

# FICK & MARX LLP

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**Amy Barsky**  
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September 3, 2019

VIA EMAIL: [ICE-FOIA@dhs.gov](mailto:ICE-FOIA@dhs.gov)

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

VIA EMAIL: [uscis.foia@uscis.dhs.gov](mailto:uscis.foia@uscis.dhs.gov)

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

Re: Cristian (or Christian) Starling Aguasvivas  
A-File No. A206983330

Dear Sir/Madam:

I represent Cristian Aguasvivas in federal court proceedings. I am writing to request a complete copy of his file with ICE, a complete copy of his A-file, and any/all other immigration related documents including ICE supervision documents. This request is being made under the Freedom of Information Act. A release form is enclosed.

Kindly email me at [abarsky@fickmarx.com](mailto:abarsky@fickmarx.com) or reach me at the number above if you need any additional information in order to process this request. Otherwise, please let me know once any action is taken. Thank you, in advance, for your assistance.

Sincerely,  
/s/ Amy Barsky  
Amy Barsky, Esq.

SS/ac

FEDERAL DEFENDER OFFICE  
DISTRICT OF MASSACHUSETTS  
51 SLEEPER STREET, 5<sup>TH</sup> FLOOR  
BOSTON, MASSACHUSETTS 02210

TELEPHONE: 617-223-8061  
FAX: 617-223-8080

AUTHORIZATION FOR RELEASE OF Immigration information

I, Christian Aguasvivas, hereby authorize  
all immigration agencies

to furnish to the Federal Defender Office, District of Massachusetts, and specifically to Amy Barsky  
currently at Fick+Marx, LLP, as my agent, any  
and all information relating in any matter to me and, in addition, I release the above-mentioned  
possessor and custodian of such information from any and all liability for its disclosure.

The authority granted above includes, but is not limited to, all records relating to health and  
medical treatment, as my agent deems necessary. I understand that my records are protected  
under the Federal Confidentiality Regulations (42 CFR, Part 2) and cannot be disclosed without  
my written consent unless otherwise provided for in the regulations. I also understand that I may  
revoke this consent at any time except to the extent that action has been taken in reliance thereof  
and, that in any event, this consent expires automatically 1 year from date of execution.

I hereby request that all persons cooperate fully in providing my agent such information. A  
photostatic or xerox copy of this authorization and release shall be equally valid as the original.

Date: 9/15/17

Christian Aguasvivas  
(Signature)

Date of Birth 8/25/88

Social Security # \_\_\_\_\_