

MODEL IMMIGRATION POLICIES

Office of the Attorney
General



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MODEL POLICIES FOR HEALTH CARE FACILITIES

These policies aim to promote health and safety for everyone in Nevada.

Maintaining public health requires that patients feel safe at health care facilities. If patients do not feel safe in a medical facility, they may not seek (or at least delay) the care they need, unnecessarily putting lives at risk. These model policies promote an environment where every patient feels safe and health care providers can focus on patient care rather than collaborating on civil immigration enforcement. Adoption of these policies will ensure that state and local tax dollars intended for Nevada health care facilities to provide care is not misappropriated to subsidize federal civil immigration enforcement.

Health care facilities have unique legal obligations to keep patient information private. Health care facilities cannot comply with those obligations if they do not know how to properly respond to immigration agents' inquiries. These policies help health care facilities and their employees understand and navigate those inquiries.

If these policies are adopted, health care facilities and their staff:

- Will not collect information about citizenship or immigration status or the national origin of patients and their families, except as required by law.
- Will not disclose any information about patients, including citizenship and immigration status, except when required or authorized to do so by law.
- Will notify administrators of any immigration enforcement agents present at the health care facility, insist that agents produce valid legal documents, like judicial warrants, to justify their information or access requests, and deny consent to enter nonpublic restricted areas of the healthcare facility without a valid judicial warrant.
- Will obtain consent from a minor patient's parent(s) or guardian(s) under most circumstances before allowing a minor patient to be interviewed or searched by an agent seeking to enforce federal civil immigration laws, unless the agent presents a valid judicial warrant.

MODEL POLICIES FOR HEALTH CARE FACILITIES

I. PURPOSE

1. *Legal compliance.* State and federal law require health care facilities to keep patient information confidential. These policies help facilities comply with their legal obligations by ensuring that they do not turn over protected information without appropriate authorization.
2. *Protecting health care for Nevadans.* Lives could be lost if patients fear seeking health care. Health care providers are not law enforcement officers. These policies help ensure that everyone feels safe seeking vital care, and that health care providers can focus on their patients.
3. These policies do not confer any protected entitlement, rights, or liberty interest on any individual and they cannot be construed to create any cause of action under federal or state law.

II. PROTOCOL DEVELOPMENT AND TRAINING

1. Trellis Paradise Post Acute will designate The facility administrator to handle immigration enforcement activities, ensuring that Trellis Paradise Post Acute personnel and volunteers are appropriately addressing immigration enforcement inquiries and requests, disseminating information to patients, and complying with internal procedures.
2. The facility administrator will maintain in writing Trellis Paradise Post Acute's policies and procedures for gathering and handling personally identifiable information and citizenship or immigration status information.
3. Trellis Paradise Post Acute's policies and procedures must be protective of patient information, requiring that Trellis Paradise Post Acute personnel and volunteers only disclose patient information when required or authorized to do so by law.
4. Trellis Paradise Post Acute and The facility administrator will consult with legal counsel to determine when and to what extent Trellis Paradise Post Acute is required to comply with requests by federal immigration agents.
5. Trellis Paradise Post Acute will establish written protocols for use by Trellis Paradise Post Acute personnel and volunteers likely to receive in-person, written, telephonic, or electronic requests from federal immigration agents related to immigration enforcement activities.

⁹ For purposes of these model policies, the designated health care “administrator” does not have the same meaning as the definition of “administrator” found in NAC 449.0022. Rather, the term is used to mean a person with high level management responsibility for the health care facility.

6. Trellis Paradise Post Acute will annually train all personnel and volunteers likely to receive requests from federal immigration agents or have in-person contact with agents on the policies' requirements and will provide a copy of the policies to all Trellis Paradise Post Acute personnel and volunteers.
7. Trellis Paradise Post Acute will annually train relevant personnel and volunteers regarding the different types of warrants, subpoenas, and court orders that may be presented by federal immigration agents to effect an arrest or to obtain records. (Appendices A-H.) This training will include the following:
 - a. The ability to identify and differentiate between administrative warrants issued by a federal immigration agent and judicial warrants signed by a U.S. District Court Judge or Magistrate Judge, state judicial officer, or local judicial officer.
 - b. The ability to and differentiate between administrative subpoenas and judicial subpoenas.
 - c. The procedure for responding to any warrant, subpoena, or court order issued in connection with immigration enforcement activities.
8. Trellis Paradise Post Acute personnel and volunteers will be trained that federal or state law or regulations set a time frame for compliance with administrative subpoenas and judicial subpoenas (immediate compliance is *not* required) and they must submit all administrative subpoenas and judicial subpoenas for review by The facility administrator and a decision as to whether Trellis Paradise Post Acute will comply with or challenge the subpoena.

