274A and 274C Case Type Screenshots

File a case

Select a case type

CASE TYPE *

Select

- Select
- INA § 274A (8 U.S.C. § 1324a) (employer sanctions)
- INA § 274B (8 U.S.C. § 1324b) (unfair immigration-related employment practices)
- INA § 274C (8 U.S.C. § 1324c) (immigration-related document fraud)
- Request for Subpoena

BACK CONTINUE

Step 2 of 7

Alleged Violation Site

Please enter the following information about the alleged violation site.

QUESTION

Where did the alleged violation(s) occur?

Alleged Violation City *

Sheboygan

Alleged Violation State *

MI

BACK CONTINUE

Step 3 of 7

Respondent

Please enter the following information about the respondent.

RESPONDENT INFORMATION

Respondent Name *

Johnny Appleseed

Do You Have Respondent's Contact Information?

◉ Yes ○ No

RESPONDENT'S CONTACT INFORMATION

Salutation

First Name *

Middle Initial

Last Name *

Other names used

Street Address *

Address Line #2

City *

State *

ZIP Code *

Phone Number *

Phone Number Type

Email Address

Fax Number

BACK

CONTINUE

Step 4 of 7

Respondent's Representative

If respondent is represented, please enter the following information about the respondent's attorney or authorized representative.

QUESTION

Does the respondent have an attorney or other authorized representative in this matter?

◉ Yes ○ No

ATTORNEY OR AUTHORIZED REPRESENTATIVE INFORMATION

Salutation: ----

Other Salutation

Title

First Name *

Middle Initial

Last Name *

Attorney's Firm/Organization (if applicable)

Name of Business the Attorney is Representing

ATTORNEY'S OR AUTHORIZED REPRESENTATIVE'S CONTACT INFORMATION

Street Address *

Address Line #2

City *

State *

ZIP Code *

Phone Number *

Phone Number Type

Email Address

Fax Number

BACK

CONTINUE

Step 5 of 7

Other Parties to be Served

If there are any other parties who should be served with the complaint and other documents in this case, please provide the names and contact information for those parties.

QUESTION

Are there any other parties who should be served with the complaint and other documents in this case?

◉ Yes ○ No

INFORMATION

Other Person or Entity to be Served

CONTACT INFORMATION

Street Address *

Address Line #2

City *

State *

ZIP Code *

Phone Number *

Phone Number Type

Email Address

Fax Number

BACK

CONTINUE

DHS/ICE Attorney; Counts of the Complaint

Provide the name and contact information for the Immigration and Customs Enforcement attorney who is handling this case.

DHS/ICE ATTORNEY INFORMATION

Salutation

Title

First Name *

Middle Initial

Last Name *

Name of Chief Counsel or Designee

CONTACT INFORMATION

Street Address *

Address Line #2

City *

State *

ZIP Code *

Phone Number *

Phone Number Type

Email Address *

Fax Number

Are there any counts? ○ Yes ○ No

BACK

CONTINUE

Step 7 of 7

Attachment(s)

Upload all three documents (Complaint, Notice of Intent to Fine, and Request for Hearing) as separate attachments:

(Note:Max file size is 25MB and only PDF, JPG/JPEG formats are allowed).

+Add Attachment

BACK

SUBMIT