

# **KNOW YOUR RIGHTS** **AS AN IMMIGRANT WORKER**



**This document includes information  
and useful resources for immigrant  
workers.**

**Review it, study it, and share this  
information with co-workers, your  
family, and close friends. We protect  
each other.**

This toolkit is an educational guide and does not  
constitute legal advice. If you need legal advice,  
please consult an attorney.

# **DECLARATION OF SOLIDARITY**

## **Whereas:**

- The executive branch of the U.S. government has declared that it will initiate unprecedented and horrendous attacks on immigrants;
- Some employers feel emboldened by the new administration to unleash illegal and immoral attacks on immigrant workers;
- Women workers are particularly vulnerable to sexual harassment in the workplace;
- It seems imminent that government agencies such as the Department of Labor, NLRB, OSHA, and EEOC will be dismantled, and that the government is going to declare war on workers;
- From experience, we know some people have been invited to commit hate crimes against immigrants;
- All of the above wholly contradicts the U.S. Constitution and the basic tenets of all religious traditions.

## **We hereby resolve that Arise Chicago:**

- Will train immigrant workers on their rights in the workplace, including preparedness for raids at work;
- Will train workers on how to prevent, combat, and report sexual harassment in the workplace;
- Will broaden and deepen its alliance with immigrant rights groups;
- Will create rapid response teams to respond to emergency situations involving immigrants;
- Will advocate for public policies that provide clear language on the protection of immigrant workers and all religious traditions;
- Will oppose workplace raids and deploy all its resources if they occur;
- Will educate unions, allies, congregations, attorneys, and others about the legal protections workers have in the workplace;
- Will track all changes in government that affect immigrant workers, including protections for workers while in a labor dispute;
- Will support our members to the greatest extent possible, and
- Will educate congregations about their religious traditions and the Scriptures, which call on all of us to support the oppressed and persecuted.





## Important Information About NLRB Investigations for Immigrant Workers



**The National Labor Relations Act (NLRA) protects most private-sector employees, regardless of their immigration status. The NLRA gives employees the right to:**

- Form, join, or assist a union to negotiate concerning wages and other working conditions.
- Discuss wages and other working conditions with coworkers, a union, a worker center, a government agency, the media, or the public.
- Take collective action with coworkers to try to improve wages and other working conditions.
- Choose not to take part in any of these actions.

**Below is important information for you to know about our confidential investigation process:**

- Because immigration status is not relevant as to whether there has been a violation of the NLRA:
  - We will **NOT** ask you about your immigration status.
  - You **DO NOT** need to share any information with us about your immigration status.
  - You **DO NOT** need to share information about the status of your current/former coworkers.
- We only enforce the NLRA and have **NO** involvement with the enforcement of immigration laws.
- We will **NOT** share any information about you with the Department of Homeland Security (DHS), including Immigration and Customs Enforcement (ICE), or any other immigration authorities, unless you request that we share your information to assist you with seeking immigration relief, as described in the last bulleted point of this document.
- If you have concerns about appearing at our offices for any reason, please speak with the Board Agent assigned to the case about other methods of participating in the investigation, including taking your affidavit outside of our office or by video.
- Our investigations are confidential, which means that we will **NOT** disclose your affidavit to an employer, unless you testify at a trial, or we seek a federal court injunction.

- If you are not comfortable communicating with us in English, we will make an interpreter available to provide assistance and information in your preferred language.
- If you are aware that an employer or union has engaged in any of the following conduct, please tell the Board Agent about it because it may violate the law:
  - Threatening to call DHS or ICE or making other similar threats because you or other employees have engaged in union activity or other collective action to improve working conditions.
  - Asking employees to provide new or updated immigration documents/papers or reverifying employees' work authorization without a valid, non-discriminatory reason, which could violate the NLRA or other laws.
- If, at the end of the investigation, we determine there is merit to the charge (the employer or union has violated the law) and we have to litigate the case before an Administrative Law Judge, we will make every effort to prevent the employer or union from asking you about your immigration status.
- If you have filed a charge or are a witness and you or your representative tells us that there is NLRA protected activity at a worksite and immigration relief is necessary to protect employees who are exercising those rights or participating in the NLRB process, the NLRB will consider seeking immigration relief for employees at that worksite including deferred action, parole, U or T visa status, or other relief as available and appropriate. The NLRB cannot provide immigration advice. If you need immigration counsel, a list of providers of free legal services is available here: <https://www.justice.gov/eoir/list-pro-bono-legal-service-providers>.

**For more information on the NLRB, please visit our website:**

**[www.nlrb.gov](http://www.nlrb.gov)**



# IMMIGRATION AUDITS

When hired for a job, everyone must fill out an I-9 form, where you write your information, address, Social Security number, immigration status (citizen, resident, etc.), and your dependents for tax deduction.

Under the current administration, Immigration and Customs Enforcement (ICE) has decided to increase the examination of these documents in what it calls “forensic audits.” An immigration agent requests copies of the employer’s files, compares the data with their databases (immigration, citizenship, Social Security, and even criminal records), and notifies the employer that some workers do not have legal permits and should be fired within a few days.



The employer is obligated to fire a worker if it knows he or she is undocumented or will face fines ranging from \$400 to \$4,000 per day for each worker. If ICE returns to the company and finds unauthorized workers, it can arrest them, fine the employer, and even arrest the employer itself.

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Some employers ask for “new documents” for workers to change their name or insurance number, some send workers to a temporary agency to keep them working but take the responsibility off their shoulders, and others simply fire them.

Make sure ICE has done an audit. Some employers just say that “immigration is coming” to get rid of workers with more seniority or higher wages without an actual audit.

If your employer tells you there was an audit, ask for a copy of the letter ICE gave them to confirm an audit was conducted.

Check with the Arise Chicago Workers’ Center before you leave work. You may lose all your rights and benefits if you quit or stop working.

# E-VERIFY AND YOUR RIGHTS

E-Verify is a database that checks whether a worker has permission to work legally in the United States. It is only mandatory for federal contractors and some companies that handle hazardous substances, such as explosives. Others can use it voluntarily but must comply with several rules.

Voluntary E-Verify **can only be used for three days after hiring a worker**. Those already working when the employer registers for E-Verify should not be verified or reverified.

Nor should any worker who has shown a Green Card be re-verified.

The employer may not request specific documents from any worker (e.g., a Green Card, driver's license, or U.S. passport) or ask them to "fill out the Form I-9 again."

The employer may only re-verify workers who have an expired or about to expire work permit. However, even though some Green Cards have an expiration date, their status remains in effect, and legally they are not required to be reverified.

**If the employer violates any of these rules, he or she is breaking the law!**

Moreover, threatening a worker with calling immigration is a crime, and the worker may even be eligible for a visa if they file a claim against the employer with the government!

**If you believe your rights as a worker were violated using E-Verify, contact Arise Chicago!!**

Arise Chicago  
1700 W Hubbard St., Suite 2E, Chicago, IL 60622  
[www.arisechicago.org](http://www.arisechicago.org)



# IRS NO-MATCH LETTERS AND HOW TO ANSWER

No-match letters from the Internal Revenue Service (IRS) are intended to “correct information” from workers. When a company reports its taxes, it may receive a letter indicating that certain workers’ information does not match its databases.

## IRS Letters:

- They do not indicate a person’s immigration status or work authorization.
- Letters cannot be used as a “reasonable suspicion” that you do not have the correct documentation.
- Errors in the database are common due to name changes, unreported marriages or divorces, typos, and other factors.

The IRS grants a “reasonable exception” to not penalize employers, is satisfied with a response that “the worker was notified there is a problem,” and asks the worker to “correct” it by December 31 of that year. If the employer receives another letter the following year, it must ask the worker for a “definitive response” by December 31 of that year. For example, if you receive a No-Match letter from the IRS today, you can try to “correct the error” until December 31, 2025, and maybe 2026.

If you do not respond in the second year, the IRS fines for a non-responsive employer are \$50 for the first year or \$260 for the second year..

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## How to Respond to the Employer

1. The company receiving a letter from the IRS may ask workers to complete a Form W4 (Withholding Certificate). **NOTE:** The “Employment Verification” Form I-9 should not be filled out again.
2. The employer must notify the IRS (no later than August 1) that they informed the worker about the discrepancy and asked the worker to correct the error by December 31. This is acceptable to avoid being fined.
3. If the employer receives a new letter the following year, they must follow the same procedure and give the worker a “final deadline” to make the “December 31 correction.”

The company should not fire anyone for “suspicions” of not having documentation because they risk violating some federal and state laws.

**On the back of this sheet is a sample letter that can be given to the employer, informing them of the procedure. It is essential that as many workers as possible sign it. This can protect them from layoffs.**



Month, Day, Year

To: Whom it May Concern at \_\_\_\_\_

Regarding your communication about the Internal Revenue Service:

We acknowledge your communications regarding some inaccuracy in our information.

We have worked for the company for several years and were never told there was a problem. Legally, the company had 72 hours after we were hired, to view, review or verify our information. Any action beyond that frame of time could violate laws and rules regarding employment.

We have met and consulted with Arise Chicago, a Worker Center, experts on this issue, since this may affect our employment conditions, which we seek to improve, and we have gained legal information regarding this issue.

We acknowledge your communication that there is a problem. According to IRS regulations, you have until August 1st to notify the IRS that you reported the error to us, and we have until December 31st of this year to correct our information. If we cannot do so, the company should wait for a following letter next year. Also according to the Internal Revenue Service, if the company responds to the IRS saying it gave us the information, it will not be penalized.

We will take care of this problem directly. We cannot predict how and when the IRS will resolve this issue.

We would like to remind you that any action taken by this company, a request for specific documentation, and any adverse employment action taken against us may be a violation to several federal and Illinois laws, particularly (820 ILCS 55/) Right to Privacy in the Workplace Act, and we will have to act accordingly.

Also, misusing an employment verification system may expose the company to liability under several labor and human rights federal and state laws, which regulate the use of employment eligibility verification systems. Further, singling out an employee or group of employees and placing additional burdens on that group based upon their race or national origin, such as requiring re-verification for eligibility for employment in the U.S. could violate Title VII of the Civil Rights Act.

Furthermore, since we have organized to improve our working conditions, this letter is legal proof of a Concerted Protected Activity according to the National Labor Standards Act ((49 Stat. 449) 29 U.S.C. § 151-169), and therefore the company cannot take any action which may be considered retaliation against any of us.

Thank you

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FEDERAL IMMIGRATION AGENCIES

**FEDERAL PROTECTIVE SERVICES:** Protection of federal buildings.

**IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE):** Arrests immigrants.

**UNITED STATES CUSTOMS AND BORDER PROTECTION (CBP):** Border Patrol. Monitors borders, ports and airports.

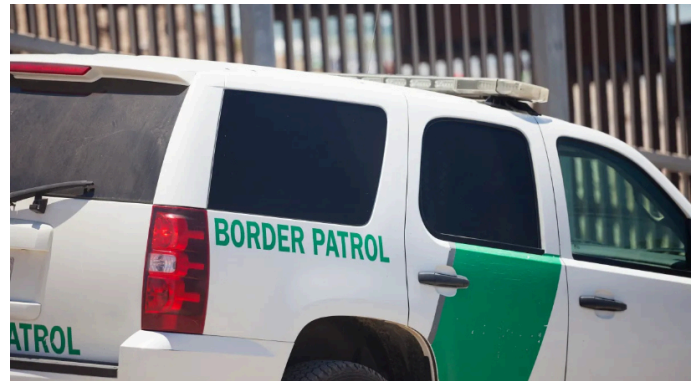
**U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS):** Processes visas, permanent residences and work permits. Does not arrest immigrants.



**UNITED STATES COAST GUARD (USCG):**  
Might detain but generally does not arrest.

**CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY (CISA):** Does cybernetic surveillance.

**FEDERAL LAW ENFORCEMENT TRAINING CENTERS (FLETC):** Training for immigration agents.



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**JUST AN ICE TRUCK**

**TRANSPORTATION SECURITY ADMINISTRATION (TSA):** Passenger surveillance at airports.

**COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE (CWMD):** Anti-terrorism surveillance.

**OFFICE OF HOMELAND SECURITY SITUATIONAL AWARENESS (OSA):** Coordinates immigration operations.

Arise Chicago  
1700 W Hubbard St., Suite 2E, Chicago, IL 60622  
[www.arisechicago.org](http://www.arisechicago.org)





# TYPES OF ARREST WARRANTS

## LEGALLY BINDING JUDICIAL ORDER

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

### UNITED STATES DISTRICT COURT

for the  
Central District of Illinois

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, or 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

## NON BINDING ARREST WARRANT (DHS-ICE)

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

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

\_\_\_\_\_  
Name and Signature of Officer Name or Number of Interpreter (if applicable)

Form I-200 (Rev. 09/16)

# **FORMS AND LETTERS**

## **USEFUL IN CASE OF ARREST**

In this section you will find forms and sample letters that you could have filled out in the event of an immigration arrest or detention.

- **LIST OF MATERIALS AND IMPORTANT DOCUMENTS**

Check your list and make sure you have all your documents

- **APPOINTMENT OF SHORT-TERM GUARDIAN FOR CHILDREN**

Appointment of Short-Term Guardian in Illinois (CFS 444-2)

- **CONSENT TO LEGAL REPRESENTATION AND INFORMATION DELIVERY IN MIGRATION SERVICES**

Agreement to authorize representation from an attorney before USCIS (FORM G-28)

- **AUTHORIZATION FOR THE RELEASE OF INFORMATION TO THIRD PARTIES**

Privacy waiver authorizing disclosure to a third party (ICE Form 60-001)

- **DECLARATION OF CONSENT TO APPLY FOR A PASSPORT FOR A CHILD**

Statement of consent: issuance of a U.S. Passport to a child (FORM DS-3053)

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# IMPORTANT FORMS AND DOCUMENTS

## POWER OF ATTORNEY

- ☐ OF YOUR HOUSE
- ☐ OF YOUR CAR
- ☐ BANK ACCOUNTS
- ☐ COLLECTION OF WAGES

## APPOINT OF A GUARDIAN

- ☐ TO TAKE CARE OF THE CHILDREN (FORM 444-2/S)

## RETAINER AGREEMENT

- ☐ TO BE REPRESENTED BEFORE MIGRATION (FORM G-28)

## OTHER FORMS

- ☐ TO AUTHORIZE ICE TO RELEASE INFORMATION (ICE 60-001)
- ☐ AUTHORIZATION TO APPLY FOR A PASSPORT (FORM DS-3053)

## OTHER DOCUMENTS AT HAND

- ☐ MEDICAL RECORDS
- ☐ CREDIT CARDS
- ☐ DIPLOMAS AND DEGREES
- ☐ EDUCATIONAL CERTIFICATES
- ☐ CONSULAR ID COPY
- ☐ PASSPORT COPIES
- ☐ ILLINOIS ID
- ☐ DRIVER'S LICENSE
- ☐ DOCUMENTS PROVING 2 OR MORE YEARS OF RESIDENCE
- ☐ ANY OTHER IMMIGRATION DOCUMENTS

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**APPOINTMENT OF SHORT-TERM GUARDIAN**  
755 ILCS 5/11-5.4

**It is important to read the following instructions:**

By properly completing this form, a parent or the guardian of the person of the child is appointing a guardian of a child of the parent (or a minor ward of the guardian, as the case may be) for a period of up to 365 days. A separate form should be completed for each child. The person appointed as the guardian must sign the form, but need not do so at the same time as the parent or parents.

If you are a parent or guardian who is a member of the Armed Forces of the United States, including any reserve component thereof, or the commissioned corps of the National Oceanic and Atmospheric Administration or the Public Health Service of the United States Department of Health and Human Services detailed by proper authority for duty with the Armed Forces of the United States, or who is required to enter or serve in the active military service of the United States under a call or order of the President of the United States or to serve on State active duty, you may appoint a short-term guardian for your child for the period of your active duty service plus 30 days. When executing this form, include the date your active duty service is scheduled to begin in part 3 and the date your active duty service is scheduled to end in part 4.

This form may not be used to appoint a guardian if there is a guardian already appointed for the child, except that if a guardian of the person of the child has been appointed, that guardian may use this form to appoint a short-term guardian. Both living parents of a child may together appoint a guardian of the child, or the guardian of the person of the child may appoint a guardian of the child, for a period of up to 365 days through the use of this form. If the short-term guardian is appointed by both living parents of the child, the parents need not sign the form at the same time.

1. Parent (or guardian) and Child. I, \_\_\_\_\_,  
currently residing at \_\_\_\_\_,  
am a parent (or the guardian of the person) of the following child (or of a child likely to  
be born): \_\_\_\_\_.
2. Guardian. I hereby appoint the following person as the short-term guardian for my child:  
(include name and address) \_\_\_\_\_  
\_\_\_\_\_.

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3. Effective date. This appointment becomes effective: (Check one if you wish it to be applicable)

- ☐ On the date that I date in writing that I am no longer either willing or able to make and carry out day- to-day child care decisions concerning the child.
- ☐ On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day- to day child care decisions concerning the child.
- ☐ On the date that I am admitted as an in-patient to a hospital or other health care institution.
- ☐ On the following date: \_\_\_\_\_.
- ☐ On the date my active duty service begins: \_\_\_\_\_.
- ☐ Other: \_\_\_\_\_.

(Note: If this item is not completed, the appointment is effective immediately upon the date the form is signed and dated below.)

4. Termination. This appointment shall terminate 365 days after the effective date, unless it terminates sooner as determined by the event or date I have indicated below: (check one if you wish it to be applicable).

- ☐ On the date that I state in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child, but not more than 365 days after the effective date.
- ☐ On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child, but not more than 365 days after the effective date.
- ☐ On the date that I am discharged from the hospital or other health care institution where I was admitted as an in-patient, which established the effective date, but not more than 365 days after the effective date.
- ☐ On the date which is \_\_\_\_\_ days after the effective date. (may not exceed 365 days).
- ☐ On the date no more than 30 days after my active duty service is scheduled to end (insert date active duty service is scheduled to end): \_\_\_\_\_.
- ☐ Other: \_\_\_\_\_.

(Note: If this item is not completed, the appointment will be effective for a period of 365 days, beginning on the effective date.)

5. Date and signature of appointing parent or guardian.

This appointment is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_

\_\_\_\_\_  
(Appointing parent(s) or guardian)

6. Witnesses. I saw the parent (or the guardian of the person of the child) sign this instrument or I saw the parent (or the guardian of the person of the child) direct someone to sign this instrument for the parent (or the guardian). Then I signed this instrument as a witness in the presence of the parent (or the guardian). I am not appointed in this instrument to act as the short-term guardian for the parent's child.

Witness \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

Witness \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

7. Acceptance of short-term guardian.

I accept this appointment as short-term guardian on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_  
(Short-term guardian)

8. Consent of child's other parent. I, \_\_\_\_\_,  
currently residing at \_\_\_\_\_,  
hereby consent to this appointment on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed \_\_\_\_\_  
(Consenting parent)

(Note: the signature of a consenting parent is not necessary if one of the following applies: (i) the child's other parent has died; or (ii) the whereabouts of the child's other parent are not known; or (iii) the child's other parent is not willing or able to make and carry out day-to-day child care decisions concerning the child; or (iv) the child's parents were never married and no court order has issued an order establishing parentage.)

(Source: P.A. 95-568, eff. 6-1-08)

#### 755 ILCS 5/11 - 13.2 Duties of a short term guardian of a minor.

(a) Immediately upon the effective date of the appointment of a short-term guardian, the short-term guardian of the minor shall assume all duties as short-term guardian of the minor as provided in this Section. The short-term guardian of the person shall have authority to act as short-term guardian, without direction of court, for the duration of the appointment, which in no case shall exceed a period of 365 days. The authority of the short-term guardian may be limited or terminated by a court of competent jurisdiction.

(b) Unless further specifically limited by the short-term guardian, a short-term guardian shall have the authority to act as guardian of the person of a minor as prescribed in Section 11-13, but shall not have any authority to act as guardian of the estate of a minor, except that a short-term guardian shall have the authority to apply for and receive on behalf of the minor benefits to which the child may be entitled from or under federal, State, or local organizations or programs.

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# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name   
3.b. ☐ Apt. ☐ Ste. ☐ Flr.   
3.c. City or Town   
3.d. State  3.e. ZIP Code   
(USPS ZIP Code Lookup)  
3.f. Province   
3.g. Postal Code   
3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number   
5. Mobile Telephone Number (if any)   
6. Email Address (if any)   
7. Fax Number (if any)

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☐ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

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### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)  
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☐ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)  
▶
9. Client's Alien Registration Number (A-Number) (if any)  
▶ A-

### Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State  13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.





#### Part 4. Client's Consent to Representation and Signature (continued)


##### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☐ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

##### *Signature of Client or Authorized Signatory for an Entity*

- 2.a. Signature of Client or Authorized Signatory for an Entity  

- 2.b. Date of Signature (mm/dd/yyyy)

#### Part 5. 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 DHS. 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.

1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy)

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.c. Middle Name	
------------------	--

**2.a.** Page Number **2.b.** Part Number **2.c.** Item Number

2.d.

<b>3.a.</b> Page Number	<b>3.b.</b> Part Number	<b>3.c.</b> Item Number
<div></div>	<div></div>	<div></div>

[illegible]

**4.a.** Page Number **4.b.** Part Number **4.c.** Item Number

[illegible]

**5.a.** Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

**6.a.** Page Number **6.b.** Part Number **6.c.** Item Number

[illegible]



DEPARTMENT OF HOMELAND SECURITY  
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.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Identifying Data (Date of Birth, etc.) | <input type="checkbox"/> Family Data           | <input type="checkbox"/> Travel/Border Crossing |
| <input type="checkbox"/> Immigration Case                       | <input type="checkbox"/> Detention Information | <input type="checkbox"/> Medical Information    |
| <input type="checkbox"/> Alien File (A-File)                    | <input type="checkbox"/> Criminal History      | <input type="checkbox"/> Criminal Case          |

**AND/OR**

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

**OR**

☐ ALL information and/or Records Requested by the Recipient

**For Aliens Only:** 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 trafficking victims)              | <input type="checkbox"/> U Visa (for victims of certain crimes) |
| <input type="checkbox"/> Seasonal Agricultural Worker                                   | <input type="checkbox"/> Battered Spouse/Child Seeking Hardship Waiver | <input type="checkbox"/> Violence Against Women Act (VAWA)      |
| <input type="checkbox"/> Asylum<br>(confidentiality applies even if petition is denied) |  |   |

**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



U.S. Department of State

OMB CONTROL NO. 1405-0129

EXPIRES: 12-31-2023

Estimated Burden: 20 minutes

**STATEMENT OF CONSENT:  
ISSUANCE OF A U.S. PASSPORT TO A CHILD**

Please Print Legibly Using Black Ink Only. If you make an error, complete a new form. Do not correct.

**RESET**

<b>1. CHILD'S NAME</b> (As it appears on form DS-11, Application for a U.S. Passport)					
<b>Last</b>		<b>First</b>		<b>Middle</b>	
<b>2. CHILD'S DATE OF BIRTH</b> (mm/dd/yyyy)			<b>3. THIS CONSENT IS VALID FOR A:</b>		
			<input type="checkbox"/> Passport Book and Card <input type="checkbox"/> Book Only <input type="checkbox"/> Card Only		
<b>4a. IS CHILD UNDER 16 YEARS OLD?</b>			<b>4b. IF YES, PRINT NAME OF ADULT APPLYING WITH CHILD</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>5. STATEMENT OF CONSENT</b> To be completed by the legal parent/legal guardian who cannot apply with the child. The legal parent/legal guardian who cannot apply with the child must complete the information below. This statement expires 90 days after the date of notarization.					
I, _____, give my consent to the issuance of a United States passport to the minor child Print Name of Legal Parent/Legal Guardian (who cannot apply in person with the child) named on this application. My consent is unconditional with regards to passport validity and travel.					
Street Address		Apt#	City	State	Zip Code
( )	Telephone Number		Email Address		
Area Code					
<b>STOP! YOU MUST SIGN AND DATE BELOW IN FRONT OF A NOTARY.</b>					
<b>OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.</b>					
Signature of Legal Parental/Legal Guardian (who cannot apply in person with the child)			Date (mm/dd/yyyy)		
<b>IMPORTANT:</b> You must submit a clear photocopy of the front and back of the identification you presented to the notary. The date you sign the form must be the same date that the notary signs the form.					
<b>6. FOR COMPLETION BY NOTARY</b>					
On the date specified above and below, the affiant listed above, who is not related to me, personally appeared before me and is known to me to be the person whose name is subscribed to and acknowledged that he/she executed the same for the uses and purposes therein contained. I have properly verified the identity of the affiant by personally viewing the below notated identification document and matching photocopy.					
Name of Notary	Print Name (Notary Public)				
Location	City, State				
Commission Expires	Date (mm/dd/yyyy)				
Identification Presented by Legal Parent/Legal Guardian: (who cannot apply in person with the child)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other (specify)				
Legal Parent/Legal Guardian ID Number:	Place of Issue:				
Issue Date (mm/dd/yyyy):	Expiration Date (mm/dd/yyyy):				
Signature of Notary	Date of Notarization:				

