mail Results to Address**

Check here if results are to be mailed to the home address above

C/O:  Attn:

Address 1

Address 2

Address 3

City

State

Postal (ZIP) Code  Country

**Payment Enclosed** (please check appropriate box)

Cashier's Check  Money Order  Credit Card Form

Reason for Request

**Return Mail Options**

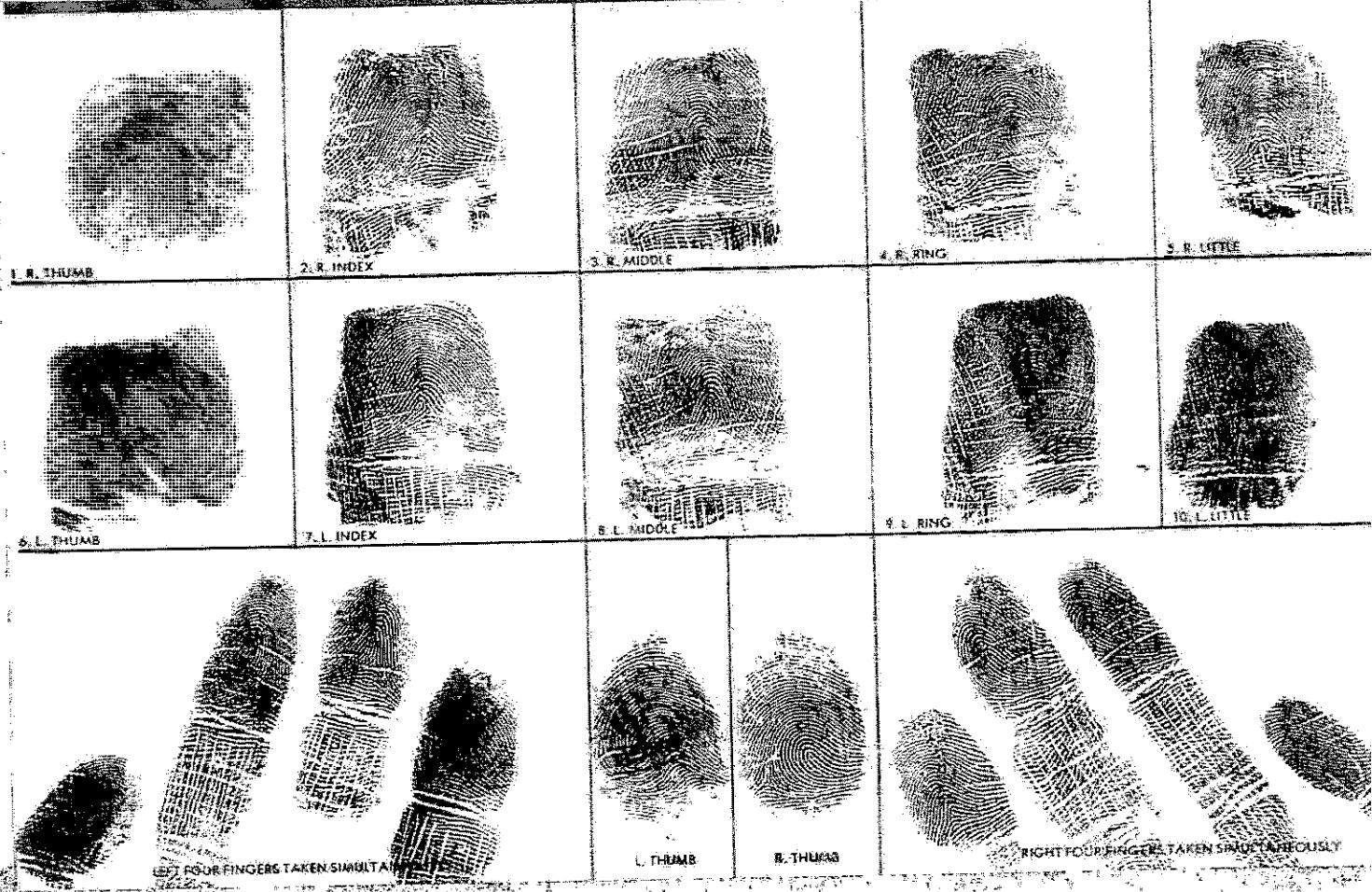
FEDEX Account #

Prepaid Return Envelope Enclosed  First-Class Mail

\* Applicant Signature B. Parker

# SAMPLE

<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK		FBI	LEAVE BLANK				
		LAST NAME <i>NAM</i>	FIRST NAME	MIDDLE NAME					
		PARKER BRIGITTA CECILIA							
SIGNATURE OF PERSON FINGERPRINTED <i>B. Parker</i>		ALIASES AKA Brigitta Fredriksen	ORI	CA0349400 BU OF ID & INFO SACRAMENTO CA	DATE OF BIRTH DOB Month Day Year 07 07 77				
RESIDENCE OF PERSON FINGERPRINTED 123 S. Main Street #808 Los Angeles, CA 90001		CITIZENSHIP CIZ SWEDEN	SEX F	RACE W	HGT 5'8	WGT 150	EYES Blue	HAIR Blnd	PLACE OF BIRTH POB Lund, SWEDEN
DATE 1/3/03	SIGNATURE OF OFFICIAL MAKING FINGERPRINTS <i>[Signature]</i>	YOUR NO. OCA	LEAVE BLANK						
EMPLOYER AND ADDRESS N/A		FBI NO. FBI	CLASS						
REASON FINGERPRINTED Record Request		ARMED FORCES NO. ANU None	REF.						
		SOCIAL SECURITY NO. SOC 111-11-1111							
		MISCELLANEOUS NO. MNU A# 099-999-999							



SAMPLE

WESTERN MONEY UNION | ORDER

INTEGRATED PAYMENT SYSTEMS INC. ISSUER  
Englewood, Colorado

AGENT 707380 DATE 090503  
TIME 1429  
051023429501 LOCATION 258481  
PAY EXACTLY EIGHTEEN DOLLARS AND NO CENTS \*\*\*\*\*

18:00  
05-102342950  
92-491021

PAY EXACTLY  
NOT GOOD OVER \$500  
PAY TO THE  
ORDER OF

*Treasurer of the United States B. Parker*

NAME: *Brylde PARKER*  
ADDRESS: *123 S. Main St #800  
Los Angeles, CA 90001*

Western Union Money Order is a service mark of Western Union Financial Services, Inc. (NYSE: WU) 1999. All rights reserved. Springfield, MA. United States, Canada.

PROCESSED BY WESTERN UNION MONEY ORDER SERVICE  
ON THE NEXT BUSINESS DAY

1021004001 4005102342950 11