

EOIR FOIA REQUEST

CONTACT INFORMATION

First Name: _____ Middle Name: _____
Last Name: _____ City: _____
Address: _____ State: _____
_____ Zip: _____

OTHER NAMES USED:

ALIEN REGISTRATION NUMBER

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IMMIGRATION HEARING LOCATION

City: _____ State: _____

PROCESSING FEES

I am willing to pay fees up to the amount of \$25 for this request without notice.

DESCRIPTION OF RECORDS REQUESTED

Requesting ALL files for personal review.

REQUEST EXPEDITED PROCESSING

I am NOT requesting expedited processing at this time.

REASON FOR REQUEST

I am requesting my own personal records. I am an individual seeking information for personal review and not for commercial purposes.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature:

Date:
