

# Exhibit 3

Case 3:19-cv-02447-L Document 1-4 Filed 10/16/19 Page 2 of 6 PageID 26  
Received: Friday, February 15, 2019 12:07 PM  
Date: Fri, 15 Feb 2019 12:07:53 -0600  
From: Lauren Joyner(EDG) <LJoyner@trla.org>  
To: ICE-FOIA@dhs.gov  
Subject: FOIA request

**Attachment: Vasquez Gerardo ICE FOIA.pdf**

Please find attached a FOIA request submitted on behalf of Gerardo Vasquez Negrete, A# [REDACTED].

--  
Lauren Joyner  
Attorney  
Texas RioGrande Legal Aid, Inc.  
316 S. Closner Blvd.  
Edinburg, TX 78539  
[REDACTED] phone  
[REDACTED] fax



## 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.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 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)  
▶ A-

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.

I request a copy of any and all  
records found, including but not  
(cont)

**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)  
 Texas RioGrande Legal Aid Inc

2.b. Street Number and Name  
 316 S Closner Blvd

2.c.  Apt.  Ste.  Flr.

2.d. City or Town  
 Edinburg

2.e. State TX 2.f. ZIP Code 78539

2.g. Province

2.h. Postal Code

2.i. Country  
 USA

**Other Information for the Subject of Record**

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

4. Country of Birth  
 Mexico

**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

2/14/19  
 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

3.d. limited to the following: records related to any arrest and detention between 2012 and the present date; I-213s; records of sworn statements; Notices to Appear; records of reinstatement of removal; record of expedited removal; records related to care received while detained in Laredo, Texas or Houston, Texas: (cont)

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

4.d. records relating to any request for release; correspondence between myself and any deportation officer or other ERO officer; records, memorandums, or other documents associated with any investigation into a claim to u.s. citizenship asserted by me or anyone else on my behalf.

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

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

6.d. \_\_\_\_\_  
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