III. COLLECTION AND RETENTION OF INFORMATION

1. Trellis Paradise Post Acute will limit collection of information about citizenship or immigration status and national origin information to that which the facility is required by law to collect.
2. Trellis Paradise Post Acute will ensure that forms do not solicit a person's citizenship or immigration status where it is not relevant, unless such information collection is required by law.
 - a. If Trellis Paradise Post Acute must collect such information for a patient, Trellis Paradise Post Acute will not include or store that information in the patient's medical and billing records.
 - b. Trellis Paradise Post Acute will collect such information when needed only for the person seeking care, not their family members.

IV. RESPONDING TO REQUESTS FOR PHYSICAL ACCESS TO PERSONS OR NONPUBLIC RESTRICTED LOCATIONS

1. The Trellis Paradise Post Acute will identify nonpublic restricted locations within the Trellis Paradise Post Acute. Trellis Paradise Post Acute will train all personnel and volunteers regarding who is authorized to access nonpublic restricted locations.
2. As soon as possible, Trellis Paradise Post Acute personnel or volunteers will notify The facility administrator of any request by federal immigration agents for physical access to (i) nonpublic restricted locations in Trellis Paradise Post Acute, or (ii) any person for the purposes of allowing the agent to interview the person, serve the person with administrative process, or execute an arrest.
3. In addition to notifying The facility administrator and any on-site police or security, Trellis Paradise Post Acute personnel and volunteers will take the following steps in response to any request for access by a federal immigration agent:
 - a. Advise the federal immigration agent that before proceeding with the agent's request, Trellis Paradise Post Acute personnel or volunteers must consult with and receive direction from The facility administrator;
 - b. Ask to see, and make a copy of or note, the federal immigration agent's credentials (including name, badge number, and photo identification). Also ask for and note the phone number of the agent's supervisor;
 - c. Ask the federal immigration agent to explain the purpose of the agent's visit and document the response;
 - d. Ask the federal immigration agent to produce any and all documentation that authorizes the agent to obtain access to Trellis Paradise Post Acute and make copies of all documentation provided;
 - e. Verbally inform the federal immigration agent that Trellis Paradise Post Acute does not consent to entry of nonpublic restricted locations within Trellis Paradise Post Acute;
 - f. If the federal immigration agent demands immediate access to nonpublic restricted locations within Trellis Paradise Post Acute, Trellis Paradise Post Acute personnel or volunteers must comply and immediately contact [designated administrator; and
 - g. Without expressing consent, Trellis Paradise Post Acute personnel or volunteers will respond as follows if presented with the following documentation:
 - i. Judicial warrants and court orders (Appendices D and E). Trellis Paradise Post Acute personnel must comply with federal

- immigration agents presenting valid judicial warrants or court orders. (Appendices D and E.) Prompt compliance with a judicial warrant or court order is usually required by law. However, when feasible, Trellis Paradise Post Acute personnel or volunteers should consult with and receive direction from The facility administrator before providing the federal immigration agent access to the person or materials specified in the judicial warrant or court order. Provide a copy of the judicial warrant or court order to The facility administrator as soon as possible.
- ii. Administrative and judicial and subpoenas (Appendices F and G): Federal or state law or regulations set a time frame for compliance with administrative and judicial subpoenas (immediate compliance is *not* required). Trellis Paradise Post Acute personnel or volunteers will inform the federal immigration agent they cannot immediately consent or respond to the request and must submit all subpoenas for review by The facility administrator and a decision as to whether Trellis Paradise Post Acute will comply with or challenge the subpoena. Provide a copy of the subpoena to The facility administrator as soon as possible.
- iii. Administrative warrant (Appendices A and B): Administrative warrants are not directed to Trellis Paradise Post Acute. Federal or state law or regulations set a time frame for compliance with administrative warrants (immediate compliance is *not* required). Trellis Paradise Post Acute personnel or volunteers are under no obligation to deliver or facilitate service of an administrative warrant to the person named in the document. Trellis Paradise Post Acute personnel or volunteers will inform the federal immigration agent that before proceeding with the agent's request, they must first consult with and receive direction from The facility administrator. Provide a copy of the administrative warrant to The facility administrator as soon as possible.
- iv. Immigration detainer (Appendix C) or notice to appear (Appendix H): These documents are a form of an administrative warrant that are not directed to Trellis Paradise Post Acute. Federal or state law or regulations set a time frame for compliance with an immigration detainer or notice to appear (immediate compliance is *not* required). Trellis Paradise Post Acute personnel or volunteers are under no obligation to deliver or facilitate service of an immigration detainer or notice to appear to the person named in the document. Trellis Paradise Post Acute personnel or