# **USEFUL MATERIALS FOR YOUR HOME**

22

In the following section, you will find three posters for the house and a card template for your wallet or purse



# ***STOP!!***

## **BEFORE OPENING THE DOOR REMEMBER**

**POLICE AND ICE CANNOT ENTER YOUR HOME  
WITHOUT YOUR PERMISSION OR WITHOUT A SEARCH  
OR ARREST WARRANT**

**In order to enter your home, ICE or the police must  
show a warrant signed by a judge with your exact  
address and the name of the person they are looking  
for**



**You have the  
right to NOT  
open the door  
nor answer any  
questions  
before you can  
speak to your  
attorney**

**IMMIGRATION AND CUSTOMS  
ENFORCEMENT OR BORDER PATROL  
AGENTS DO NOT HAVE CONSENT TO  
ENTER THIS HOUSEHOLD UNLESS  
THEY HAVE A VALID JUDICIAL  
WARRANT**



**LOS AGENTES DE ICE/CBP NO TIENEN  
CONSENTIMIENTO PARA ENTRAR EN  
ESTA CASA A MENOS QUE TENGAN  
UNA ORDEN JUDICIAL VÁLIDA**



# **EMERGENCY PHONE NUMBERS**

## **MEXICAN CONSULAR PROTECTION NETWORK**

**(520) 623 7874**

## **NATIONAL IMMIGRANT JUSTICE CENTER**

**(312) 660 1328**

**(312) 583 9721**

## **ORGANIZED COMMUNITIES AGAINST DEPORTATIONS (OCAD)**

**1 855 435 7693**


\* If you have another nationality, find out the consular protection number of your country.

# RIGHTS CARD

I am exercising my constitutional right to remain silent and not answer any questions. I am giving you this card because I have the right to remain silent and choose not to speak to you. If you arrest me, I will continue exercising that constitutional right. I request to speak with a lawyer of my choosing before answering any questions.

I request to contact this attorney or organization:

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I request to contact this attorney or organization:




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The logo for ARISE CHICAGO is a circular seal. The outer ring contains the text "SINCE 1972" at the top and "CHICAGO" at the bottom. The inner circle features the word "ARISE" in large, bold, serif capital letters, with "CHICAGO" in smaller, bold, serif capital letters directly beneath it. The words "PEACE" and "JUSTICE" are written in a smaller font, separated by dots, on the left and right sides of the inner circle respectively.

I request to contact this attorney or organization:




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ARISE  
CHICAGO  
ATTORNEY GENERAL'S OFFICE  
2013-2014

I request to contact this attorney or organization:




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---

The logo for ARISE CHICAGO is a circular seal. The outer ring contains the text "ARISE CHICAGO" at the top and "2013 • 2014" at the bottom. The inner circle features the word "ARISE" in large, bold, blue capital letters, with "CHICAGO" in smaller blue capital letters below it. A small blue star is positioned at the bottom center of the inner circle.

I request to contact this attorney or organization:



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CHICAGO  
ARISE  
NATIONAL ADVOCATE  
SINCE 1977

I request to contact this attorney or organization:





