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

AFFIDAVIT IN LIEU OF LOST RECEIPT OF UNITED STATES ICE FOR COLLATERAL ACCEPTED AS SECURITY

	OMB No. 1653-0045 Expiration 4/30/2019		
State of		If Known: Bonded Alien A Number	
County of		Date and Plac	ce of Birth
		Receipt Num	ber
l baard			
I,hereb	y duly sworn, depose	and say:	
That I reside at:			
That I reside at:(Street)	(City)		(State) (Zip Code)
That I am the surety on an immigration bond execute	d in behalfof	<i>/</i>	
		(Alien's Name)	
at(Office where bond was p	posted)	on	(Date bond was posted)
That as collateral security under such bond I deposite as follows: (Amount of Bond)		n and Customs Enfo	rcement certain securities
That the receipt which was issued to me on the same collateral security has been lost under the following c			
That if the said receipt is located, I promise to see that	at it is surrendered to t	he Immigration and	Customs Enforcement;
That there are no other claimants to the said collatera any interest therein to any other party;	al security and I have i	not assigned the san	ne or any part thereof or
That I, on behalf of myself, my heirs, administrators, e and any of its agencies, officers and employees and a which may or might arise by reason of the surrender issued therefore. This affidavit will not be effective un the Bonds Section at Financial Operations – Burlingto Williston, VT 05495, its validity confirmed, and it is en Section will return it with a brief explanation of why it	save them harmless fr to me of the said colla less it is properly nota on, U.S. Immigration a itered into an ICE data	rom any claim, loss of teral security withou rized, and until the of nd Customs Enforce	or liability whatsoever t my producing the receipt original form is received by ement, P.O. Box 5000,
	Signatu	re	
Subscribed and sworn to before me			
At:		ere a sub-	
	Dbligor Taxpayer Iden Social Security)		
On:(Date)	, <u> </u>	,	
NOTARY PUBLIC (Signature):			Notary Seal
MY COMMISSION EXPIRES ON:			
ICE Form I-395 (9/16)			Page 1 of 2
			raye i Ulz

Privacy Notice

Authority: The Immigration and Nationality Act, as amended, (8 U.S.C. 1103, 1183, 1226, 1229c, and 1363) and Executive Order 9395 authorize the collection of this information, including your Social Security number (SSN).

Purpose: ICE collects this information to permit an individual or company to sign a notarized affidavit when the original Receipt of Immigration Officer-United States Bonds, Notes or Cash (ICE Form I-305) is lost or missing. Your SSN will be used for tax reporting. Your SSN will also be used to confirm your identity.

Disclosure: Submission of this form and the information contained on this form, including your SSN, is voluntary; however, the obligor will be unable to reclaim the principal amount of the immigration bond unless this form or the original ICE Form I-305 is provided to ICE.

Routine Uses: For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the DHS/ICE-004 Bond Management Information System of Records Notice (BMIS SORN), which can be viewed at www.dhs.gov/privacy.

For all others, as appropriate under United States law and U.S. Department of Homeland Security (DHS) policy, the information you provide may be shared internally within DHS 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. Justice Department and other Federal and State agencies for collection, enforcement, investigatory, or litigation purposes, or other purposes.

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