volunteers will inform the federal immigration agent that before proceeding with the agent's request, they must first consult with and receive direction from The facility administrator. Provide a copy of the immigration detainer or notice to appear to The facility administrator as soon as possible.

4. *Exigent Circumstances.* If the federal immigration agent demands that Trellis Paradise Post Acute personnel or volunteer provide immediate access to Trellis Paradise Post Acute facilities based on exigent circumstances, Trellis Paradise Post Acute personnel and volunteers must comply and immediately contact The facility administrator.
 - a. Trellis Paradise Post Acute personnel or volunteers must not attempt to physically interfere with the federal immigration agent, even if the agent appears to be exceeding the authorization given under a warrant or other legal document. If the federal immigration agent enters nonpublic restricted locations in Trellis Paradise Post Acute without consent, Trellis Paradise Post Acute personnel or volunteers must document the agent's actions.
 - b. Trellis Paradise Post Acute personnel or volunteers must promptly take written notes to document the federal immigration agent's actions while on Trellis Paradise Post Acute premises in as much detail as possible but without interfering with the agent's movements.
 - c. The facility administrator will prepare an incident report regarding the event. The incident report will include:
 - i. Foundational information, including date, time, and location(s) of the event;
 - ii. Name of the federal immigration agent, and, if available, the agent's credentials and contact information;
 - iii. List of all Trellis Paradise Post Acute personnel or volunteers who interacted with the federal immigration agent or witnessed the event;
 - iv. A summary describing the federal immigration agent's request, statements, and actions with as much detail as possible;
 - v. A narrative description of Trellis Paradise Post Acute personnel or volunteer's response to the federal immigration agent's request;
 - vi. Detailed witness statements prepared by each Trellis Paradise Post Acute employee who observed any portion of the event or interacted with the federal immigration agent in any way;
 - vii. Detailed witness statements prepared by any non-employee witnesses (e.g., volunteers, patients, visitors, etc.) who observed

- any portion of the event or interacted with the federal immigration agent in any way, if possible;
 - viii. Photos or copies of any documents presented by the federal immigration agent;
 - ix. Any surveillance, bodycam, or other video, audio, or photographic evidence that may exist relating to the event; and
 - x. Any other evidence of the event collected by Trellis Paradise Post Acute personnel.
- d. The facility administrator will timely submit a report to Trellis Paradise Post Acute governing board.

V. RESPONDING TO REQUESTS FOR INFORMATION

1. Trellis Paradise Post Acute personnel or volunteers will not provide federal immigration agents with any nonpublic information about an individual, including but not limited to, nonpublic information about an individual's medical condition(s), release, or any other personally identifiable information, unless required by law.
 - a. Nothing in this section prohibits Trellis Paradise Post Acute or Trellis Paradise Post Acute personnel or volunteers from:
 - i. Sending to or receiving from any federal, state, or local government entity or official, pursuant to 8 U.S.C. §§ 1373 and 1644, information regarding any individual's citizenship or immigration status, lawful or unlawful; or
 - ii. Executing their official duties or cooperating in criminal investigations with federal, state, tribal, or local law enforcement agencies (including criminal investigations conducted by federal immigration agents) in order to ensure public safety.
 - b. Trellis Paradise Post Acute personnel or volunteers must consult with and receive direction from The facility administrator before determining whether disclosure of an individual's nonpublic information or personally identifiable information is permitted or required by law.
2. Upon receipt of an information request from a federal immigration agent, Trellis Paradise Post Acute personnel or volunteers will ask the federal immigration agent to provide their badge or identification card to be scanned, photographed, or photocopied, the image of which will be maintained by the Trellis Paradise Post Acute.
3. Trellis Paradise Post Acute will establish and maintain policies for responding to information requests presented by federal immigration

agents. Often

such requests are handled by Trellis Paradise Post Acute privacy officer or medical records department to ensure that information is disclosed appropriately. If possible, Trellis Paradise Post Acute should consult with competent legal counsel each time on such matter.

