

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

OMB No. 1653-0041
Exp. 11/30/2018

DESIGNATION OF ATTORNEY IN FACT

(To accept on Obligor's behalf the return of cash or United States bonds or notes deposited to secure an immigration bond upon cancelation of the bond for performance by Obligor.)

Bonded Alien A-File No.
Receipt No. (From Form I-305)

I, _____, of _____, as principal have made, constituted,
(Obligor) (Address)
and appointed, and by these presents do make, constitute and appoint _____
(Attorney in Fact)

of _____ my true and lawful attorney for me and in my name, place and stead to receive a refund of the deposit of cash or government obligations in the penal sum of \$ _____ made by me on _____ as security for an immigration bond for the release of _____ giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof. This designation will not be effective unless it is properly notarized, and until the original form is received by the Bonds Section at Financial Operations - Burlington, U.S. Immigration and Customs Enforcement, P.O. Box 5000, Williston, VT 05495, its validity confirmed, and it is entered into an ICE database. If this designation is invalid, the Bonds Section will return it with a brief explanation of why it is not acceptable.

IN WITNESS WHEREOF, I have hereto set my hand and seal on the _____ day of _____ in the year _____ .

Signature of Obligor (Principal)

Name, Address, TIN or SSN for Attorney in Fact

STATE OF _____
COUNTY _____

On the _____ day of _____ in the year _____ before me personally came _____ (Obligor) to me known and known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that s/he executed the same for the use and purpose therein contained.

DATE _____
EXAMINED AND APPROVED AS TO LEGAL FORM AND EXECUTION AND ACCEPTED.

Notary Public, State of _____
My commission expires: _____

Notary Seal

Privacy Statement

Authority and Purpose: The Immigration and Nationality Act, as amended, (8 U.S.C. 1103, 1183, 1226, 1229c, and 1363) authorizes the collection of this information to provide for the posting, maintenance, cancellation, and breach of an immigration surety bond, and for associated financial management activities, including collection of unpaid monies, reimbursement of the bond principal, and the calculation, payment, and reporting of interest. The Internal Revenue Code (26 U.S.C. 6109) authorizes the collection of the Social Security number (SSN).

Disclosure: Furnishing this information is voluntary. For cash bonds, your SSN is necessary to pay interest through the U.S. Treasury Department and to comply with Internal Revenue Service requirements to report interest payments.

Routine Uses: This information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to support the enforcement of immigration laws and the provision of immigration benefits. DHS may share this information with the U.S. Treasury Department to report interest paid to an obligor, and to facilitate payments to or collection of monies owed by an obligor. DHS may also share this information with the U.S. Justice Department and other Federal and State agencies for collection, enforcement, investigatory, or litigation purposes, or as otherwise authorized pursuant to its published Privacy Act system of records notice - 76. F. Reg. 8761-8764 (February 15, 2011) - Privacy Act of 1974: U.S. Immigration and Customs Enforcement, DHS/ICE-004 Bond Management Information System (BMIS) system of Records.

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 (.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: Department of Homeland Security, U.S. Immigration and Customs Enforcement, P.O. Box 5000, Williston, VT 05495.