DONALD NORCROSS
1ST DISTRICT, NEW JERSEY

ARMED SERVICES COMMITTEE
RANKING MEMBER
Subcommittee on Tactical Air and Land Forces
Subcommittee on Seapower and Projection Forces
Subcommittee on Strategic Forces

EDUCATION AND WORKFORCE COMMITTEE
Subcommittee on
Health, Employment, Labor and Pensions
Subcommittee on Early Childhood,
Elementary, and Secondary Education

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CONOZCA SUS DERECHOS EN LA CORTE DE INMIGRACIÓN

Antes de su audiencia

Puede traer pruebas de cuánto tiempo ha estado en los Estados Unidos. Ejemplos incluyen: contrato de arrendamiento, recibos de renta, facturas de servicios públicos, registros escolares o médicos, talones de pago, estados de cuenta bancarios o declaraciones de impuestos de los Estados Unidos.

Puede optar por compartir su número A con una persona de confianza para que puedan intentar localizarlo si es detenido. Planificar el cuidado de los niños y otras necesidades urgentes puede ser útil, ya que la detención puede ocurrir sin previo aviso. Llenar el formulario adjunto puede autorizar a una tercera persona de confianza a solicitar información a ICE sobre su detención.

Si teme regresar a su país de origen, puede informárselo al juez o a un oficial de inmigración. Puede solicitar una entrevista de miedo creíble.

La asistencia es importante. Faltar a la corte puede resultar en una orden de deportación en su ausencia.

Durante su audiencia

Si el gobierno da por terminado su caso, puede oponerse a la solicitud del gobierno. Si el juez concede la solicitud, usted puede apelar la decisión. Solicitar una apelación puede hacer que el gobierno deje de actuar sobre la deportación durante el período de apelación.

Si es abordado por ICE

- Usted tiene derecho a guardar silencio
- No tiene que firmar documentos que no entienda
- Puede pedir un intérprete
- Puede pedir tiempo para hablar con un abogado

Puede pedir que los documentos sean leídos en un idioma que usted entienda. Si es detenido, puede pedir a los funcionarios que se comuniquen con su abogado si tiene uno.

Recordatorios importantes

- Puede traer documentos que muestren cuánto tiempo ha vivido en los Estados Unidos
- Conozca su número A y memorice el número de teléfono de una persona de confianza
- Si teme regresar a su país de origen, puede solicitar una entrevista de miedo creíble
- Si no está de acuerdo con la desestimación de su caso, puede indicarlo en el registro

Este documento tiene fines informativos generales únicamente y no constituye asesoramiento legal. Si necesita asesoramiento legal, por favor comuníquese 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)).

STEP 1 Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").

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):	

STEP 2 Specify what information and/or records DHS is authorized to share with the Recipient.

☐ Identifying Data (Date of Birth, etc.) ☐ Family Data ☐ Travel/Border Crossing

☐ Immigration Case ☐ Detention Information ☐ Medical Information

☐ Alien File (A-File) ☐ Criminal History ☐ 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:

☐ Temporary Protected Status (TPS) ☐ T Visa (for trafficking victims) ☐ U Visa (for victims of certain crimes)

☐ Asylum (confidentially applies even if petition is denied) ☐ Battered Spouse/Child Violence Against Women Act Seeking Hardship Waiver ☐ (VAWA)

STEP 3 Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.

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