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

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

1. Who may file this application?

This application may be filed if you have been ordered deported or removed from the United States and you wish to obtain a stay of deportation or removal under the provisions of 8 C.F.R. 241.6. (A separate application must be filed for each person/family member seeking a stay of removal.)

2. Where should the application be submitted?

The alien(s) ordered removed must submit this application in person to the local Enforcement and Removal Operations (ERO) office. Locate your nearest ERO office at http://www.ice.gov/contact/ero/index.htm.

3. What additional documents or evidence are required with this application?

| Current and valid passport(s) (Expiration minimum of 6 months) for you and your family (copies not acceptable) |
|--|
| Copy of birth certificate(s)/identity document(s) |
| Police reports, disposition of all arrests, court disposition |
| etc. |

4. What evidence/documentation should be submitted in support of this application?

□ Evidence to support your claim that you cannot depart

□ Medical documentation from your doctor

| the United States as ordered by the Immigration Judge |
|--|
| Evidence to support your claim that you should not be deported/removed from the United States |
| Evidence that you plan to comply with your order of removal i.e. plane ticket, departure itinerary, etc. |
| Any additional documentation, evidence or brief in |

5. What fees should be submitted with this application?

A fee of \$155.00 must be paid for filing this application. There is no refund regardless of the action taken. What are the types of payment accepted?

| ٠. | U.S. cash |
|----|-----------------|
| | Cashier's Check |
| | Money Order |

support of your claim

Payments must be made out to, "Department of Homeland Security" or "Immigration and Customs Enforcement".

6 What may be the basis for rejection of this application?

| o. What may be the basis for rejection of this applica |
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| ☐ Incorrect fee - (erroneous fee amounts will not be refunded.) |
| ☐ Multiple applicants on same application |
| □ Failure to submit in person |
| □ Current physical address |
| |

| 7. | What may be the basis of denial of this application? |
|----|---|
| | Failure to submit current/valid passport |
| | Failure to submit copies of birth certificate(s)/identity document(s) |
| | Lack of medical evidence in support of your claim (if applicable) |
| | Lack of or insufficient evidence or documentation in support of your claim |
| | Failure to provide evidence of to comply with order of deportation/removal |
| | Pursuant to the discretion of the Field Office Director or other designated official |
| | Threat to self or others |
| | Inaccurate or untruthful information |
| 8. | What will happen when I submit this application? |
| | You will be fingerprinted (14 years or older) |
| | Your information will be input into Department of Homeland Security (DHS) databases. |
| | You will have your photograph taken |
| | Criminal background check |
| 9. | What if this application is approved? |
| | his application is approved the following will occur: |
| Ц | You will be issued an Order of Supervision (OSUP) and be required to comply with the conditions as set forth within the OSUP. |
| | You may, at the discretion of the Field Office Director, be granted employment authorization |
| | You may be required to post a Delivery or Order of Supervision bond (minimum bond amount is \$1,500.00) |

☐ You will be required to immediately update your address with ERO

□ Other conditions as set forth by the Field Office Director

or other designated official

be

A stay of deportation or removal is within the sole discretion of Secretary of Homeland Security or his designee, the Field Office Director.

10. What may be the basis that the Secretary or his/her designee revoke this application after approval?

| □ Execution of an order of deportation or removal |
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| □ Arrested by any law enforcement agency |
| □ Conviction of any crime(s) |
| □ A violation of an Order of Supervision |
| ☐ A violation of the terms of an Immigration Bond |
| ☐ Safety or security concerns |
| ☐ For any reason(s) pursuant to the discretion of the |
| |

Secretary or his/her designee

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11. What can happen if I submit false information?

All statements made in response to questions in this application are declared to be true and correct under penalty of perjury pursuant to 18 U.S.C. 1546. The knowing placement of false information on the application may subject you, or the preparer of the application, to criminal penalties under 18 U.S.C. 1546, and you and the preparer to civil and criminal penalties pursuant to the Immigration and Nationality Act 274C and 8 U.S.C. 1324c.

PRIVACY ACT NOTICE

This information is collected under the authority Section 241(c)(2) of the Immigration and Naturalization Act, 8 U.S.C. 1231. The purpose of collecting this information is to decide requests by individuals seeking a stay of deportation or removal from the United States. Submission of this form and the information contained on this form is voluntary, however, requests for stays will not be considered unless this form is completed. This information will be used principally to determine eligibility for a stay of deportation or removal under the law. This information may also be used by or disclosed to other federal, state, local, and foreign law enforcement and regulatory agencies

PUBLIC REPORTING BURDEN

U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 30 minutes (0.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer, Forms Management Office, 801 I Street NW, Washington, DC 20536-5800, ATTN: PRA Officer. **Do not mail the completed application to this address.**

NOTICE - A pending application does not preclude the execution of a final order of deportation/removal. The Field Office Director may at his/her discretion revoke the approval of this application and execute the order of removal at a date and time of his/her choosing. No advance notice is required for the execution of a final order of removal.

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

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

| | Fee/Date Stamp | | | | | | | | |
|---|---|------------------|---|---------------------------|--|--|--|--|--|
| ☐ Granted ☐ One Year ☐ Six M | onths Thr | ee Months 🔲 C | Other: | | | | | | |
| ☐ Denied ☐ Denial letter attached | | | otner: | — | | | | | |
| ☐ Rejected ☐ Incorrect Fee ☐ Fa | ilure to submit | t in person 🔲 C | Other: | | | | | | |
| Additional information attached | I. | | | | | | | | |
| Date: Decision m | ade by | | | | | | | | |
| | Date: Decision made by (Printed Name/Title) | | | | | | | | |
| Deciding Official Signature: | | | Office: | _ | | | | | |
| File Number | Date | | | | | | | | |
| The Number | Date | | | | | | | | |
| Last Name | • | First Name | | Middle Name | | | | | |
| | | | | | | | | | |
| Address (Number and Street): | | | Country of Citizenship: Pass | port No: Expiration Date: | | | | | |
| Apartment Number: | | | Length of stay requested: | three months other | | | | | |
| Town/City: | State: | Zip Code: | Arrested by police or other law | v enforcement agency | | | | | |
| | | | (other than for immigration rea | | | | | | |
| Telephone Number: Ce | <u> </u> | Number: | Yes - Documents attached Sections of law for which of or | | | | | | |
| | | | | dered deported/removed. | | | | | |
| REASON(S) FOR REQUESTING A | A STAY OF DI | EPORTATION OF | R REMOVAL: | | | | | | |
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| | | | | | | | | | |
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| | | | | | | | | | |
| EVIDENCE SUBMITTED (attached | d): | | | | | | | | |
| ☐ Medical ☐ Brief ☐ Other (spe | cify): | | | | | | | | |
| I certify under penalty of perjury that the information provided and contained herein is true and correct to the best of my knowledge and belief: | | | | | | | | | |
| (Printed Name) (Signature) | | | | | | | | | |
| INFORMATION IF FORM PREI | PARED BY (| OTHER THAN A | | | | | | | |
| I declare under penalty of law that of which I have knowledge. I under prosecution and, upon conviction, | this documents | t was prepared b | y me at the request of the applica rmation on behalf of the applican | | | | | | |
| (Printed Name) | | | (Signatur | <u> </u> | | | | | |
| (Printed Name) | | | (Signatur | <i>=)</i> | | | | | |
| (Telephone Number) | (Stre | eet Address) | (City) | (State) (Zip Code) | | | | | |

OMB No. 1653-0021 Expires: 04/30/2017