



**Congress of the United States**  
**House of Representatives**

Washington, DC 20515

**KNOW YOUR RIGHTS AT IMMIGRATION COURT**

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**Before Your Hearing**

You may bring proof of how long you have been in the United States. Examples include: lease, rent receipts, utility bills, school or medical records, pay stubs, bank statements, or U.S. tax filings.

You may choose to share your A-Number with a trusted contact so they can try to locate you if detained. Planning for childcare and other urgent needs may be helpful, as detention can occur without notice. Filling out the attached form may authorize a trusted third party to request information from ICE about your detention.

If you fear returning to your home country, you can tell the judge or an immigration officer. You may request a credible fear interview.

Attendance matters. Missing court can result in a removal order in your absence.

**At Your Hearing**

If the government asks to dismiss or terminate your case, you may object to the government's request. If the judge grants the request, you may appeal the decision. Asking to appeal can pause the government from acting on removal during the appeal period.

**If You Are Approached by ICE**

- You have the right to **remain silent**
- You do **not** have to sign documents you do not understand
- You can ask for an interpreter
- You can ask for time to speak to an attorney

You may request that documents be read to you in a language you understand. If you are detained, you may ask officials to contact your attorney if you have one.

**Important Reminders**

- You may bring documents showing how long you have lived in the U.S.
- Know your A-number and memorize a trusted person's phone number
- If you fear returning to your home country, you may request a credible fear interview
- If you disagree with the dismissal of your case, you may state it on the record

*This document is meant for general informational purposes only and does not constitute legal advice. If you are in need of legal advice, please contact an attorney. Este documento tiene fines informativos generales unicamente y no constituye consejo legal. Sinecesita consejo legal, por favor comuniquese con un abogado.*

# U.S. Immigration and Customs Enforcement

## PRIVACY WAIVER AUTHORIZING DISCLOSURE TO A THIRD PARTY

Use this form to authorize the U.S. Department of Homeland Security ("DHS") to disclose information and/or records about you to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party.

**Authority:** Privacy Act of 1974 (5 U.S.C. § 552a); DHS Privacy Act Regulations (6 C.F.R. § 5.21(d)).

<b>STEP 1</b>	<b>Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").</b>
Your Full Name:	Your Alien Registration Number (if applicable):
Your Current Address:	Date of Birth: Country of Birth:
Recipient's Name:	Recipient's Phone Number:
Recipient's Mailing Address (required if requesting disclosure by mail):	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm):	

<b>STEP 2</b>	<b>Specify what information and/or records DHS is authorized to share with the Recipient.</b>
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☐ Identifying Data (Date of Birth, etc.)  
☐ Immigration Case  
☐ Alien File (A-File)

☐ Family Data  
☐ Detention Information  
☐ Criminal History

☐ Travel/Border Crossing  
☐ Medical Information  
☐ Criminal Case

**AND/OR**

☐ The following information/records (describe): \_\_\_\_\_

**OR**

☐ ALL information and/or Records Requested by the Recipient

If you have applied for or received any of the immigration benefits below, you are legally entitled to confidentiality. (See reverse for more information.) If you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes below. Waiver of these rights is not required; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

**I waive my right to confidentiality and authorize disclosure to the Recipient regarding these immigration benefits:**

<input type="checkbox"/> Temporary Protected Status (TPS)	<input type="checkbox"/> T Visa (for	<input type="checkbox"/> trafficking victims)	<input type="checkbox"/> U Visa (for	<input type="checkbox"/> victims of certain crimes)
<input type="checkbox"/> Asylum	<input type="checkbox"/> Battered Spouse/Child Violence Against	<input type="checkbox"/> Women Act	<input type="checkbox"/> Seeking Hardship Waiver	<input type="checkbox"/> (VAWA)

(confidentially applies even if petition is denied)

<b>STEP 3</b>	<b>Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.</b>
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I certify under penalty of perjury that the information above is accurate. I authorize DHS, its components, offices, employees, contractors, agents, and assignees, to disclose the information or records specified above to the Recipient. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of DHS; that DHS retains the discretion to decide if particular records or information are within the scope of this Waiver; and that DHS has no control over how the Recipient will use or disseminate my information. I agree to release and hold harmless DHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

Your Signature:	Witness Signature:
Date:	Witness Name:

\*Privacy Waiver is valid for 90 days from date of signature

\*Witness may not be the Recipient or employed by Recipient's employer