

APPENDIX 48

DOD FORM SIGNIFICANT PUBLIC BENEFIT PAROLE (SPBP)

- Initial (date)
- Update (date)

Parolee Name: _____

DEPARTMENT OF DEFENSE

APPLICATION FOR SIGNIFICANT PUBLIC BENEFIT PAROLE (SPBP)

Sponsoring Organization: US ARMY
Purpose: Linguist was identified and threatened
Dates of Parole: _____

Part A: Information on Applicant Parolee

1. Name:

Last: _____
First: _____
Middle: _____

2. Alien Number (A#) _____ 3. Date of Birth: 09/01/____ 4. Gender MALE

5. Aliases _____ 6. Country of Birth _____ 7. Country of Residence _____

8. Passport Number _____ 9. Country of Issuance _____ 10. Expiration Date _____

Part B: Parolee Category

- 1. Medical Care
- 2. Intelligence
- 3. Government Program
- 4. Witness
- 5. Humanitarian
- 6. Escort

Part C: Travel Information

Submit an UPDATE SPBP application for any changes in information.

Expected dates of travel to CONUS: ASAP

Approved mode of travel to CONUS: DOD MILAIR Commercial

Travel itinerary to CONUS: (outline start point, interim stops, final destination)

CHICAGO, IL

Expected dates of return to originating country: (Initial approval will not exceed 90 days unless requested and approved by the DOD Focal Point. If a parole extension is required, submit a request for extension memo to the DOD Focal Point)

Request parole for a period of one year, to return upon completion of that term.

Approved mode of return travel to the originating country: DOD MILAIR Commercial

Travel itinerary to originating country: (outline star point, interim stops, final destination)

CONUS Port of Entry: (where will parolee enter CONUS; DOD air base/commercial airport)

WASHINGTON, D.C.

Location(s) where Parolee will reside (list posts, camps, stations, cities, states)

Chicago, IL
 [REDACTED]

Part D: Requesting Agency Information

1. Requesting Organization/Higher HQ:

2. Case Agent (Last, First, Rank, Branch, Service, Title): (Overall responsible for parolee selection, information validation, oversight and supervision)

email:

3. Work number: COMM

DSN Prefix:

4. Fax number : COMM

DSN Prefix:

5. Signature: _____

6. Group Supervisor (Last, First, Rank, Branch, Service, Title):

email:

7. Work number: COMM

NONE

DSN Prefix:

8. Fax number: COMM

NONE

DSN Prefix:

9. Signature: _____

10. DOD Focal Point Officer (Last, First, Rank, Branch, Service, Title):

email: [REDACTED] Office of the Secretary of Defense [REDACTED]
 Office, Director, Refugees, IDPs, and Parole Programs

11. Work number: COMM [REDACTED]

NONE

DSN Prefix: [REDACTED]

12. Fax number: COMM

NONE

DSN Prefix:

13. Signature: _____ signed _____

Part E: Case Information

1. Is Subject currently in the United States: Yes ___ (state location) No X

2. Subject's current Immigration Status: None

3. Has Subject ever been deported/presently under deportation proceedings: Yes ___(explain)
No X

Part F: Expedited Processing

If organization is requesting approval in less than 5 work days, complete the following information and FAX the form to Parole and Humanitarian Assistance Branch, 202-514-0542.

Why is expedited approval necessary?

Are there any alternatives short of parole to address the mission urgency?

Part G: Specific Information pertaining to Parolee

** Answer all questions completely (attach additional sheet(s) if necessary)*

1. Significance and value of Parolee to DOD:

Please see attached sheets.

2. Parolee's criminal involvement in this or any other case: *(Attach or describe criminal and/or arrest record listing ALL criminal convictions)*
NONE

3. Risk of Parolee to public safety and/or threat to national security. List and explain proposed security precautions if necessary.

NONE

4. Financial responsibility for subject (Explain how Parolee's living expenses will be met to include travel, lodging, meals, incidentals, etc.)

He will require a job in order to take care of his living expenses.

5. Will Subject require a Work Authorization Document and why?
Yes, to maintain a residence and take care of his living expenses.

6. Subject Acquaintances/Relatives residing in CONUS (include name(s), relationship and current location, City and State; attach additional sheet(s) if necessary)

[REDACTED]

7. Is this request submitted for the protection of the parolee? Yes X No (If yes, please attach UNCLASSIFIED, sworn statements highlighting threat to parolee)

I do not have the sworn statement, but I have a copy of the memorandum from the commander stating that [REDACTED] was identified and his life is now in danger and he has not been able to go home or leave the FOB (Forward Operating Base) in approximately 2 years for fear of his life

Certification of Template/Notification

As the DOD group supervisor appointed to this case, I understand it is my responsibility to report the parolee's entry, any and all subsequent changes in parolee status (i.e. departure, extension, change of group supervisors, or any change in status) thru my chain of command to the DOD Focal Point, who will in turn notify appropriate DHS officials.

Signature: _____

Date:

(Last, first, Rank, Branch, Service, Position Title)