

page 3

For your information, enclosed are a copy of a Power of Attorney signed by Mr. Ramos-Villareal's father, Jose Ramos-Gonzales; a Freedom of Information/Privacy Act Request signed by myself on behalf of Mr. Ramos-Villareal's family; a copy of Mr. Ramos-Villareal's death certificate - State of Arizona; a copy of the State of Arizona Disposal-Transmit Permit; a copy of the Certificado de Defuncion regarding the transfer of Mr. Ramos-Villareal's body to Mexico; a copy of Mr. Ramos-Villareal's Acta de Nacimiento or Birth Certificate (two pages).

Please understand that we are in need of your help with regard to obtaining this information and evidence. We ask that you empathize with the grievous situation the family of Mr. Ramos-Villareal now lives under. We look forward to hearing from your office with what we hope is an abundance of evidence which will illuminate what truly did happen to Mr. Ramos-Villareal, forcing him to an untimely and unwarranted death. If there is anything at all that we can assist you with in furtherance of this matter, please do not hesitate to contact either myself or Cynthia Edlow, CLA at our office, telephone number 480-345-9565.

Very truly yours,



Scott E. Richardson
Attorney-at-Law

Enclosures

Freedom of Information/Privacy Act Request

The completion of this form is optional.
Any written format for Freedom of Information or Privacy Act requests is acceptable.

START HERE - Please type or print and read instructions on the reverse before completing this form

1. Type of Request: (Check appropriate box)


- Freedom of Information Act (FOIA) (Complete all items except 7)
- Privacy Act (PA) (Item 7 must be completed in addition to all other applicable items)
- Amendment (PA only. Item 7 must be completed in addition to all other applicable items)

2. Requester Information:

Name of Requester: SCOTT E. RICHARDSON, Esq.		Daytime Telephone: 480-345-9565
Address (Street Number and Name): P.O. Box 3789		Apt. No: _____
City: GILBERT	State: ARIZONA	Zip Code: 85299-3789

By my signature, I consent to the following:

Pay all costs incurred for search, duplication, and review of materials up to \$25.00, when applicable. (See Instructions)

Signature of requester: 

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

3. Consent to Release Information. (Complete if name is different from Requester) (Item 7 must be completed)

Print Name of Person Giving Consent:	Signature of Person Giving Consent:
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By my signature, I consent to the following: (check applicable boxes)

- Allow the Requester named in item 2 to see all of my records or a portion of my record. If a portion, specify what part (i.e. copy of application)

(Consent is required for records for United States Citizens (USC) and Lawful Permanent Residents (LPR))

4. Action Requested (Check One): Copy In-Person Review

5. Information needed to search for records:

Specific information, document(s), or record(s) desired: (Identify by name, date, subject matter, and location of information)

FBI REPORTS AND PHOTOGRAPHS AND FILE OF EDGAR OMAR RAMOS-VILLAREAL WITH RESPECT TO A BORDER PATROL SHOOTING OF THE ABOVE-NAMED INDIVIDUAL

Purpose: (Optional: you are not required to state the purpose for your request; however, doing so may assist the INS in locating the records needed to respond to your request.)

6. Data NEEDED on SUBJECT of Record: (If data marked with asterisk (*) is not provided records may not be located)

* Family Name: RAMOS-VILLAREAL	Given Name: EDGAR	Middle Initial: O.
* Other names used, if any: N/A	* Name at time of entry into the U.S.: EDGAR O. RAMOS-VILLAREAL	I-94 Admissions #: _____
* Alien Registration #: _____	* Petition or Claim Receipt #: _____	* Country of Birth: MEXICO
* Date of Birth or Appx. Year: 10-28-79		
Names of other family members that may appear on requested record(s) (i.e., Spouse, Daughter, Son): MOTHER - MARIA GUADALUPE VILLAREAL; FATHER - JOSE RAMOS-GONZALEZ		
Country of Origin (Place of Departure): MEXICO	Port-of-Entry into the U.S.: PORTAL, ARIZONA	Date of Entry: 10-20-04
Manner of Entry: (Air, Sea, Land) LAND	Mode of Travel: (Name of Carrier) AUTOMOBILE	SSN: N/A
Name of Naturalization Certifications: _____	Certificate #: _____	Naturalization Date: _____
Address at the time of Naturalization: _____	Court and Location: _____	

COCHISE COUNTY SHERIFF'S DEPT. INCORRECTLY HAS DECEDENT'S NAME AS: EDGAR VILIA-ROGFLID.