FOR INDIVIDUALS WHO ARE NOT CHARGED AS

“ARRIVING ALIENS” ON THE NOTICE TO APPEAR

[Date]

*VIA EMAIL*

[DEPORTATION OFFICER’S NAME AND TITLE]

Department of Homeland Security

Immigration & Customs Enforcement

**Re: REQUEST FOR RELEASE FROM CUSTODY FOR *URGENT HUMANITARIAN REASONS* AND *SIGNIFICANT PUBLIC BENEFIT***

**for [CLIENT LAST NAME, First Name]**

 **A [XXX-XXX-XXX]**

To Whom it May Concern:

I represent [Client Name], DOB [XX/XX/XX], detained at the [Name of Detention Center]. This letter and the supporting documents outline the details of [his/her] request for release from custody. Section 236(a) of the Immigration and Nationality Act and DHS regulations at 8 CFR §236.1( c )(8) authorize the Department of Homeland Security to release individuals on “conditional parole if “such release would not pose a danger to property or persons, and…. The alien is likely to appear for any further proceeding.”

Release under INA §236(a) is distinct from humanitarian parole under INA §212(d)(5)(A), and does not carry the more stringent urgent humanitarian reasons or significant public benefit requirements of that subsection.[[1]](#footnote-1) In this case, however, **the applicant is neither a danger to persons or property nor a flight risk and his/her release is merited for urgent humanitarian reasons *and*  significant public benefit.**

COVID-19 is a highly contagious, virulent virus spreading rapidly within the United States. With no cure or vaccine, and only limited testing available, the Centers for Disease Control and Prevention, the World Health Organization and state and local public health institutions nationwide all agree that rapid, pro-active steps to slow the virus’ spread are critical to public safety. Given the intrinsic difficulty in practicing “social distancing” in closed, confined locations such as NAME OF DETENTION CENTER, and given the availability of alternatives to detention to minimize flight risk, releasing individuals like NAME who do not pose a danger to the community is clearly in the public interest.

Additionally, 212(d)(5)(B)(1) of the Immigration and Nationality Act specifically notes that one scenario where humanitarian parole is justified is when the “alien has a serious medical condition in which continued detention would not be appropriate. As evident from [his/her] medical records, [here describe, the person’s specific medical needs and condition as you understand it]. My client is requesting Humanitarian Parole due to the elevated risk [he/she] faces as the COVID-19 pandemic spreads. The effect of [his/her] exposure to this virus could be deadly and given what little information we have about how to treat and control this outbreak, we ask that ICE consider [his/her] parole case a priority in the highest order.

The applicant is a [Nationality] national who [here describe their status in the United States, their detention history, and procedural immigration history]

[Here go into slightly more detail about client’s condition and any medical neglect or lack of access to medical needs they have had since detained, if applicable]

[S/He] has a sponsor who is ready and willing to receive her/him; and [s/he] is not a flight risk or a danger to the community. Additionally, detention of this individual is not in the public interest, and he should be paroled as quickly as possible.

DHS should exercise its discretion to release my client under humanitarian parole for the following reasons:

1. **The Applicant is Likely To Succeed on Her/His Request for Relief**

[Here add a brief narrative about their underlying case and the likelihood of success.]

1. **The Applicant Is Medically Vulnerable**

[Another statement of health condition, also reference to any specific evidence you are able to provide]. *See Medical Documents.*

It is well documented that medical services in ICE detention facilities fall short of a basic standard of care. A recent complaint submitted to the department by many legal services organizations sheds light on the effects of growing roadblocks in access to basic healthcare in detention due to chronic systemic medical neglect and lack of oversight in detention*.* While ICE has adopted three sets of detention standards, including PBNDS 2011, it does not require contractors to adopt any recent standards when it enters into new contracts or contract extensions. The result is a “patchwork system in which facilities are subject to differing standards and some are subject to no standards at all”[[2]](#footnote-2), and people are outright denied access to care, delayed in receiving medical attention, and are left in conditions that exacerbate their physical and mental health ailments. In fact, in August of 2019, a class action lawsuit alleged that, “detainees with medical and mental health conditions and those with disabilities face settings so brutal, including delays and denials of medical care, overuse of solitary confinement and lack of disability accommodations, they have led to permanent harm and 24 deaths in the last two years”.[[3]](#footnote-3)

1. **The Applicant Faces Elevated Risk to COVID-19**

Detained individuals face an elevated risk of contracting COVID-19. According to Dr. Homer Venters, “When COVID-19 arrives in a community, it will show up in jails and prisons. This has already happened in China, which has a lower rate of incarceration than the U.S.”[[4]](#footnote-4) Or, as Dr. Anne Spaulding put it in a presentation to Correctional facility employees, “a prison or jail is a self-contained environment, both those incarcerated and those who watch over them are at risk for airborne infections. Some make an analogy with a cruise ship. Cautionary tale #1: think of the spread of COVID-19 on the Diamond Princess Cruise Ship, January 2020. Cautionary tale #2: Hundreds of cases diagnosed in Chinese prisons.”[[5]](#footnote-5)

According to Dr. Chauolin Huang, “2019-nCoV caused clusters of fatal pneumonia with clinical presentation greatly resembling SARS-CoV. Patients infected with 2019-nCoV might develop acute respiratory distress syndrome, have a high likelihood of admission to intensive care, and might die”[[6]](#footnote-6) The CDC recently reported that, “Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.”[[7]](#footnote-7)According to another source, Jialieng Chen, “[M]ost of those who have died had underlying health conditions such as hypertension, diabetes or cardiovascular disease that compromised their immune systems.” [[8]](#footnote-8)

Knowing that correctional facilities could be a very dangerous setting for outbreak and that immunodeficient people present a higher risk of serious illness, the applicant should be considered a priority for release from detention for their personal safety and to have access to the best possible medical care if exposed to COVID-19

1. **Detention is Not In The Public Interest**

COVID-19 presents a clear, devastating threat to the U.S. population at large. With no treatment or vaccine, and with infections spreading throughout communities within the United States at a rapid pace, the only means of mitigating the virus’ effects is to slow its spread. And the CDC, WHO, and public health institutions nationwide agree that “social distancing” (maintaining a distance of six feet between individuals and avoiding any physical contact) is absolutely critical to doing so.[[9]](#footnote-9) Given the impractibility of such measures in a closed, confined space such as NAME OF DETENTION CENTER, utilizing alternatives to detention is critical to ensuring public safety. In this case, granting NAME parole is clearly in the public interest.

