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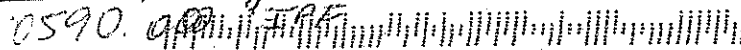
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REC'D DEC 5 2013

Maria Baldini-Potterini & Associates, P.C.
1 N. LaSalle Street, Suite 2150
Chicago, Illinois 60602

Acosta, Brigido FOIA → NRC



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature RECEIVED</p> <p>DEC 2 2013</p> <p>B. Received by (Printed Name) NATIONAL RECORDS CENTER</p>	<p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>USCIS National Records Center (FOIA/PA Office) P.O. Box 648010 Lee's Summit, MO 64064-8010</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7013 1710 0001 4163 0715</p>	

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FILE COPY

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ADMITTED IN ILLINOIS

November 26, 2013

U.S. Citizenship and Immigration Services
National Records Center (FOIA/PA Office)
P.O. Box 648010
Lee's Summit, MO 64064-8010

By certified return
receipt mail

7013 1710 0001 4163 0715

RE: ACOSTA-LUIS, Brigido
a.k.a. Luis BRIGIDO-ACOSTA
File No. A079 551 621
FREEDOM OF INFORMATION ACT REQUEST

Dear USCIS Officer:

I represent Mr. Acosta-Luis. Enclosed please find the following documents in support of Mr. Acosta-Luis's request under the Freedom of Information/Privacy Act (FOIA):

1. Form G-28, Notice of Entry of Appearance as Attorney signed by Mr. Acosta-Luis; and
2. Form G-639, Freedom of Information/Privacy Act Request.

Per the Freedom of Information and Privacy Act, a response to an inquiry should be generated within 10 days. Your prompt response to our request will be greatly appreciated. If you require any additional information, please do not hesitate to contact me at 312-368-8200 or the above address. Thank you for your attention to this request.

Sincerely,



Maria Baldini-Potermin
Attorney at Law

MBP/ipf
Enclosures



Notice of Entry of Appearance
as Attorney or Accredited Representative
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or Accredited Representative

Name and Address of Attorney or Accredited Representative

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Name of Law Firm or Recognized Organization

3. Name of Law Student or Law Graduate

4. State Bar Number

5.a. Street Number

5.b. Street Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

6. Daytime Phone Number (

7. E-Mail Address of Attorney or Accredited Representative

Part 2. Eligibility Information For Attorney or Accredited Representative

(Check applicable item(s) below)

1. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.

1.a.

1.b. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)

1.b.1.

2. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.a. Name of Recognized Organization

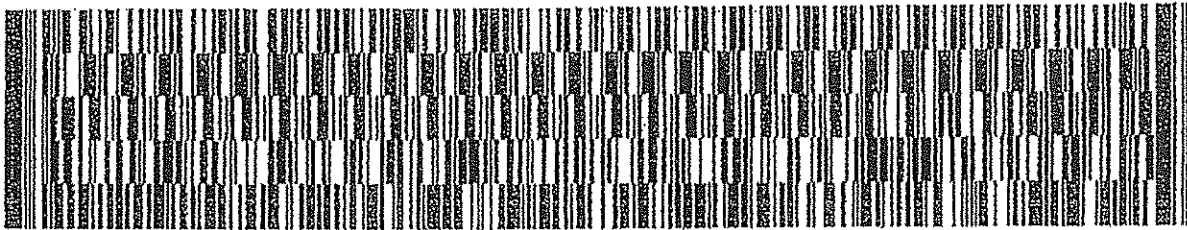
2.b. Date Accreditation expires (mm/dd/yyyy) >

3. I am associated with

3.a.

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 is at his or her request. If you check this item, also complete number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).

4. 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)(iv).



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

- 1. USCIS - List the form number(s)
1.a.
- 2. ICE - List the specific matter in which appearance is entered
2.a.
- 3. CBP - List the specific matter in which appearance is entered
3.a.

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

4. Select only one: Applicant Petitioner
 Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 5.d. Name of Company or Organization, if applicable

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.

- 6.a. Street Number and Name
- 6.b. Apt. Ste. Flr.
- 6.c. City or Town
- 6.d. State 6.e. Zip Code

7. Provide A-Number and/or Receipt Number

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

- 8.a. Signature of Applicant, Petitioner, or Respondent
- 8.b. Date (mm/dd/yyyy)

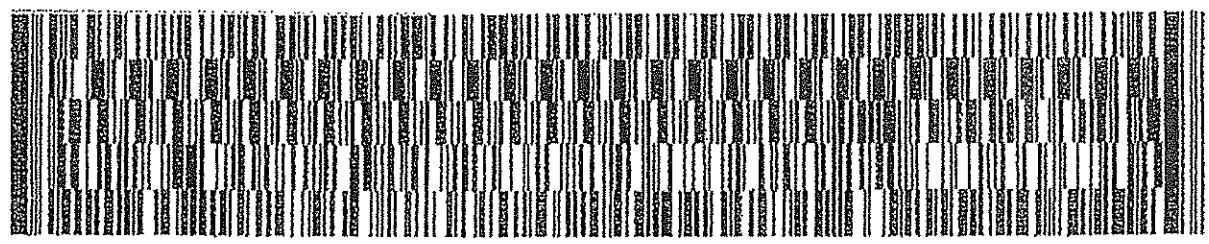
Part 4. Signature of Attorney or Accredited Representative

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

- 1. Signature of Attorney or Accredited Representative
- 2. Signature of Law Student or Law Graduate
- 3. Date (mm/dd/yyyy)

Part 5. Additional Information

1.



OMB No. (615-0102; Expires 01/31/2015)

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

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

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

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

1. Type of Request (Check appropriate box. NOTE: If you are filing this request for records on behalf of another individual, please respond to Number 1 as it would apply to that individual.)

- Freedom of Information Act (FOIA): I am not a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- Freedom of Information Act (FOIA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting documents other than my own records.
- Privacy Act (PA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- Amendment of Record (PA only): I am a U.S. citizen/Lawful Permanent Resident and I am requesting amendment of my own records.
- Other: _____

2. Description of Record(s) Requested:

NOTE: While you are not required to respond to all items in Number 2, failure to provide complete and specific information as requested may result in a delay in processing or an inability to locate the record(s) or information requested.

- Complete Alien File (A-File)
- Other (please specify): _____

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

Attorney preparation.

Family Name (Last Name)		Given Name (First Name)		Middle Name
ACOSTA-LUIS		Brigido		
Other Names Used (if any)		Name at time of entry into the U.S.		I-94 Admission #
Luis BRIGIDO-ACOSTA				
Alien Registration Number (A#)	Petition or Claim Receipt #	Country of Birth	Date of Birth (mm/dd/yyyy)	
079 551 621		Mexico	10/25/1979	

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

Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
Father's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	
Alfonso	Cenobio	Acosta Herrera	
Mother's Name: Given Name (First Name)	Middle Name	Family Name (Last Name, including Maiden Name)	
Hortencia		Luis Ponce	
Country of Origin (Place of Departure)	Port of Entry into the U.S.	Date of Entry (mm/dd/yyyy)	
Mexico	Chicago, IL	03/2001	
Manner of Entry (Air, Sea, Land)	Mode of Travel (Name of Carrier)		
Air			

3. Subject of Record Consent to Release Information (Must be signed by the subject of record(s) requested.)

By my signature, I consent to allow USCIS to release to the requester named in Number 5 (Check applicable box):

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

Print Name of Subject of Record Brigido ACOSTA-LUIS

Signature of Subject of Record LUIS ACOSTA B. Date (mm/dd/yyyy) 11/11/2013

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

4. Verification of Identity (Required; Fill out all that apply.)

Name of Subject of Record (First, Middle, Last)		Daytime Telephone	E-mail Address
Brigido ACOSTA-LUIS			
Address (Street Number and Name)			Apt. Number
c/o McHenry County Correctional Facility, 2200 N. Seminary Avenue			
City	State	Zip Code	
Woodstock	Illinois	60098	
Date of Birth (mm/dd/yyyy)	Place of Birth		
10/25/1979	Salina Cruz, Oaxaca, Mexico		

The Subject of Record must provide a signature under either a Notarized Affidavit of Identity or a Sworn Declaration Under Penalty of Perjury:

Notarized Affidavit of Identity

Signature of Subject of Record _____ Date (mm/dd/yyyy) _____

Subscribed and sworn to before me this _____ day of _____ Telephone No. _____

Signature of Notary _____ My Commission Expires on _____

OR

Sworn Declaration Under Penalty of Perjury

Executed outside the United States

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

Signature of Subject of Record _____

Executed in the United States

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

LUIS ACOSTA B.
 Signature of Subject of Record

5. Requester Information

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

Signature of Requester: Maria Baldini-Potermin

Name of Requester (Fill out if different from the Subject of Record.)		Daytime Telephone	E-mail Address
Maria Baldini-Potermin		(312) 368-8200	maria@baldini-potermin.com
Address (Street Number and Name)			Apt. Number
1 N. LaSalle Street			Ste. 2150
City	State	Zip Code	
Chicago	Illinois	60602	