



Detail

Complaint Number: 448

Immigration Judge: **Cassidy, William A.**

Complaint Date: 02/14/11

Current ACIJ

Smith, Gary W.

Base City

(b)

Status

CLOSED

Final Action

Complaint dismissed as merits-related

Final Action Date

02/15/11

A-Number(s)	Complaint Nature(s)	Complaint Source(s)
(b) (6)	Due process	Third party (b) (6)

Complaint Narrative: Respondent's brother claims his brother, (b) (6) didn't get a fair hearing in July 2000.

Complaint History	
02/14/11	Complaint referred to ACIJ
02/15/11	Complaint dismissed as merits-related
02/16/11	Database entry created

Immigration Judge Complaint Intake Form

HQ Use Only:
complaint #: _____
source: first / subsequent

Date Received at OCIJ: Feb. 14, 2011

complaint source information	
complaint source type <input type="checkbox"/> anonymous <input type="checkbox"/> BIA <input type="checkbox"/> ___ Circuit <input type="checkbox"/> EOIR <input type="checkbox"/> DHS <input type="checkbox"/> Main Justice <input type="checkbox"/> respondent's attorney <input type="checkbox"/> respondent <input type="checkbox"/> OIL <input type="checkbox"/> OPR <input type="checkbox"/> OIG <input type="checkbox"/> media <input checked="" type="checkbox"/> third party (e.g., relative, uninterested attorney, courtroom observer, etc.) <input type="checkbox"/> other: _____	
complaint receipt method <input checked="" type="checkbox"/> letter <input type="checkbox"/> IJC memo (BIA) <input type="checkbox"/> email <input type="checkbox"/> phone (incl. voicemail) <input type="checkbox"/> in-person <input type="checkbox"/> fax <input type="checkbox"/> unknown <input type="checkbox"/> other: _____	
date of complaint source (i.e., date on letter, date of appellate body's decision) February 11, 2011	complaint source contact information name: _____ address: (b) (6) email: _____ phone: _____ fax: _____
additional complaint source details (i.e., DHS component, media outlet, third party details, A number) Matter of (b) (6) A (b) (6)	

complaint details		
IJ name	base city	ACIJ
William A. Cassidy	Atlanta	Gary W. Smith
relevant A-number(s)	date of incident	
A (b) (6)	July 2000	
allegations		
Respondent's brother claims his brother, (b) (6) didn't get a fair hearing in July 2000.		
nature of complaint		
<input type="checkbox"/> in-court conduct <input type="checkbox"/> out-of-court conduct <input checked="" type="checkbox"/> due process <input type="checkbox"/> bias <input type="checkbox"/> legal <input type="checkbox"/> criminal <input type="checkbox"/> incapacity <input type="checkbox"/> other: _____		

Rev. May 2010

[illegible]

(b) (6)

Friday, February 11, 2011

Office of the Chief Immigration Judge
Attn: Mr. Gary W. Smith,
Assistant Chief Immigration Judge
5107 Leesburg Pike, Suite 2500
Falls Church, Virginia, 22041

Re: Abuse of due process by Immigration Judge William A. Cassidy

Case: (b) (6) (File A (b) (6))

(b) (6) is a native and citizen of Cameroon, has been living in the United States since February 20, 2000, on which date he arrived by plane at (b) (6) International Airport in (b) (6) fleeing persecution from home country. Upon arrival, he was denied admission to the United States by Immigration and Naturalization Service because the passport and visa he used were determined to be fraudulent. As a result, he was detained and placed in expedited removal proceedings. During his initial interview at the airport, however, he asked to be treated as an asylee given certain political circumstances over in native country Cameroon and given his fear of reprisal should he be forced to return there. Base on his "credible fear" interview with an asylum officer, his case was referred to EOIR for removal proceedings in which he applied for asylum in front of Immigration Judge William Cassidy. His removal was then stayed pending an asylum hearing scheduled for July 17th, 2000. While (b) (6) was awaiting approval of his request for an asylum hearing, he was detained by ICE authorities at the (b) (6) County Jail. During this detention, (b) (6) was assaulted by another detainee, who struck (b) (6) face with such violent force that he sustained an orbital fracture in his left eye (copy of the (b) (6) Detention Center prisoner treatment report, and images of (b) (6) eye injury taken shortly after his assault are available). Even though, (b) (6) sought medical treatment for his orbital fracture while he was detained, he was never given the surgery that had been recommended by the jail attending physician. Because of this