4. To respond to information requests presented by federal immigration agents, Trellis Paradise Post Acute will develop and use a verification procedure to determine and document:
 - a. The specific agency the requester is from;
 - b. Whether the requester is properly exercising law enforcement power;
 - c. The specific types of protected health information the requester seeks; and
 - d. The reason the requester wants the information.
5. Trellis Paradise Post Acute will develop procedures for handling information requests by telephone, such as requiring a call-back process through publicly listed agency phone numbers. Trellis Paradise Post Acute personnel and volunteers receiving immigration inquiries and requests will first consult with and receive direction from The facility administrator to ensure that correct protocols are followed.
6. If Trellis Paradise Post Acute is required to make a disclosure of patient information to federal immigration agents without the patient's authorization in compliance with a court order or judicial warrant, then Trellis Paradise Post Acute will document the disclosure in compliance with facility policies and procedures. Such documentation should include information that supported the decision to disclose the patient's information. Disclosures to law enforcement are subject to the accounting-of-disclosures requirement under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.¹⁰
7. Trellis Paradise Post Acute personnel and volunteers must never use an individual's personally identifiable information or citizenship or immigration status received through their employment in a personal capacity.

VI. MONITORING AND RECEIVING VISITORS INTO HEALTH CARE FACILITY

1. Trellis Paradise Post Acute will establish policies for individuals who are not patients, employees or volunteers who may come to the facility for business

¹⁰ The HIPAA Privacy Rule sets a national floor for legal protections. Even when disclosure to law enforcement is *permitted* by the HIPAA Privacy Rule, the Rule does not *require* Trellis Paradise Post Acute to disclose the information. Unless disclosure is required by some other law, Trellis Paradise Post Acute will apply its own policies and principles to determine

whether to disclose patient health care information.

or personal reasons (“visitor(s)”). Such policies will require all visitors, including federal immigration agents, who enter or remain on Trellis Paradise Post Acute grounds to register with Trellis Paradise Post Acute and provide the following information:

- a. Name, address, occupation;
 - b. Age, if less than 21 years;
 - c. Purpose in entering Trellis Paradise Post Acute; and
 - d. Proof of identity.
2. Trellis Paradise Post Acute will post signs at the entrances of the facility to notify visitors of the hours of operation and requirements for visitor registration.
3. If the federal immigration agent declares that exigent circumstances exist and demands immediate access to the Trellis Paradise Post Acute, Trellis Paradise Post Acute personnel or volunteers should follow the policy steps detailed in section IV(4) of this policy.
4. If there are no exigent circumstances necessitating immediate action, and if the federal immigration agent does not possess a judicial warrant or court order to provide a basis for the visit, the agent must provide the information required for all visitors.
5. Trellis Paradise Post Acute personnel or volunteer will report entry by federal immigration agent(s) to The facility administrator, as would be required for any unexpected or unscheduled visitor coming into the facility.

VII. NOTICE TO PATIENTS, REPRESENTATIVES, OR PARENTS

1. Trellis Paradise Post Acute will develop and post its policies, in the languages commonly spoken in the local community, and make these policies accessible on the Trellis Paradise Post Acute website.
2. Trellis Paradise Post Acute will post signs at the entrances of the facility to notify visitors of the hours of operation and requirements for visitor registration.
3. Trellis Paradise Post Acute will post signs indicating which areas of the Trellis Paradise Post Acute are public, requiring visitor registration to enter, and which areas are nonpublic restricted locations, restricting access to authorized personnel or volunteers.
4. Trellis Paradise Post Acute will establish and provide general information policies telling patients of their privacy rights.
5. Trellis Paradise Post Acute will provide a comprehensive list of privacy protections, under both federal and state law.
6. Trellis Paradise Post Acute will post information guides regarding patient