Detention is funded by our public tax dollars. Even under the best of circumstances it is a costly option when alternatives to detention exist, especially when the detained individual is neither a flight risk nor a danger to the community. It is not in the public interest to manage an outbreak in the detention center and the liability of exposing other detainees, as well as detention center and ICE staff, to a contagious outbreak.

**V. The Applicant is Not a Flight Risk.**

NAME is not a flight risk. S/He is committed to pursuing his/her application for relief in the United States [Here you can describe again the type of relief that they are pursuing]. [His/Her] objective is to remain in the United States in a lawful manner. [S/He] has every incentive to, and will comply with, all obligations required to enable[him/her] to remain in the United States. [S/He] has already demonstrated her/his commitment to seeing her/his case through to the end by remaining in detention to fight his case in spite of the extreme mental and physical health difficulties discussed above.

[If applicable discuss if they have counsel for their case when released]

The applicant has identified a [status of sponsor] sponsor, who is willing to offer long-term housing, and support with immigration court.. *See Sponsor Documents*.

[Sponsor name, address, phone number]

And to the extent ICE remains concerned that the applicant is a flight risk, alternatives to detention are available which would mitigate that risk while also minimizing risks to public health.

**VI. The Applicant Is Not a Danger to the Community.**

The Applicant is also not a danger to the community. [Describe any criminal records or lack of. If there are any criminal issues, discuss equities that mitigate their danger to the community]

**Conclusion**

On behalf of my client, I respectfully request that s/he be granted conditional parole and released from ICE custody.

The Exhibits you will find attached to this letter are

Exhibit A: G-28s entering counsels’ appearance for the applicant.

Exhibit B: Sponsorship information for applicant.

Exhibit C: Medical Documents

[Potential other documents: reports cited in footnotes, criminal docs, declaration from applicant, psyche report, evidence showing equities, letters of support, etc]

If you would like further information, please do not hesitate to contact me. I look forward to hearing from you,and thank you in advance for your assistance in this matter. Because of the urgency of this situation, I request that ICE serve me with any decision regarding this request via email at [your email].

Sincerely,

[YOUR NAME]

Attorney at Law

1. *Matter of Castillo-Padilla*, 25 I & N Dec. 257 (BIA 2010) (distinguishing between humanitarian parole under INA §212(d)(5) and conditional parole/release under INA §236(a)(2)(B); , DHS Office of the General Counsel (OGC) legal opinion, *Clarification ofthe Relation Between Release Under Section 236 and Parole Under Section 212 (d)(5) of the Immigration and Nationality Act (INA)* (September 28, 2007) P4 (“[t]he Executive Office for Immigration Review (EOIR), along with DHS, has authority under section 236 to make custody determinations…”). [↑](#footnote-ref-1)
2. <https://immigrantjustice.org/research-items/toolkit-immigration-detention-oversight-and-accountability> [↑](#footnote-ref-2)
3. Tr*ump Administration Sued Over Poor Medical Care in Immigration Centers*, Politico, August 19, 2019, <https://www.politico.com/story/2019/08/19/trump-administration-sued-medical-care-immigration-centers-1467605> [↑](#footnote-ref-3)
4. Dr. Homer Venters, *Four Ways to Protect Our Jails and Prisons from Coronavirus*, The Hill, Feb. 29, 2020, https://thehill.com/opinion/criminal-justice/485236-4-ways- to-protect-our-jails-and-prisons-from-coronavirus?rnd=1582932792 [↑](#footnote-ref-4)
5. Dr. Anne Spaulding, *Coronavirus and the Correctional Facility: for Correctional Staff Leadership*, Mar. 9, 2020, https://www.ncchc.org/filebin/news/COVID\_for\_CF\_Administrators\_3.9.2020.pdf. [↑](#footnote-ref-5)
6. Chaolin Huang, et al., *Clinical Features of Patients Infected with 2019 Novel Coronavirus in Wuhan, China*, 395 The Lancet 497 (2020), https://doi.org/10.1016/S0140-6736(20)30183-5 (also available at https://www.sciencedirect.com/science/article/pii/S0140673620301835). [↑](#footnote-ref-6)
7. Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19), People at Higher Risk and Special Populations*, Mar. 7, 2020, https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html. [↑](#footnote-ref-7)
8. Jieliang Chen, *Pathogenicity and transmissibility of 2019-nCoV—A Quick Overview and Comparison with Other Emerging Viruses*, Microbes and Infection, Feb. 4, 2020, https://doi.org/10.1016/j.micinf.2020.01.004. (also available at: *https://www.sciencedirect.com/science/article/pii/S1286457920300265*) [↑](#footnote-ref-8)
9. Mayo Clinic, *Why Social Distancing , Having a Personal Plan is Important.* <https://newsnetwork.mayoclinic.org/discussion/covid-19-why-social-distancing-having-a-personal-plan-is-important/>; Centers for Disease Control and Prevention, *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission,*<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf> [↑](#footnote-ref-9)