injury, (b) (6) was released from the ICE detention and paroled to the US in June of 2000. Shortly thereafter, (b) (6) moved to the (b) (6) area to be treated by an Ophthalmologist family friend. On July 03, 2000, (b) (6) former counsel filed a Motion to Change the Venue of (b) (6) removal proceedings to (b) (6). However, this motion was denied by Immigration Judge William Cassidy. On July 14, 2000, (b) (6) (b) (6) former counsel notified the Immigration Court in (b) (6) that he would not be able to attend (b) (6) asylum hearing, which was scheduled to occur a mere three days later. Told by his former counsel to be present in (b) (6) for the hearing, (b) (6) arranged for ground transportation to take him from (b) (6) to (b) (6). After traveling for 15 hours, (b) (6) finally arrived in (b) (6) the night before his hearing (copy of an affidavit previously submitted by (b) (6) for his immigration hearings is available). Unfortunately, the long hours and stress of driving exacerbated (b) (6) previous eye injury. When he awoke the next day for his asylum hearing, (b) (6) condition had worsened and he was forced to go to (b) (6) Hospital to seek immediate medical attention. When (b) (6) arrived at (b) (6) Hospital's emergency department, he was directed from the emergency department to the hospital's otolaryngology clinic to receive medical care and evaluation for his left eye. Without his attorney and forced to seek medical care, (b) (6) sent his brother, (b) (6), to the asylum hearing in order to explain to the Immigration Judge why (b) (6) was absent (copy of an affidavit prepared by (b) (6) brother, (b) (6) for a previous immigration hearing is available). At the hearing, there was an unproductive courtroom exchange between (b) (6) and Judge Cassidy (Exhibit of July, 17th 2000 court transcripts). Unpersuaded, the Immigration Judge ordered (b) (6) removed in absentia despite an extraordinary circumstance. This removal order, in violation of due process, began a long and complicated appeal process for (b) (6) and his asylum claim was never examined in the merit. He is been detained for over 18 months today, abandoning two little children who survival completely depends upon him and one of whom is a child with special needs. (b) (6) still have legitimate fear of been in danger if he is returned to this same Government from whom he ran away several years ago.

Respectfully,

(b) (6) brother to (b) (6)

(b) (6)

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW

United States Immigration Court

(b) (6)

IN THE MATTER OF:

) In Removal Proceedings
)
)
)
)
)

(b) (6)

) File No. A (b) (6)
)
)
)
)
)

Respondent

MOTION TO REOPEN REMOVAL PROCEEDINGS

APPEARANCES

FOR THE RESPONDENT:

(b) (6)

FOR THE SERVICE:

District Counsel
The Immigration and Naturalization Service

(b)(6) & (b)(7)(C)

DECISION AND ORDER OF THE IMMIGRATION JUDGE

The Respondent is a native and citizen of Cameroon. He attempted to enter the United States in (b) (6) on or about February 20, 2000. Upon arrival at the (b) (6) airport, he was arrested and placed in detention at the (b) (6) County Jail because he did not possess proper documentation to enter the United States. On February 20, 2000, the Immigration and Naturalization Service (INS or Service) filed a Notice of Referral to the Immigration Judge with the Court and served this Notice on the Respondent. The Notice charged that he arrived in the United States as a VWPP/applicant and requested asylum. The matter was referred to this Court in accordance with 8 C.F.R. §§ 208.2(b).

On April 18, 2000, this Court granted Respondent a continuance to allow Respondent to inform his attorney of the newly scheduled Master Calendar hearing on May 4, 2000. On May 4, 2000, this Court granted the Respondent a continuance until May 18, 2000 in order to file his application for asylum. Respondent prepared his asylum application and appeared before the Court on May 18, 2000. In his Form I-830 - Notice to EOIR: Alien Address, signed on May 26, 2000,

Respondent represented his address as (b) (6) phone: (b) (6). On June 2, 2000, Respondent's new attorney submitted an Emergency Motion to Continue Removal Hearing set for June 5, 2000 claiming the need for additional time to prepare. The motion granted. On June 13, 2000, this Court sent a Notice of Asylum-Only Hearing to Respondent's attorney at (b) (6). The Court rescheduled the asylum hearing to July 17, 2000.

On July 3, 2000, Respondent sent a Motion To Change Venue from (b) (6) to (b) (6) and a Change of Address Form to the Court, informing the Court of Respondent's new address in (b) (6). This Court received these forms on July 5, 2000. The Court also signed the Certificate of Service for these documents on July 5, 2000. On July 14, 2000, three days before the scheduled asylum hearing, Respondent's attorney called the Court clerk to inform the Court that he and the Respondent would be unable to attend the hearing on July 17, 2000. Respondent's attorney, however, did not present a valid reason as to why he and the Respondent would not be appearing at the scheduled hearing. The clerk informed the attorney of record that Motion was not in the file and that he and his client should plan to attend. The motion made its way to the file on the morning of the hearing and was denied because there was insufficient evidence of residence provided. When neither the Respondent nor his attorney appeared at the scheduled hearing on July 17, 2000, the Court ordered the Respondent removed *in absentia*. In a follow up call informing the attorney of the ruling, it was admitted that no flight to (b) (6) was ever booked.. On August 10, 2000, Respondent filed a Motion To Reopen with this Court, stating that his failure to appear for his July 17, 2000 hearing was because he "got sick to the point where he needed immediate medical attention" on the date of the hearing.

