

EXHIBIT A

From: Sirine Shebaya <shebaya@aclu-md.org>
Subject: FOIA Request for A-File, Mirna Artiga Carrero, A# 099-477-595
Date: June 9, 2015 4:53:42 PM EDT
To: "ICE-FOIA@dhs.gov" <ICE-FOIA@dhs.gov>

Dear FOIA Officer:

Attached please find a request for the A-File of Ms. Mirna Artiga Carrero. For your convenience, a hard copy has also been sent to your office via first class mail.

Sincerely,

Sirine

[Attachment: Artiga_FOIA to ICE]

Sirine Shebaya
Staff Attorney - Immigrants' Rights
ACLU of Maryland
6930 Carroll Avenue, Ste 410
Takoma Park, MD 20912
shebaya@aclu-md.org
T: (301) 270-2259 (direct line)
 (410) 889-8555 (general line)
F: (410) 366-7838



June 9, 2015

VIA ELECTRONIC MAIL

U.S. Immigration and Customs Enforcement
Freedom of Information Act Office
500 12th Street, SW, Stop 5009
Washington, DC 20536-5009

Re: FOIA Request for Records Related to Ms. Mirna Artiga Carrero

AMERICAN CIVIL
LIBERTIES UNION
FOUNDATION OF
MARYLAND

MAIN OFFICE
& MAILING ADDRESS
3600 CLIPPER MILL ROAD
SUITE 350
BALTIMORE, MD 21211
T/410-889-8555
F/410-366-7838

FIELD OFFICE
6930 CARROLL AVENUE
SUITE 410
TAKOMA PARK, MD 20912
T/301-270-2258

WWW.ACLU-MD.ORG

OFFICERS AND DIRECTORS
COLEMAN BAZELON
PRESIDENT

SUSAN GOERING
EXECUTIVE DIRECTOR

ANDREW FREEMAN
GENERAL COUNSEL

Dear FOIA Officer:

This is a request pursuant to the Freedom of Information Act (“FOIA”), 5 U.S.C. § 552. On behalf of Mirna Artiga Carrero and the American Civil Liberties Union of Maryland (“ACLU”), please provide copies of all records in your custody and control pertaining to the following:

All files and documents contained in the A-file of Ms. Mirna Artiga Carrero (or “Mirna Artiga”), A# 099-477-595, including Form I-213.

Pursuant to 5 U.S.C. §552(a)(4)(A)(iii) and agency regulations, we request a waiver of all fees regarding this request. The ACLU of Maryland is a non-profit, tax-exempt organization dedicated to the public interest: protecting the civil liberties of all Marylanders and visitors to Maryland. We request this information in order to carry out our charitable mission. Therefore, the ACLU is entitled to the waiver of all fees regarding this request.

Thank you for your consideration of this request. If all or any part of this request is denied, please provide the grounds for the denials or redactions by reference to specific FOIA exemptions. We expect the government to release all reasonably segregable portions of otherwise exempt material. We reserve the right to appeal a decision to withhold any information or to deny the waiver of fees.

We look forward to your response to our request within twenty (20) business days, as required under 5 U.S.C. § 552(a)(6)(A)(I).

I certify under penalty of perjury that, to the best of my knowledge and belief, the above information is true and correct.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sirine Shebaya', with a long horizontal flourish extending to the right.

Sirine Shebaya, Esq.
Immigrants' Rights Program
ACLU of Maryland
shebaya@aclu-md.org
(410) 889-8555

AMERICAN CIVIL
LIBERTIES UNION OF
MARYLAND

Enclosure: Third-Party Disclosure Form

U.S. Department of Homeland Security
500 12th St SW, Stop 5009
Washington, DC 20536



U.S. Immigration
and Customs
Enforcement

2015-ICFO-72149

AFFIRMATION/DECLARATION

This is to affirm that

I, Mirna Rubidia Atiga Corro,
(PRINT FULL NAME)

request access to records maintained by the Immigration and Customs
Enforcement which pertain to me. My present address is:

REDACTED

my date of birth is: _____, and

my place of birth was: El Salvador

I understand that any knowingly or willfully seeking or obtaining access to records about
another person under false pretenses is punishable by a fine of up to \$5,000. I also
understand that any applicable fees must be paid by me.

I hereby authorize SIRINE SHEBAYA (ACLU of Maryland) access to my records.
(PRINT FULL NAME)

I request that any located and disclosable records be forwarded to the following individual:

Sirine Shebaya, ACLU of MD at the following address:
(PRINT FULL NAME)

6930 Carroll Avenue, Ste 410, Takoma Park, MD 20912

I hereby declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on 05/18/2015
(DATE)

[Signature]
(SIGNATURE OF AFFIRMANT/DECLARANT).

PLEASE RETURN TO: U.S. Department of Homeland Security
Immigration and Customs Enforcement
500 12th Street, SW, Stop 5009, Washington, DC 20536-5009
Via Facsimile: 203-732-4265;
Via email: ice-foia@dhs.gov