

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

NONIMMIGRATION CHECKOUT LETTER

OMB No. 1653-0020
(Expires 08/31/2008)

DHS Office Address

File Number _____

Date _____

This Section To Be Completed by the Office of Detention and Removal

The records of this office of the Department of Homeland Security show that permission was granted to _____
_____ to remain in the United States for a temporary period.

The office has no records of his, her, or their departure from the United States.

To assist in the completion of our records relating to the departure of temporary visitors, you are requested to complete this form and:

- Return it in the attached self-addressed envelope. No postage is required if mailed from anywhere in the United States.
 Mail or take it to the office of the nearest American Consul and ask him or her to return it to this office.

Your cooperation in this matter is appreciated.

This Section To Be Completed By Any Authorized U.S. Official

Select and complete all parts of the statement below that accurately reflect your knowledge about this person(s).

(NOTE: If Form I-94, Arrival-Departure Record, is available, please attach it to this form.)

The person(s) inquired about:

Departed from the United States at _____
Port of Departure

On _____ via _____
Date Name of Vessel or other means of transportation

Applied for or has been granted an extension of temporary stay at the _____
Location
Office of the Department of Homeland Security.

Applied for adjustment of status at the _____
Location
Office of the Department of Homeland Security.

Did not depart from the United States.

Can be contacted at the following address:

Address City State or Province Zip Code Country

Has or have the following friends or relatives in the United States who may have information concerning his, her, or their whereabouts:

Name Address City State Zip Code

Name Address City State Zip Code

ICE Form G-146 (Rev. 08/08)

None of the above items apply but the following information is provided: (Attach additional sheet(s) of paper if necessary.)

None of the above items apply and I have no information to provide relating to this person(s).

Printed Name and Signature

Address

City State Zip Code

NOTE: The provision for collecting this information is voluntary. You are under no legal obligation to complete this form.

Paperwork Reduction Act Notice

An agency may not conduct or sponsor an information collection, and a person is not required to respond to an information collection, unless it displays a valid OMB control number. The average time to complete this collection of information is estimated as follows: 1) learning about the form, 3 minutes; 2) completing and assembling and mailing of the form, 7 minutes, for a total of 10 minutes per response. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you can write to the Department of Homeland Security; Immigration and Customs Enforcement; 425 I St, NW, Room 1122; Washington, DC 20536; and reference OMB No. 1653-0020. **Do not mail your completed form to this address.**