A removal order issued following proceedings held *in absentia* may be rescinded upon a Motion To Reopen which demonstrates that Respondent failed to appear because of exceptional circumstances beyond the control of Respondent, such as the serious illness of Respondent or the death of an immediate relative. See INA § 240(e)(1). On July 17, 2000, the date of the hearing, Respondent's brother arrived at the Court in the place of Respondent. Respondent's brother first claimed that Respondent was unable to attend the hearing because he was in (b) (6). Respondent's brother later claimed that Respondent was in (b) (6) Hospital in (b) (6) because he needed eye surgery. Respondent argues that this alleged hospital visit constitutes "exceptional circumstances" under the INA. Additionally, Respondent indicated that on July 3, 2000, he filed a Motion To Change Venue based on his change of address from (b) (6) to (b) (6). Respondent argues that this Court was negligent in not "ruling timely this motion to change venue." The Court notes that although Respondent is entitled to request a change of venue pursuant to 8 C.F.R. § 3.20, merely filing a Motion To Change Venue does not automatically give Respondent that requested relief.

At the July 17, 2000 hearing, the Court called the (b) (6) Hospital to inquire whether Respondent was admitted for any type of medical care on that day and was unable to confirm that

Respondent had an appointment or was admitted for any type of surgery or emergency medical care. Respondent attached a copy of his "Patient Personal Valuables Checklist" from (b) (6) Hospital with his Motion To Reopen; however, this checklist and other (b) (6) Hospital documents are dated July 27th & July 20th, respectively. Respondent did not offer any evidence proving that he was admitted or seen at (b) (6) Hospital on July 17, 2000, and therefore fails to prove that his absence at the July 17, 2000 hearing was due to exceptional circumstances. The need for evidence such as a hospital record and or a letter from the treating physician was explained to the counsel or record as well as the respondent's brother. The failure to provide such readily available evidence leads this court to conclude that it does not exist. On the issue of Respondent's Motion To Change Venue, this Court holds that simply making this motion does not excuse Respondent for his not appearing at his hearing on July 17, 2000. It is further noted that the evidence submitted in support of the Motion to Reopen shows respondent's address in (b) (6). Moreover, the attorney in (b) (6) should not have agreed to accept this case on June 1, if he was unwilling "due to financial reasons" to come to (b) (6) (b) (6) for an individual hearing.

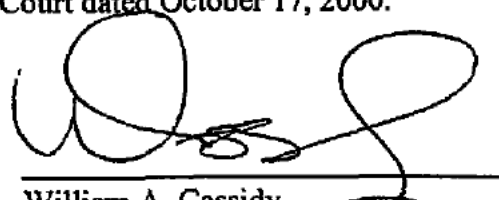
Based on the foregoing, the Court finds that Respondent has not demonstrated the exceptional circumstances necessary to reopen removal proceedings. Accordingly, the following order will be entered.

ORDER

IT IS ORDERED: that the motion to reopen be DENIED.

IT IS FURTHER ORDERED that Respondent be removed from the United States to Cameroon pursuant to the order of this Court dated October 17, 2000.

10/17/2000
Date



William A. Cassidy
United States Immigration Judge

EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT

(b) (6)

(b) (6)

Case No.: A
In Removal Proceedings

In the

(b) (6)

Respondent

Armeny Alen

WRITTEN DECISION AND ORDER OF THE IMMIGRATION JUDGE

Jurisdiction was established in this matter by the service of the charging document upon Respondent and the filing of same with this Court. See Section 239 of the Immigration and Nationality Act (INA); 8 CFR 3.14 (2).

Notice that this removal proceeding was to be conducted on this date was given to Respondent on 6/13/2003. Respondent had a reasonable opportunity to be present but did not appear. No exceptional circumstances have been advanced why Respondent was absent. This hearing was, therefore, conducted in absentia pursuant to Section 240 of the INA.

[] At a previous hearing Respondent admitted the allegations of fact in the charging document and conceded removability. Removability is thereby established as charged.

☒ At the hearing the Assistant District Counsel submitted clear, convincing, and unequivocal evidence establishing the allegations in the charging document. Removability is thereby established. Section 240 (b)(5)(A), INA.

Any pending or potential applications for relief from removal are deemed abandoned.

ORDER: Respondent shall be removed to _____ on the charge(s) contained in the charging document.

Date:

7/17/2003

W Cassidy
WILLIAM A. CASSIDY
IMMIGRATION JUDGE

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY MAIL(M) _____ PERSONAL (P) _____
TO: () ALIEN, ALIEN C/O CUSTODIAL OFFICER () ALIEN'S ATT/REP. () INS
DATE: _____ COURT STAFF BY: _____
ATTACHMENT(S) () EOIR-33 () EOIR-28 () LEGAL SERVICES LIST () OTHERS

U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT

(b) (6)

In the Matter of:
(b) (6)

Case No.: A(b) (6)

Docket: (b) (6)
IN ASYLUM ONLY PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE

Upon consideration of

☒ Motion to Reconsider an Immigration Judge's decision

☒ Motion to Reopen proceedings

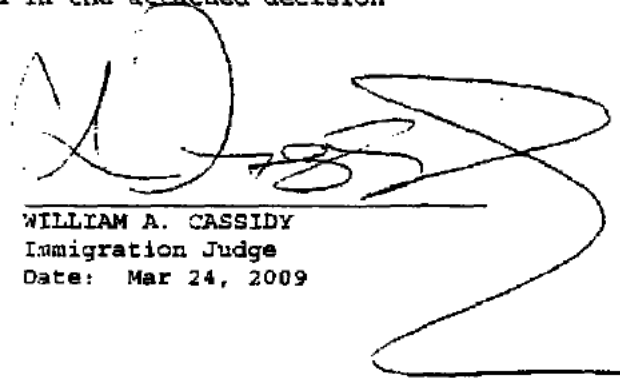
filed in the above entitled matter, it is hereby ordered that the motion

filed in the above entitled matter, it is HEREBY ORDERED that the motion be
denied for the reasons indicated in the attached decision.

☐ Be Granted

☒ Be Denied for reasons indicated in the attached decision

*see
Attached*


WILLIAM A. CASSIDY
Immigration Judge
Date: Mar 24, 2009

Appeal: NO APPEAL (A/I/B)
Appeal Due By: Aug 16, 2000

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: _____ BY: COURT STAFF

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

Form EOIR 2 - 2T



(b) (6)

Financial Counseling

(b) (6)

TO: SURGERY PATIENT

You have been quoted a deposit of \$ 400.00 which must be paid prior to admission for surgery. This amount is only a deposit for admission. The actual total charges could be more or less, depending on length of hospital stay, time spent in the operating room, supplies used, lab work, etc.

You will be held responsible for the total bill. You should contact the hospital Business Office upon receipt of your bill to make payment in full.

7/17/00
(date)

(b) (6)
(Financial Counselor)

4-616-6968

ABOVE NOTICE RECEIVED:

7/17/00
(date)

(b) (6)
(Patient's Signature)

(b) (6)

(Medical Record Number)

To pay by

(b) (6)

**Patient Consent or
Refusal For Administration
Of Blood and Blood Components**

(b) (6)

PATIENT IDENTIFICATION

Patient name:

(b) (6)

Date:

7/17/00

The transfusion of blood and/or blood components during my admission or outpatient visits may be necessary to treat my condition. The beneficial, often life-saving, role of transfusion therapy has been explained to me and I have been given the opportunity to ask questions.

I understand that the blood and blood components that I may receive have been collected from volunteer donors selected in accordance with American Association of Blood Banks and Food and Drug Administration (FDA) procedures. In addition, the blood and blood products have tested negative for Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (the cause of AIDS), Human T Lymphocyte Leukemia Virus and syphilis. This testing greatly reduces, but does not totally eliminate the possibility that I may be infected with the above or other infectious agent(s) from a blood transfusion.

I understand that, despite all precautions, adverse reactions may occur as a result of blood transfusion. Risk includes infectious diseases including but not limited to those defined above, as well as possible allergic and immune responses. There is a small possibility that any of these risks may be fatal.

I understand that there are no artificial or natural substitutes which can perform all the functions of blood. Failure to transfuse blood or blood products when needed could cause additional problems or complicate existing ones. These medical problems or complications could cause serious illness or death.

Most of the time, use of blood collected from volunteer community donors is necessary, but in some cases it may be possible to use one of the following: autologous donation (blood collected from me before or during surgery); directed donation (blood from donors I select); fluid replacement (administration of fluids that are not derived from blood). These alternatives have been discussed with me and I understand that none of them are free of risk and they may not satisfy all of my transfusion requirements.

I understand that if at a later time I decide I do not want to be transfused, I may withdraw this consent by notifying my doctor or nurse.

The use of blood and/or blood components to treat my condition has been explained to me. I have had an opportunity to discuss this information and ask questions.

I CONSENT to the transfusion of blood or blood components named above.

Signature

(b) (6)

I DO NOT CONSENT to the transfusion of blood or blood components to myself or the patient named above.

Signature of Patient

or Signature

(b) (6)

or Signature of Authorized Person

Informant

Witness of Signature

(b) (6)

Dev 11/98

303-93512 MRC 34-09

0001

(b) (6)

AMBULATORY SURGERY UNIT
PRE-OPERATIVE INSTRUCTIONS

(b) (6)

(b) (6)

PATIENT IDENTIFICATION

AMBULATORY SURGERY PREOPERATIVE INSTRUCTIONS

Your surgery has been scheduled for Wed July 30 (Day/Date) Please report to the Admission Desk on the 6th Floor "J" area Clinic Building Room 6J007 at _____ AM PM

To help your experience in day surgery go smoothly, please remember the following:

1. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT - the night before your surgery.
2. DO NOT DRINK ANYTHING - NOT EVEN WATER OR COFFEE - the morning of your surgery. DO NOT CHEW GUM the morning of your surgery.
3. DO take your daily medications, with just a sip of water. However, DO NOT take Insulin, water pills, or antacids (Maalox, Mylanta, etc.) the morning of surgery, BRING all of your medicines with you the day of surgery.
4. DO NOT wear contact lenses, wear glasses.
5. DO NOT wear jewelry, makeup or nail polish. DO NOT wear beads or metal objects in your hair. LEAVE money, jewelry and valuables at home.
6. WEAR comfortable loose fitting clothes and flat shoes the day of your surgery.
7. Bathe and shampoo your hair the night before or the morning of your surgery. You may brush your teeth and/or gargle the day of surgery, but DO NOT swallow the water. DO NOT USE body oil or hair oils. Men should consider shaving any beard or mustache to make airway management easier.
8. YOU MUST have a responsible adult to take you home. YOU CANNOT LEAVE THE HOSPITAL ALONE.
9. PLAN to have a responsible adult with you for 24 hours after surgery to care for you.
10. If you should develop a new illness with a fever or a cough or nausea or vomiting before coming to have your day surgery, please notify the Ambulatory Surgery Unit at (b) (6) We will decide if your surgery needs to be postponed.

