



Erika Nyborg-Burch <erikan@bronxdefenders.org>

**A-File Request, Track III, Garcia Gonzalez, Delfino Enrique, A#: 075805213**

1 message

Erika Nyborg-Burch <erikan@bronxdefenders.org>  
To: uscis.foia@uscis.dhs.gov

Wed, Feb 13, 2019 at 3:08 PM

To Whom it May Concern,

Our office is assisting Mr. Garcia Gonzalez with his request for his entire alien file. *See* attached G-639 and G-28. Please note, Mr. Garcia Gonzalez is currently a detained respondent and is in removal proceedings. *See* attached notice of hearing. **As such, we ask that his FOIA request be placed on an expedited track- track III.**

Please send copies of his Alien file to our office at:





Erika Nyborg-Burch  
The Bronx Defenders  
360 E. 161<sup>st</sup> Street  
Bronx, NY 10451

I greatly appreciate your cooperation.

--  
Erika Nyborg-Burch  
Attorney  
Immigration Practice  
The Bronx Defenders  
360 East 161st Street  
Bronx, NY 10451  
215-873-7264  
[www.bronxdefenders.org](http://www.bronxdefenders.org)

--  
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**4 attachments**

-  **FOIA USCIS CL.pdf**  
324K
-  **Hearing notice.pdf**  
172K
-  **FOIA USCIS.pdf**  
304K
-  **G-28.pdf**  
2210K

The Bronx  
Defenders

Redefining  
public  
defense.

January 10, 2019

U.S. Citizenship and Immigration Services  
National Records Center  
FOIA/PA Office  
P.O. Box 648010  
Lee's Summit, MO 64064-8010  
Via email: [uscis.foia@uscis.dhs.gov](mailto:uscis.foia@uscis.dhs.gov)

**Re: A-File Request, Track III**

Garcia Gonzalez, Delfino Enrique, A#: 075805213

To Whom it May Concern,

Our office is assisting Mr. Garcia Gonzalez with his request for his entire alien file. *See* attached G-639 and G-28. Please note, Mr. Garcia Gonzalez is currently a detained respondent and is in removal proceedings. *See* attached notice of hearing. **As such, we ask that his FOIA request be placed on an expedited track- track III.**

Please send copies of his Alien file to our office at:

Erika Nyborg-Burch  
The Bronx Defenders  
360 E. 161<sup>st</sup> Street  
Bronx, NY 10451

I greatly appreciate your cooperation.

Sincerely,



Erika Nyborg-Burch, Esq.  
The Bronx Defenders  
360 East 161 St.  
Bronx, NY 10451  
p: 347-842-2447  
f: 929-358-1747  
[erikan@bronxdefenders.org](mailto:erikan@bronxdefenders.org)



# Freedom of Information/Privacy Act Request

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

USCIS  
Form G-639  
OMB No. 1615-0102  
Expires 04/30/2020

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

► **START HERE - Type or print in black ink.**

## Part 1. Type of Request

Select **only one** box.

**NOTE:** If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a.  Freedom of Information Act (FOIA)/Privacy Act (PA)
- 1.b.  Amendment of Record (PA only)

## Part 2. Requestor Information

- 1. Are you the Subject of Record for this request?  
 Yes  No

If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2.** If you answered "Yes" to **Item Number 1.**, skip to **Part 3.**

### Requestor's Full Name

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

### Requestor's Mailing Address

- 3.a. In Care Of Name (if any)
- 3.b. Street Number and Name
- 3.c.  Apt.  Ste.  Flr.
- 3.d. City or Town
- 3.e. State  3.f. ZIP Code
- 3.g. Province
- 3.h. Postal Code
- 3.i. Country

### Requestor's Contact Information

- 4. Requestor's Daytime Telephone Number
- 5. Requestor's Mobile Telephone Number (if any)
- 6. Requestor's Email Address (if any)

### Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to **\$25.** (See Form G-639 Instructions for more information.)