rights, including the right to remain silent. Although immigration

- enforcement activities at Trellis Paradise Post Acute are limited, federal immigration agents may enter a public area of Trellis Paradise Post Acute without a warrant or the facility's consent and may question any person present (with that person's consent).
7. Trellis Paradise Post Acute will assure patients that it will not release personally identifying information to third parties in relation to immigration enforcement activities, except as required by law.
 8. Trellis Paradise Post Acute personnel or volunteers must obtain consent from a minor patient's parent(s) or guardian(s) (provided the child is not legally regarded as their own personal representative of their medical records) before a minor patient can be interviewed or searched by any federal immigration agent in relation to immigration enforce activities at Trellis Paradise Post Acute, unless the agent presents a valid judicial warrant or court order.
 9. Trellis Paradise Post Acute personnel and volunteers will immediately notify the minor patient's parent(s) or guardian(s) if a federal immigration agent requests or gains access to a patient unless such access was provided in compliance with a judicial warrant or court order that restricts the disclosure of the information to the parent or guardian.

Appendix A

OHS/ICE "Administrative Arrest Warrant" (Form I-200)

U.S. DEPARTMENT OF HOMELAND SECURITY

Warrant for Arrest of Alien

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

- ☐ the execution of a charging document to initiate removal proceedings against the subject;
- ☐ the pendency of ongoing removal proceedings against the subject;
- ☐ the failure to establish admissibility subsequent to deferred inspection;
- ☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- ☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

(Signature of Authorized Immigration Officer)

(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____
(Location)

on _____, on _____, and the contents of this
(Name of Alien) (Date of Service)

notice were read to him or her in the _____ language.
(Language)

Name and Signature of Officer

Name or Number of Interpreter (if applicable)

Appendix B
OHS/ICE “Warrant of Removal/Oeportation” (Form I-205)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement
WARRANT OF REMOVAL/DEPORTATION

File No: _____

Date: _____

To any immigration officer of the United States Department of Homeland Security:

(Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an immigration judge in exclusion, deportation, or removal proceedings
- ☐ a designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homel Security under the laws of the United States and by his or her direction, command you to take into custody and remo from the United States the above-named alien, pursuant to law, at the expense of:

(Signature of immigration officer)

(Title of immigration officer)

(Date and office location)

Appendix C

DHS "Immigration Detainer – Notice of Action" (Form I-247A)

DEPARTMENT OF HOMELAND SECURITY (DHS) IMMIGRATION DETAINER – NOTICE OF ACTION												
Subject ID: Event #:	File No: Date:											
TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency)	FROM: (DHS Office Address)											
<p>Name of Alien: _____</p> <p>Date of Birth: _____ Citizenship: _____ Sex: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="background-color: #f2f2f2; padding: 2px;">1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (complete box 1 or 2):</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> a final order of removal against the alien;</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> the pendency of ongoing removal proceedings against the alien;</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.</td></tr><tr><td style="background-color: #f2f2f2; padding: 2px;">2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION (complete box 1 or 2).</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.</td></tr></table> <p>IT IS THEREFORE REQUESTED THAT YOU:</p> <ul style="list-style-type: none">Notify DHS as early as practicable (at least 48 hours, if possible) before the alien is released from your custody. Please notify DHS by calling <input type="checkbox"/> U.S. Immigration and Customs Enforcement (ICE) or <input type="checkbox"/> U.S. Customs and Border Protection (CBP) at _____ If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at (802) 872-6020.Maintain custody of the alien for a period NOT TO EXCEED 48 HOURS beyond the time when he/she would otherwise have been released from your custody to allow DHS to assume custody. The alien must be served with a copy of this form for the detainer to take effect. This detainer arises from DHS authorities and should not impact decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other matters.If the alien is transferred to another law enforcement agency, this detainer is to be relayed to the new agency with custody of the alien.Notify this office in the event of the alien's death, hospitalization or transfer to another institution. <p><input type="checkbox"/> If checked: Please cancel the detainer related to this alien previously submitted to you on _____ (date).</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ (Name and title of Immigration Officer)</td><td style="width: 50%; text-align: center;">_____ (Signature of Immigration Officer)</td></tr></table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Notice: If the alien may be the victim of a crime or you want the alien to remain in the United States for a law enforcement purpose, notify the ICE Law Enforcement Support Center at (802) 872-6020. You may also call this number if you have any other questions or concerns about this matter.</p></div> <p>TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS NOTICE:</p> <p>Please provide the information below, sign, and return to DHS by mailing, emailing, or faxing a copy to _____.</p> <p>Local Booking/Inmate #: _____ Est. release date/time: _____ Date of latest criminal charge/conviction: _____</p> <p>Latest offense charged/convicted: _____</p> <p>This form was served upon the alien on _____, in the following manner:</p> <p><input type="checkbox"/> in person <input type="checkbox"/> by inmate mail delivery <input type="checkbox"/> other (please specify): _____</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ (Name and title of Officer)</td><td style="width: 50%; text-align: center;">_____ (Signature of Officer)</td></tr></table> <p style="margin-top: 10px;">DHS Form I-247A (02/17)</p>		1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (complete box 1 or 2):	<input type="checkbox"/> a final order of removal against the alien;	<input type="checkbox"/> the pendency of ongoing removal proceedings against the alien;	<input type="checkbox"/> biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or	<input type="checkbox"/> statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.	2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION (complete box 1 or 2).	<input type="checkbox"/> Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.	_____ (Name and title of Immigration Officer)	_____ (Signature of Immigration Officer)	_____ (Name and title of Officer)	_____ (Signature of Officer)
1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON (complete box 1 or 2):												
<input type="checkbox"/> a final order of removal against the alien;												
<input type="checkbox"/> the pendency of ongoing removal proceedings against the alien;												
<input type="checkbox"/> biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or												
<input type="checkbox"/> statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.												
2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION (complete box 1 or 2).												
<input type="checkbox"/> Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.												
_____ (Name and title of Immigration Officer)	_____ (Signature of Immigration Officer)											
_____ (Name and title of Officer)	_____ (Signature of Officer)											