If you have any questions or concerns a nurse will be available from 8:00 A.M. to 5:00 P.M. at the following number to assist you: (b) (6)

Instructions received and understood _____

Date 7/17/02

Reviewed by _____

White-Medical Record

Yellow-Clinic File

Pink _____

A.M. to

RN/LPN

(b) (6)

OTOLARYNGOLOGY CLINIC

(b) (6)

(b) (6)

PATIENT IDENTIFICATION

Date: 07-17-00 Time: 0912 Last visit date:

MODE OF TRANSPORTATION:

W/C Ambulatory Stretcher New Patient F/U 170161

ASSESSMENT:

32 y old SM w/ no sig PMHx here for evaluation for surgery for a blowout fracture to the inferior orbital region of the (L) eye. At present no double vision on downward gaze, pain on lateral movement of the eye. On PE he has @ least 4mm depression & (L) eye.

Allergies: Quinine (hives)

Med. Hx: 0

Med. Currently Taking: 0

VISIT 073 P 62 BPM 95 R 20

Chief Complaint:

R/O double

Signature

(b) (6)

EARS:



Nose and Sinus:

Oral Cavity and Pharynx:

Neck:

LARYNX:



Medications

Time Ordered	Med at Dosage	Route	Time Given	Signatures

Dx: Blowout fracture to (L) inferior orbital region w/ protrusion of fat + mm into R/O maxillary sinus surgery

Dispo:

Patient Education:

Instructions: Written: Verbal:

Instructions given to: Surgeon R/O

Verbal understanding: Yes No

RTC:

MD Sig

ID#

IRC 40-

(b) (6)

VC Time:

Charged by:

(b) (6)

Copy - Otolaryngology Clinic

00013

(b) (6)

ADVANCE DIRECTIVE CHECKLIST

(b) (6)

(b) (6)

Patient's Identification

A. On admission to GHS, every adult patient with decision-making capacity shall:

1. Be asked whether he/she has advance directive (Durable power of Attorney for Health Care or a living will);
2. Be provided with written information on their rights under (b) (6) law to accept or refuse treatment and execute advance directives and;
3. Understand he/she is not required to have an advance directive in order to receive treatment.

B. The patient or the patient's representative indicated that (check as applicable):

- ☐ 1. Patient has an advance directive and provided a copy of it upon admission.
- ☐ 2. Patient has an advance directive but does not have it with him/her.
- ☒ 3. Patient has decision-making capacity and does not have an advance directive.
- ☐ 4. Patient is a re-admission with an advance directive which has not changed since his/her previous admission and presents with no copy. (referred to Social Services - (b) (6) or Night Administration (b) (6))
- ☐ 5. Patient is unable to communicate and is unaccompanied, without an advance directive. (referred to Social Services)
- ☐ 6. Patient is unable to communicate and accompanying representative does not know, (referred to Social Services)
- ☐ 7. Patient would like additional information about advance directives. (referred to Social Services)

Follow-up:

(b) (6)

(b) (6)

Patient's Signature or Name of Representative

Date:

5/17/00

Relationship to Patient

103-15324 PK

4/97

White - Medical Records

Pink - Patient

Yellow - File

0001

07 17 00

703-88000 PB

(b) (6) Memorial Hospital

(b) (6)

SPECIAL PERMIT TO OPERATIONS
ON STAFF PHYSICIAN

(b) (6)

This form will be used in accordance with the staff physicians and Oral Surgery.

DATE: 7/18/00 TIME: 1000 A.M. P.M.

1. I hereby authorize Dr. (b) (6) and/or such assistants as may be present, to treat the condition or conditions which appear indicated and to perform such diagnostic studies as are required and summarized as follows:

Diagnosis: (b) (6) Procedure: Right inferior orbital wall fracture

2. The procedure (s) necessary to treat my condition (has, have) been explained to me by Dr. (b) (6) I understand and acknowledge that I have been informed in general terms of the following information:

(a). Nature and purpose of proposed procedure (s) (Describe in layman's terms):
to repair wall of orbital

(b). The material risk of procedure (s): damage to eye, reduced double vision, scur, infection

(c). The likelihood of the success of procedure (s): good

(d). The practical alternatives to procedure (s): none

(e). The prognosis/outlook if procedure rejected: poor

3. It has been explained to me that during the course of the operation or procedure, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure (s) than those set forth in paragraph 2. I, therefore, authorize and request that the above named physician, his assistants or attending physicians, perform such procedures as are necessary and desirable in the exercise of professional judgment. The authority granted under this Paragraph 3 shall extend to treating all conditions that require treatment and are not known at the time the operation or procedure is commenced.

4. I have been informed there are material risks such as infection, allergic reaction, severe loss of blood, loss of function or loss of any limb or organ, paralysis or partial paralysis, paraplegia, or quadriplegia, disfiguring scar, brain damage, cardiac arrest, respiratory arrest, or death that are attendant to the performance of any surgical procedure(s) and that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure (s).