- 7.a. Requestor's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

## Part 3. Description of Records Requested

**NOTE:** While you are not required to respond to every item in **Part 3.**, failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

- 1. **Purpose (Optional):** You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

representation in immigration  
court

### Full Name of the Subject of Record

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

**Part 3. Description of Records Requested**  
(continued)

**Other Names Used by the Subject of Record (if any)**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

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

**Full Name of the Subject of Record at Time of Entry into the United States**

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

**Other Information About the Subject of Record**

- 5. Form I-94 Number Arrival-Departure Record
- 6. Alien Registration Number (A-Number) (if any)
- 7. USCIS Online Account Number (if any)
- 8. Application, Petition, or Request Receipt Number

**Information About Family Members that May Appear on Requested Records**

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

**Family Member 1**

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
- 10. Relationship

**Family Member 2**

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
- 12. Relationship

**Parents' Names for the Subject of Record**

**Father**

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

**Mother**

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name
- 14.d. Maiden Name (if applicable)

**15. Description of Records Sought.**

Provide a description of the records you are seeking. If you need additional space, use the space provided in **Part 5. Additional Information.**

any and all information  
related to immigration court  
proceedings, or ~~any~~ <sup>any</sup> ~~other~~ <sup>any</sup> contacts  
with USIS

**Part 4. Verification of Identity and Subject of Record Consent**

**NOTE:** Complete all applicable **Item Numbers**. In addition, the Subject of Record **MUST** sign **Part 4.** of this request.

**Full Name of the Subject of Record**

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

**Part 4. Verification of Identity and Subject of Record Consent (continued)**

**Mailing Address for the Subject of Record**

2.a. In Care Of Name (if any)

2.b. Street Number and Name

2.c.  Apt.  Ste.  Flr.

2.d. City or Town

2.e. State  2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

**Other Information for the Subject of Record**

3. Date of Birth (mm/dd/yyyy)

4. Country of Birth  (may be listed as [REDACTED])

**Contact Information for the Subject of Record**

Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

**Signature and Notarized Affidavit or Declaration of the Subject of Record**

Select only one box.

**NOTE:** The Subject of Record **MUST** provide a signature in Item Number 8.a. Notarized Affidavit of Identity OR Item Number 8.b. Declaration Under Penalty of Perjury. If the Subject of Record is deceased, read Item Number 8.c. Deceased Subject of Record and attach proof of death.

8.a.  Notarized Affidavit of Identity

(Do NOT sign and date below until the notary public provides instructions to you.)

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25 (if filing this request for myself).

\_\_\_\_\_  
Signature of Subject of Record

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Daytime Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires on (mm/dd/yyyy)

8.b.  Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25 (if filing this request for myself).

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

8.c. Deceased Subject of Record

(NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

**Part 5. Additional Information**

If you need extra space to provide any additional information within this request, 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 your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the information refers; and sign and date each sheet.

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

2. Alien Registration Number (A-Number) (if any)  
▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

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NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT  
201 VARICK ST., RM 1140  
NEW YORK, NY 10014

*2nd call*  
Case

RE: GARCIA GONZALEZ, DELFINO  
FILE: A075-805-213

DATE: Jan 2, 2019

TO:  
GARCIA GONZALEZ, DELFINO  
ORANGE COUNTY JAIL  
110 WELLS FARM ROAD  
GOSHEN, NY 10924

Please take notice that the above captioned case has been scheduled for a Master/Individual hearing before the Immigration Court on 2/27/19 at 8:30 at 9:30  
201 VARICK ST., RM 1140  
NEW YORK, NY 10014

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

- 1) You may be taken into custody by the Department of Homeland Security and held for further action.
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A List of Free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500.

*1/16/19 - File apps  
- ~~one~~ deemed  
abandoned*

ALIEN NUMBER: 075-805-213

NAME: GARCIA GONZALEZ, DELFINO

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

1. You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. below) for a period of ten (10) years after the date of entry of the final order of removal.

2. You have been scheduled for an asylum hearing, at the time and place set forth on the attached notice. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for a period of ten (10) years from the date of your scheduled hearing.

3. You have been granted voluntary departure from the United States pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for ten (10) years from the date of the scheduled departure. Your Voluntary departure bond, if any, will also be breached. Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000.

\*\*the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances.

A. THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE:

- 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act;
- 2) Cancellation of removal as provided for in section 240A of the Immigration and Nationality Act; and
- 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act.

This written notice was provided to the alien in English. Oral notice of the contents of this notice must be given to the alien in his/her native language, or in a language he/she understands by the Immigration Judge.

Date: Jan 2, 2019

Immigration Judge: \_\_\_\_\_ or Court Clerk: \_\_\_\_\_

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)

TO:  ALIEN  ALIEN c/o Custodial Officer  ALIEN's ATT/REP  DHS

DATE: 1/2/19 BY: COURT STAFF

Attachments:  EOIR-33  EOIR-28  Legal Services List  Other





**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   (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



**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)

**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)



**Part 6. Additional Information**

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.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

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

2.d \_\_\_\_\_  
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6.a Page Number  6.b Part Number  6.c Item Number

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