Appendix O

Federal Judicial Search and Seizure Warrant (Form AO 93)

AO 93 (Rev. 11/13) Search and Seizure Warrant

UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of
(Briefly describe the property to be searched
or identify the person by name and address)

)
)
) Case No.
)
)
)

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal (identify the person or describe the property to be seized):

YOU ARE COMMANDED to execute this warrant on or before _____ (not to exceed 14 days)
' in the daytime 6:00 a.m. to 10:00 p.m. ' at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, if an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____
(United States Magistrate Judge)

' Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box)

' for _____ days (not to exceed 30) ' until, the facts justifying, the later specific date of _____.

Date and time issued: _____

Judge's signature

City and state: _____

Printed name and title

Appendix E

Federal Judicial Arrest Warrant (Form AO 442)

AO 442 (Rev. 11/11) Arrest Warrant

UNITED STATES DISTRICT COURT

for the

United States of America

v.

Case No.

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) _____,
who is accused of an offense or violation based on the following document filed with the court:

☐ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Date: _____

Issuing officer's signature

City and state: _____

Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____.

Date: _____

Arresting officer's signature

Printed name and title

1. To (Name, Address, City, State, Zip Code)	DEPARTMENT OF HOMELAND SECURITY IMMIGRATION ENFORCEMENT SUBPOENA to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4
Subpoena Number	
2. In Reference To	
_____ (Title of Proceeding)	_____ (File Number, if Applicable)

(A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.

(B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

<p>3. (A) CBP, ICE or USCIS Official before whom you are required to appear</p> <p>Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Telephone Number _____</p>	<p>(B) Date _____</p> <p>(C) Time <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>
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5. Authorized Official

(Signature)

(Printed Name)

(Title)

(Date)

Appendix G

Federal Judicial Subpoena (Form AO 88B)

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

UNITED STATES DISTRICT COURT

for the

Plaintiff
v.

Defendant

)
)
) Civil Action No.
)
)
)

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

(Name of person to whom this subpoena is directed)

* **Production: YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material:

Place: _____ Date and Time: _____

* **Inspection of Premises: YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place: _____ Date and Time: _____

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: _____

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) _____, who issues or requests this subpoena, are:

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Appendix H
DHS "Notice to Appear"
(Form I-862)

U.S. Department of Homeland Security

Notice to Appear

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

Subject ID: _____

FINS: _____

File No: _____

DOB: _____

Event No: _____

In the Matter of: _____

Respondent: _____ currently residing at: _____

(Number, street, city and ZIP code)

(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 removable for the reasons stated below.

The Department of Homeland Security alleges that you:

- ☐ 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: ☐ 8CFR 208.30(f)(2) ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

(Complete Address of Immigration Court, including Room Number, if any)

on _____ at _____ to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above.

(Signature and Title of Issuing Officer)

Date: _____

(City and State)

See reverse for important information

Form I-862 (Rev. 08/01/07)