5. I consent to administration of the anesthesia to be applied by or under the direction and supervision of the Department of Anesthesiology of Grady Memorial Hospital and to the use of such anesthesia as may be deemed advisable with the exception of:

(None or name particulars)

6. I acknowledge that I have been made aware of the information and material risks described above and that such was provided through the use of video, audio tapes, pamphlets, booklets or other means of communications, or through conversation with the responsible physician, or other personnel under the supervision and control of the responsible physician, other medical personnel involved in the course of my treatment, nurses, physicians, assistants, trained counselors, or patient educators.

I have been given ample opportunity to ask questions and any questions that I have asked have been answered or explained satisfactorily.

7. Any tissue, specimen or member taken in any operation may be retained, preserved, used for scientific or teaching purposes, or disposed of by the Hospital's Department of Pathology at its

(b) (6)

Consent for Patient

Relationship to Patient

Rev. 3/91
HRC 24-09

(Over)

0001

(b) (6)

(b) (6) MEMORIAL HOSPITAL

(b) (6)

I, I. (or _____) for _____) knowing that I, for _____ am(is) suffering from a condition requiring hospital care, do hereby voluntarily consent to such hospital care encompassing routine diagnostic procedures and medical treatment as may be ordered by physicians responsible for my medical care. I consent to treatment by authorized employees of (b) (6) Memorial Hospital and by those members of its Professional Staff who are assigned to my care.

3. I understand that students in the teaching programs which utilize the hospital facilities will participate with the Staff who are directly responsible for my care.

(b) (6)

back to me and I can

(b) (6)

contents

7/17/02

Signature of Patient

WFI Un-

Date _____

Patient is a minor _____ years of age or is unable to consent because _____

WILSON

Date:

**MEDICARE AND MEDICAID
CERTIFICATION AND RELEASE
MOTOR VEHICLE ACCIDENT REPAIRATIONS ACT ASSIGNMENT**

I hereby consent to the release of information to the (b) (6) Medical Care Foundation which will conduct a review of my medical records and make determinations of medical necessity, appropriateness, quality of patient services and items for which payment may be made in whole or in part under the Medicare Prospective Payment System. I understand that the (b) (6) Medical Care Foundation may, as a result of their review, determine that part or all of my stay is medically unnecessary. If this occurs, I will be informed of any resulting denial and of the procedures for requesting reconsideration.

Signature of Patient, Closest Relative
or Legal Guardian

Wissenschaft

Date _____

Page 1/208

06019

(b) (6)

MEDICARE/MEDICAID/THIRD PARTY PAYOR
VEHICLE ACCIDENT REPARATIONS ACT ASSIGNMENT
CONSENT FOR RELEASE OF INFORMATION

CARE CENTER

I certify that the information given by me in applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. In consideration of medical, hospital, and related services, and for other valuable consideration, I hereby assign to (b) (6) Health System®, all hospital insurance benefits otherwise payable to me, and assign to (b) (6) Medical Care Foundation, Inc., and (b) (6) Medical Association, all medical benefits otherwise payable to me. I hereby instruct the applicable insurance companies to make payments covered by this assignment directly to (b) (6) Health System®, (b) (6) Medical Care Foundation, Inc., or (b) (6) Medical Association, as applicable.

I understand that this assignment shall not be construed as relieving me or the patient from responsibility for amounts due and owing or which may become due and owing to (b) (6) Health System®, (b) (6) Medical Care Foundation, Inc., or (b) (6) Medical Association, for services rendered to the patient, or from the obligation of remitting to (b) (6) Health System®, (b) (6) Medical Care Foundation, Inc., or (b) (6) Medical Association insurance proceeds which I or the patient may inadvertently be paid under the above described policy.

I hereby assign to and authorize payment to (b) (6) Health System®, (b) (6) Medical Care Foundation, Inc., or (b) (6) Medical Association any payments payable to me under the Motor Vehicle Accident Reparations Act (No-Fault Insurance) but not to exceed the Hospital's, Foundation's, or Association's regular charges.

(b) (6)

7/17/00
DATE

(b) (6)

PATIENT (OR AUTHORIZED PERSON)

7/17/00
DATE

1095

00021

PHYSICIAN'S PROGRESS NOTES - ORDER FORM

(b) (6) MEMORIAL HOSPITAL

(b) (6)
HOSPITAL POLICY

1. The signature of a physician and his or her County number must accompany all orders.
2. Narcotics, hypnotics, sedatives, anti-coagulants, regular heart orders every 48 hours.
3. Antitubercle drugs' heart orders every 7 days.
4. 1 day 9 must be completed.

① PATIENT'S CARD SERVICE

DRUG ALLERGIESNO ☐ IF YES, SPECIFY:

AREA

DISPATCHED UNDER 700

WEIGHT (KILOGRAMS)

FROM J

YES ☐

No.

Nurse - Title	Problem	Subjective	Objective	Assessment	Plan
7/17/00	(1)	Prn p for 7/26/00			
	(2)	CBC, diff. plate, ettcwco, PT/PTT prnp.			
	(3)	NPOF MN 7/25/00			
#12					

ALL ORDERS HERE

Schl

V970250

7/26/00

(b) (6)

00021

IDENTIFICATION

(b) (6)

ANESTHESIOLOGY CONSULTATION
GRADY HEALTH SYSTEM

PRE-PROCEDURE

DATE OF SURGERY: APR 3 2 SEX: M
 SERVICE: PRICE AREA: 65 PHYSICAL STATUS: I II III IV V VI B
 DIAGNOSIS: Inferior orbital blowout fr.
 PROPOSED PROCEDURE: Repair of inf. orb. blowout fr.

SURGICAL HISTORY

1. *fr. inferior orbital blowout*

VIEW OF SYSTEMS

2. *fr. inferior orbital blowout*

3. *fr. inferior orbital blowout*

4. *fr. inferior orbital blowout*

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ALLERGIES

1. *Penicillin*

2. *Quinidine*

3. *Aspirin*

4. *Codeine*

5. *Barbiturates*

6. *Chloroform*

7. *Diethyl ether*

8. *Halothane*

9. *Enflurane*

10. *Sevoflurane*

11. *Desflurane*

12. *Propofol*

13. *Etomidate*

14. *Midazolam*

15. *Propofol*

16. *Etomidate*

17. *Midazolam*

18. *Propofol*

19. *Etomidate*

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189. *Propofol*

190. *Etomidate*

191. *Midazolam*

192. *Propofol*

193. *Etomidate*

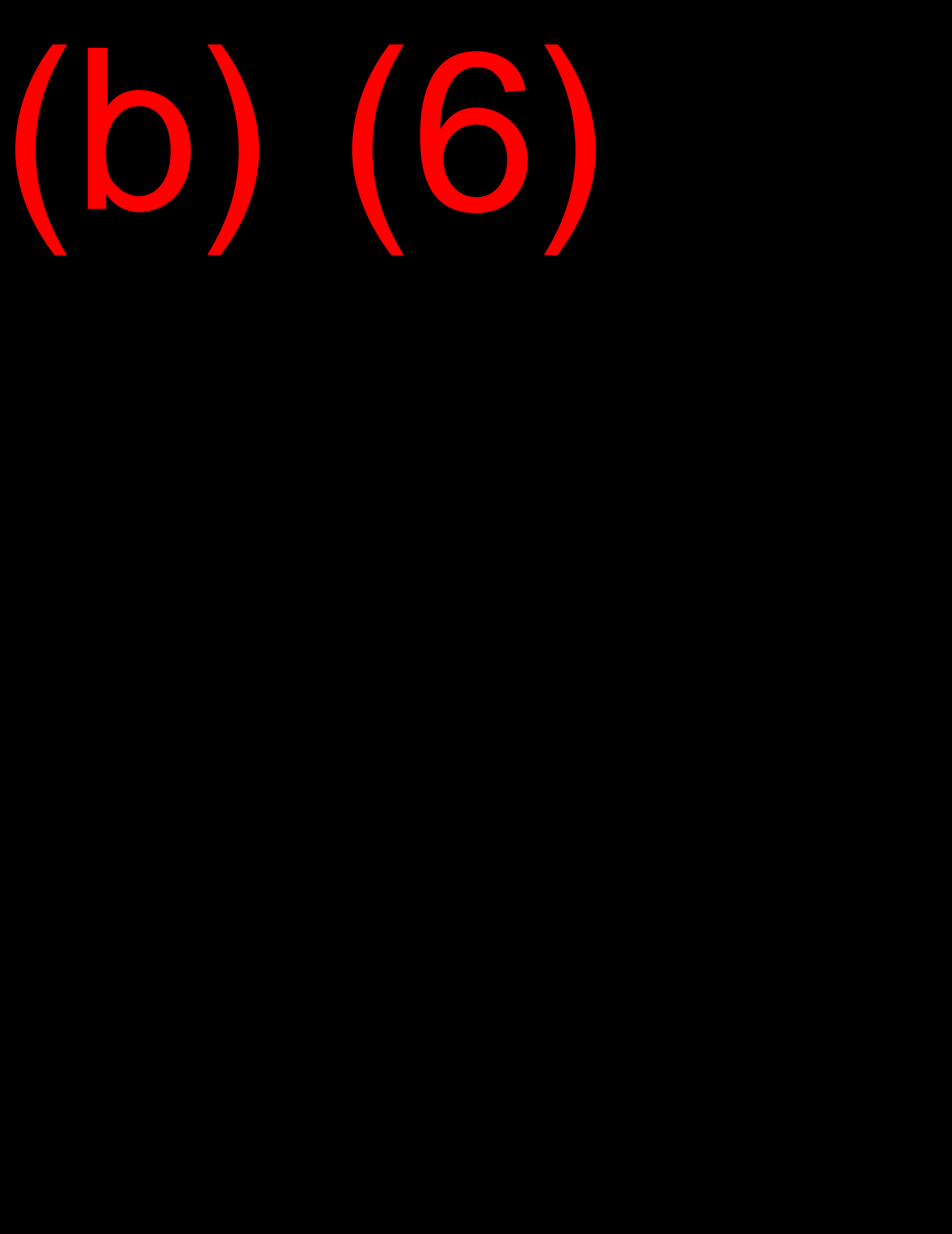
194. *Midazolam*

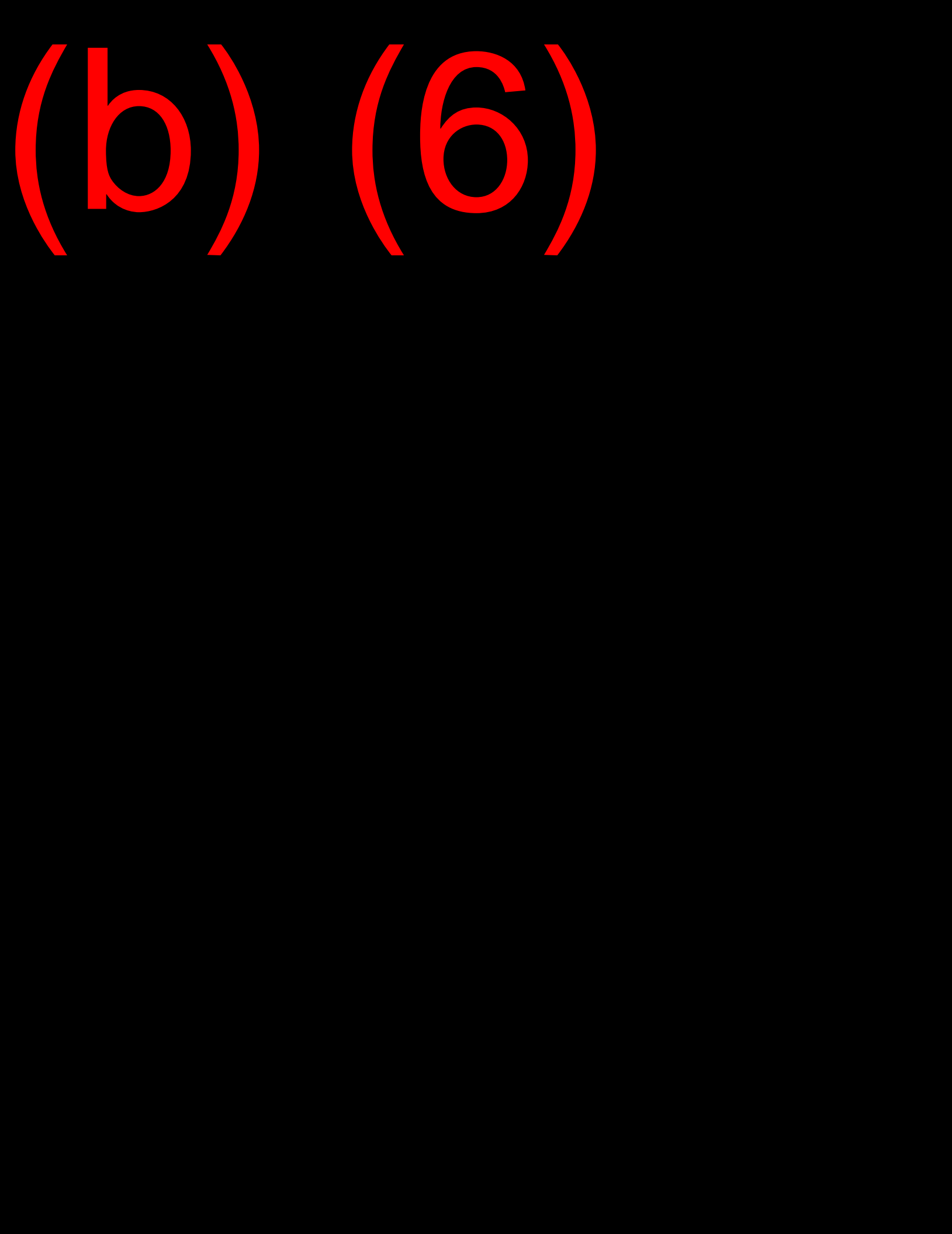
195. *Propofol*

196. *Etomidate*

197. *Midazolam*

198. *Propofol*







U.S. Department of Justice
Executive Office for Immigration Review

Office of the Chief Immigration Judge

5107 Leesburg Pike, Suite 2500
Falls Church, Virginia 22041

February 15, 2011

(b) (6)

Re: Matter of (b) (6)

Dear (b) (6)

Thank you for your letter dated February 11, 2011, concerning your brother, (b) (6). I have carefully read your letter with attachments and reviewed the information in our database concerning your brother's case. The matters you raise in your letter were previously reviewed by the Board of Immigration Appeals in a motion for reconsideration of the Board's earlier denial of a motion to reopen the proceedings. That motion for reconsideration was filed with the Board of Immigration Appeals and decided by the Board of Immigration Appeals on March 3, 2010. The Board of Immigration Appeals, after carefully considering all matters concerning that issue, denied his motion to reopen proceedings on March 3, 2010. Additionally, your brother was represented by counsel, (b) (6), is not currently pending any proceedings before the immigration courts.

I hope this is responsive to your letter.

Sincerely,

Gary W. Smith
Assistant Chief Immigration Judge

cc: Court Administrator, (b) (6) Immigration Court

COPY