



Health Care Providers:

Preserve Access to Care and Protect Your Patients
from Border Patrol and ICE Interference

A Guide to Best Practices for Protecting Your Rights and Your Patient's Rights



Physicians for
Human Rights

Introduction

The threat of immigration enforcement and presence of law enforcement at health care facilities deters immigrants and communities of color from seeking needed medical services. Border communities are particularly vulnerable given the frequent presence of Border Patrol agents at hospitals, which is compounded by the enforcement actions of Immigration and Customs Enforcement (ICE) that threaten immigrant communities across the country.

The impact of immigration officials' presence and actions at health care facilities is especially acute during times of public health crisis, such as the COVID-19 pandemic. Health care providers should be informed of their rights, the rights of their patients, and the steps they can take to protect their patients and ensure access to care without fear or discrimination.

To that end, this factsheet provides information to hospitals, medical centers, community health centers, other health care facilities, health care professionals, medical associations, and advocates on how to prepare for and respond to:

- A. enforcement actions by immigration officials;
- B. interactions with law enforcement that could result in immigration consequences for their patients; and
- C. law enforcement presence that deters access to care.¹

I. Your Facility as a Sensitive Location and Essential Service

The U.S. Department of Homeland Security (DHS), including its sub-agencies ICE and Customs and Border Protection (CBP)², has long recognized that certain locations are so “sensitive” in nature that immigration agents should avoid or limit enforcement actions, or apply additional considerations before conducting enforcement at or near such locations. These “sensitive locations” policies are outlined in memoranda published by both ICE and CBP.³

Both policies explicitly include hospitals among the list of “sensitive locations” where immigration enforcement should be curtailed. Both agencies elsewhere identify other medical treatment and health care facilities, such as doctors' offices, accredited health clinics, and emergent or urgent care facilities in their definition of a “sensitive location.”⁴

According to both ICE and CBP policies, enforcement activities – including searches, arrests, and interviews – at sensitive locations require, at a minimum, additional consideration and review before action is taken. The policies state that:

- Enforcement actions at sensitive locations should not be conducted without prior approval by a designated official unless other law enforcement activities lead officers to the location or exigent circumstances exist.
- When enforcement actions are conducted at sensitive locations, officers must conduct themselves as discreetly as possible and limit the time they spend at the location.

It is crucial that health care settings be spaces free of intimidation from immigration agents so that all patients and their families are free to access care without fear of immigration consequences or discrimination. Health care facilities provide services essential for the health, wellness, and safety of not only patients, but also for the whole community, which depends on the wellness of all residents.

Particularly during times of national crisis, including the current COVID-19 pandemic, it is critical that health care remain accessible to patients and off-limits to immigration enforcement. Without these assurances, some immigrant patients are more likely to avoid obtaining the testing, treatment, and care they need to keep themselves and their communities healthy and safe.

¹ The information in this document does not constitute legal advice. You should consult an attorney to obtain advice with respect to any particular situation.

² CBP is the largest law enforcement agency in the United States, with over 60,000 officers. Border Patrol is a subcomponent of CBP. Throughout this document any reference to CBP includes Border Patrol.

³ ICE's memorandum, published in 2011, is entitled “Enforcement Actions at or Focused on Sensitive Locations” and is available at <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>. CBP similarly published a memorandum entitled “U.S. Customs and Border Protection Enforcement Actions at or Near Certain Community Locations” in 2013, available at https://foiarr.cbp.gov/docs/Policies_and_Procedures/2013/826326181_1251/1302211111_CBP_Enforcement_Actions_at_or_Near_Certain_Community_Locations_%7BSigned_M.pdf.

⁴ See FAQ on Sensitive Locations and Courthouse Arrests, available at <https://www.ice.gov/ero/enforcement/sensitive-loc>; see also <https://www.cbp.gov/faqs/what-does-department-homeland-security-mean-term-%E2%80%9Csensitive-location%E2%80%9D>

II. Legal Rights of Health Care Providers and Their Patients

Health care providers and their patients, regardless of immigration status, have rights protecting them from undue or unreasonable intrusion on their person or property. Additionally, health care providers have a separate and independent ethical duty to provide appropriate treatment to their patients that should not be overridden by immigration officials or other law enforcement officers absent a warrant or voluntary consent. Thus, health care providers can and should act to protect their patients' rights. These rights are subject to various legal requirements. Knowing when and how to assert these rights is vital to the protection of access to care.

- ◇ **Disclosure of information.** Health care providers have no affirmative legal obligation to inquire into or report to federal immigration authorities a patient's immigration status. In fact, the Health Insurance Portability and Accountability Act (HIPAA) privacy rule generally prohibits the use or disclosure of patient information⁵ without the patient's consent⁶, except when required by law.⁷ Under other exceptions, including when information is requested by law enforcement officials for law enforcement purposes, personally identifiable health information may be shared, but its release is generally not required.⁸ HIPAA protections likewise extend to patients in CBP or ICE custody. Additionally, patients in CBP or ICE custody should be provided with a copy of their discharge paperwork.⁹
- ◇ **Warrants and consent.** Health care providers can refuse to provide information about patients to law enforcement officials unless the request is pursuant to a judicial warrant or court order for a specifically identified individual or set of records.¹⁰ An administrative warrant issued by DHS, ICE, or CBP is not a judicial warrant or a court order.
- ◇ **Extended border searches.** To justify an extended border search, an official must be "reasonably certain" that an individual transported contraband over the border and should articulate the reasons for their "reasonable certainty" before entering a private area of the facility. CBP policy states that invasive searches, such as x-ray searches or body cavity searches, should only be conducted with voluntary consent or a search warrant.
- ◇ **Right to remain silent.** Immigration agents may enter a public area of a health care facility without a judicial warrant or the facility's consent and may attempt to question anyone present.¹¹ Any individual questioned by immigration agents or other law enforcement officers has a right to remain silent and to refuse to answer questions.¹² For example, an individual questioned by immigration agents could respond with "**I know my right to remain silent and I choose to not respond to your questions,**" and refuse to respond to any further questioning.
- ◇ **"Plain view."** Officers may also look at anything that is in "plain view" in a public area. An object is in "plain view" if it is obvious to the senses. For example, an immigration official may visually inspect anything – including papers and files – that is clearly visible from the visitors' side of the reception desk. Unless they have a judicial warrant, however, they may not move an object in plain view to expose other portions of it or what is under it.¹³ The "plain view" rule includes sounds within "plain hearing" as well.¹⁴ Therefore, any conversations or comments that are overheard by nearby officers with their unassisted ears while standing in a public area – even if what they overhear comes from a private area – are also considered to be in plain view.
- ◇ **Authorized person.** To enter a private area (an area not open to the public) of a health care facility, enforcement officers must have either a judicial warrant (signed by a judge and specifying the address to be searched) or

⁵ While immigration status or evidence of foreign birth are not, by themselves, considered personal health information (PHI) protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal guidance includes a catch-all category for "any characteristic that could uniquely identify the individual." 45 C.F.R. § 160.103. Moreover, Social Security numbers and patients' addresses are considered PHI.

⁶ See 45 C.F.R. § 164.502(a)

⁷ See 45 C.F.R. § 164.512(f)(1).

⁸ See 45 C.F.R. § 164.512(f). State laws vary, however, as to whether health care facilities are required to report undocumented status. See, e.g., Arizona's HB 2008. Arizona Revised Statutes §§1-501, 1-502.

⁹ HIPAA provides that "an individual has a right of access to inspect and obtain a copy of protected health information." 45 CFR § 164.524. Despite some limitations on the release of medical information to individuals in correctional facilities in certain circumstances, there is not a "blanket ban on dissemination of health information to inmates." *Santiago v. S. Health Partners*, 2016 WL 4435229 at *3 (M.D.N.C. August 19, 2016).

¹⁰ See 45 C.F.R. §§ 164.512(e), 164.512(f)(1)(ii)(A).

¹¹ *Katz v. United States*, 389 U.S. 347, 351 (1967).

¹² U.S. CONST. amend. V. In some states you are required to give your real name if asked to identify yourself.

¹³ See generally *Arizona v. Hicks*, 480 U.S. 321 (1987).

¹⁴ See, e.g., *United States v. Baranek*, 903 F.2d 1068 (6th Cir. 1990).

consent from an authorized person, such as a predesignated staff member of the health facility.¹⁵ Designating an authorized person will help that person be better prepared when interacting with enforcement officers.

- ◇ **Search warrant - what to check for.** If immigration authorities or other law enforcement officials present a document claiming that it is a judicial warrant or other court order, the authorized person – a predesignated health center staff member – should review the purported warrant to ensure that:
 - it is signed by a judge or magistrate judge
 - it states the address of the specific premises to be searched
 - it is being executed during the time period specified on the warrant, if any
- ◇ **Scope of the search warrant.** The designated staff member should search for the above details to ascertain it is a legally sufficient judicial search warrant and object if it is not. The scope of a search warrant must be sufficiently specific and explicitly stated. The designated staff member should object if officials go beyond the scope of the warrant and search outside the stated location or seize objects not specified in the warrant. For example, if the warrant states that officials may search the emergency room, they may not use this warrant to then search private patient examination rooms, within the emergency department or elsewhere in the hospital, provided that such rooms are designated private areas. Authorized persons should emphasize that they do not consent to a search of any other premises outside of those specified in the warrant. The designated staff member should document all facts pertaining to a search that exceeded the scope of the warrant.
- ◇ **Arrest warrant.** If authorities present an arrest warrant, the predesignated staff member should review the document for the same elements of a search warrant listed above. The warrant only permits arrest of the individual listed by name. If the individual is present, staff should not interfere with their arrest. No search of the facility or questioning of others should be permitted.
- ◇ **“Probable cause.”** Health care providers may refuse to consent to a warrantless search of the facility’s private areas. Nevertheless, officers may search private areas and seize items found there if they have “probable cause” to believe that the search may reveal that unlawful activity is occurring, has occurred, or will occur. An officer has “probable cause” if the facts and circumstances justify a reasonable person’s conclusion that people or things connected with unlawful activity will likely be found in a particular place.¹⁶ However, even with probable cause, a search may be unjustified if it endangers the life or health of an individual. Staff should document all information describing what was searched, whether any documents were seized, whether any individuals were questioned or arrested, and the names of all individuals involved.

III. Best Practices for Protecting the Rights of Yourself and Your Patients from Immigration Enforcement

Health care providers can take several steps to protect the rights of their patients. These steps range from creating a welcoming space for all patients to ensuring that staff receive proper training for responding to immigration agents on site. Health care facilities can prepare by doing the following:

- ◇ **Train staff on “safe space” policies.** Staff should know the various protections that are available to patients, have a general understanding of Fourth Amendment protections and the “sensitive locations” policies, know which spaces in the facility are public and which are private, and know how to respond to immigration agents on site. Health care facilities should conduct ongoing trainings where staff roleplay their responses to ensure that staff members are adequately prepared to respond.
- ◇ **Establish a written policy designating private areas.** Establish a written policy identifying which areas are closed to the public. Limit access to certain areas to only those who are receiving or providing care, or who are otherwise necessary. To the extent possible, access to private areas intended for patients and their family members should be restricted to essential medical personnel, excluding all other staff and visitors during

¹⁵ See *Katz*, 389 U.S. at 351.

¹⁶ See, e.g., *Brinegar v. United States*, 338 U.S. 160 (1949); *Carroll v. United States*, 267 U.S. 132 (1925).

business hours. Additionally, the barriers between the public and private areas of the facility should be clearly marked with signs or locked doors.

- ◇ **Designate an authorized person.** Designate a specific staffer (or staffers) as an “authorized person” to serve as a point of contact responsible for handling requests from and interactions with law enforcement. Train all other staff to inform immigration or other law enforcement officers that, as a matter of policy, only the authorized person may review a warrant or provide consent to their entry into private areas. Train staff to decline to answer questions unless they are authorized to do so by the authorized staff person.
- ◇ **Review the warrant carefully.** When presented with a purported warrant, the designated staff member should review the warrant for validity. If the immigration agents have a valid judicial search warrant, they may enter the private areas indicated in the warrant. Remind all patients and other individuals present that they have the right not to answer any questions, other than providing their real name.
- ◇ **Establish a written policy for extended border searches.** An “extended border search” is a search that government officials, including CBP and ICE agents, may conduct as a warrantless search after first encountering the individual seeking entry to the country at a port of entry or airport. Staff should not conduct x-rays or other exams as part of these extended searches for contraband without independently verifying that the patient’s consent was voluntarily given. When the patient is in custody, there is likely some coercion regarding consent to searches. To properly verify whether a patient voluntarily consented to a search, medical personnel should, outside of the presence of immigration officials, independently obtain consent for each procedure from the patient.
 - If there is any doubt as to whether a patient’s consent was voluntarily given, medical personnel should insist on reviewing a legally sufficient judicial search warrant. In the event medical personnel conduct a search at the behest of immigration officials, they are essentially acting as an extension of the immigration officials and are conducting a law enforcement search.
 - Additionally, if medical personnel believe it is necessary for medical reasons to conduct an internal search for drugs, the procedure should be conducted outside of the presence of immigration officials. In the absence of a judicial warrant or voluntary consent to the search, medical personnel should not share any medical history subject to HIPAA protections obtained from such a procedure.
- ◇ **Develop plans for interacting with patients.** Staff should have proper protocol for ensuring the safety of patients in the event that immigration agents are on site. Staff should aim to reduce fear among patients, limit the movement of immigration agents to a designated area within the health facility to keep them away from private patient rooms and common areas in the private areas of the facility, such as interior waiting areas reserved for patients and caregivers, and limit access strictly to the individual ICE or CBP is seeking. Also, remind patients that they have the right to remain silent, pass out know-your-rights materials and information regarding access to legal counsel, and advise patients to never run from immigration officers because this can give an officer probable cause to arrest them.
- ◇ **Beware of what’s in “public view.”** Be cautious of what information is in open view of the public, such as files visible from the visitors’ side of the reception desk.
- ◇ **Don’t consent; document.** If immigration officers ask permission or attempt to enter a private area, the designated person should state explicitly that they do not consent to the officer(s) entering without a warrant. If the officers say that they will get a warrant, contact a lawyer and try to have the lawyer present before the warrant is served or before the search begins. During the search, document the officers’ conduct with detailed notes and photographs/video. After the search, provide resources for contacting attorneys to any patient who may have been affected.
- ◇ **Create a welcoming space for all patients.** Educate and reassure patients that their health care information is protected by federal and state laws. Remind patients, through posters and other visuals that all individuals are welcome in that facility.

- ◇ **Avoid collecting immigration status information.** As an ethical best practice, avoid asking for patients' immigration status or immigration-related information and, if you must collect such information for a patient, ensure that that information is secure. Avoid including that information in the patient's medical and billing records.¹⁷
- ◇ **Establish a written policy for medically necessary passage through checkpoints.** Develop specific guidelines for cases where undocumented patients or family members need to seek treatment that requires them to go through an internal Border Patrol checkpoint. Hospitals should avoid seeking assistance from Border Patrol without the family's informed consent.
- ◇ **Provide educational materials.** Share resources and educational materials advising patients that they have the right (a) to refuse to answer questions from immigration agents and other law enforcement and (b) to insist that their lawyer be present if they are questioned. Make available in your reception area know-your-rights resources to help patients be prepared for an interaction with ICE or CBP.
- ◇ **Adapt service delivery for risk reduction.** Offer telemedicine services, which decrease travel through checkpoints. Establish alternative payment models to address concerns about data sharing.

IV. Protect Your Patients' Ability to Access Care

Law enforcement presence at health care facilities deters immigrants and communities of color from obtaining access to care. Immigration agents are commonly present at medical facilities during the transportation of detained individuals or when seeking personal care. Their presence for these purposes, often in uniform and in marked vehicles, deters access.

U.S. law recognizes that everyone is entitled to lifesaving care without discrimination.¹⁸ Also, although the United States has not codified a specific right to health care, international law has long defined the right to health as a fundamental human right. The United States adopted the Universal Declaration of Human Rights (UDHR), which provides for the essential right to health.¹⁹ The United States also signed the Covenant on Economic, Social and Cultural Rights (CESCR), which goes further in requiring that all nations ensure access to a comprehensive system of health care.²⁰

To fully protect your patients' right to access care from the deterrent impact of law enforcement presence you should:

- ◇ **Establish and maintain a registration system for all law enforcement officials, including immigration officers.** If no exigent circumstances require immediate action, all law enforcement visitors should provide the following information when they arrive:
 - Name, address, title;
 - Purpose for entering the facility;
 - Proof of identity and/or law enforcement credentials.
- ◇ **Post signs at entrances notifying law enforcement of requirements to register their presence at the facility.** Signs should include hours of operations and procedure for registering their visit to the facility.
- ◇ **Establish a system for notifying employees of law enforcement presence.** Internal protocol should ensure there is a point person in the facility who oversees procedures related to immigration enforcement officers on the premises, and that all relevant staff members are aware of the law enforcement presence and can make appropriate decisions accordingly.

¹⁷ Kim, G, Sanchez Molina, U and Saadi, A, Should Immigration Status Information Be Included in a Patient's Health Record? *AMA J Ethics.* 2019;21(1):E8-16. doi: 10.1001/amajethics.2019.8.

¹⁸ See The Emergency Medical Treatment and Labor Act (EMTALA)

¹⁹ See UDHS Art. 25, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

²⁰ CESCR Art. 12. "The steps to be taken . . . include those necessary for . . . [t]he creation of conditions which would assure to all medical service and medical attention in the event of sickness."

- ◇ **Establish protocols for responding to law enforcement presence at the facility not conducting active enforcement actions, which should include:**
 - Advising the officer that, before proceeding, facility staff must notify and receive direction from the authorized employee.
 - Ask to see and make a copy of the officer's credentials and ask for and record the telephone number of the officer's supervisor.
 - Ask the officer to explain the purpose of the visit.
 - State that the facility does not consent to their entry to the facility or portions thereof. Explain the limitations on the officer's access, such as allowing the officer to only accompany the person in their custody and the facility's expectation they will not enter other areas of the facility or speak with any other patients and visitors.

- ◇ **Collect data to inform policy making.** Track missed appointments and any drop-off in use of services to examine whether law enforcement presence results in lower levels of access to care.

- ◇ **Institute a policy to prohibit law enforcement vehicles from parking in facility parking lots.** Even if law enforcement is on site to transport someone in their custody or to seek personal care, the presence of their official vehicles in the parking lot deters access. They should be prohibited from parking at health care facilities.

- ◇ **Pressure CBP and ICE to contract out transport to health care facilities.** Because the presence of immigration authorities chills access to health care, all facilities should push enforcement agencies to transport individuals in their custody through contractors that do not spark fear.

- ◇ **Report violations of the Sensitive Locations policy** to ICE Enforcement and Removal Operations (ERO) via the Detention Reporting and Information Line at (888) 351-4024, ERO.INFO@ice.dhs.gov, or <https://www.ice.gov/webform/ero-contact-form>, or to ICE Office of Diversity and Civil Rights, Civil Liberties Division, at (202) 732-0092 or ICE.Civil.Liberties@ice.dhs.gov.

Other Resources

Submit confidential reports of Border Patrol activities in your community by leaving a voice or text message at the ACLU's [Border Community Watch Line](#). Report violations of the Sensitive Locations policies by ICE following the instructions in this [Protecting Immigrant Families Resource](#).

1. Guidance for Healthcare Providers

- [NILC Guidance for Health Centers](#)
- [NILC Health Care Toolkits](#)
- [NILC Guidance on Reporting Violations of the Sensitive Locations Policy](#)
- [Guidance and Model Policies to Assist Healthcare Facilities in Responding to Immigration Issues](#)
- Saadi A, Sanchez Molina U, Franco-Vasquez A, Inkelas M, Ryan GW. Assessment of Perspectives on Health Care System Efforts to Mitigate Perceived Risks Among Immigrants in the United States: A Qualitative Study. JAMA Network Open. 2020;3(4):e203028. doi:10.1001/jamanetworkopen.2020.3028.
- [Doctors for Immigrants: Welcoming and Protecting Immigrants in Healthcare Settings: A Toolkit Developed from a Multi-State Study](#)
- Jeff Sconyers & Tyler Tate, How Should Clinicians Treat Patients Who Might be Undocumented, 13 Am. Med. Ass'n. J. of Ethics 3, 229 (Mar. 2016).
- Kim, G, Sanchez Molina, U and Saadi, A, Should Immigration Status Information Be Included in a Patient's Health Record? AMA J Ethics. 2019;21(1):E8-16. doi: 10.1001/amajethics.2019.8.

2. Client/Patient (General Public) Resources

- [ACLU 100-Mile Zone Know Your Rights Materials](#)
- [NILC Know Your Rights Materials](#)
- [PHR Not in my Exam Room: How U.S. Immigration Enforcement Is Obstructing Medical Care](#)

3. Find/Consult an Attorney

- [Immigration Law Help](#): non-profit organizations that provide low-cost help
- [Dept. of Justice Pro Bono Legal Service Providers](#): the immigration courts have a list of lawyers and organizations that provide free legal services
- [Administrative Relief Resource Center](#): search engine to find a list of all the legal services near you by zip code.
- [American Immigration Lawyers Association](#): search for an immigration lawyer by type of attorney, location, and language spoken.
- [Find-An-Attorney Tool](#) by National Immigration Project of the National Lawyers Guild

4. Recursos en Español

- Reporte, de manera segura, la actividad de la Patrulla Fronteriza en su comunidad al enviar un mensaje de voz o de texto a la [Línea de Monitoreo Comunitario en la Frontera](#) de la ACLU
- [ACLU - Conozca Sus Derechos: Zona Fronteriza de 100 Millas](#)
- [ACLU - Conozca Sus Derechos: Derechos de los Inmigrantes](#)
- [Encuentre Un Abogado de Inmigración](#) - American Immigration Lawyers Association

Appendix I: Federal Search Warrant

UNITED STATES DISTRICT COURT

for the

_____ District of _____

In the Matter of the Search of _____)
(Briefly describe the property to be searched)
or identify the person by name and address))

Case No. _____)
)
)
)

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal (identify the person or describe the property to be seized):

YOU ARE COMMANDED to execute this warrant on or before _____ (not to exceed 14 days)

in the daytime 6:00 a.m. to 10:00 p.m. at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____
(United States Magistrate Judge)

Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box)

for _____ days (not to exceed 30) until, the facts justifying, the later specific date of _____

Date and time issued: _____

Judge's signature

City and state: _____

Printed name and title

Return		
Case No.:	Date and time warrant executed:	Copy of warrant and inventory left with:

Inventory made in the presence of :

Inventory of the property taken and name of any person(s) seized:

SAMPLE

Certification

I declare under penalty of perjury that this inventory is correct and was returned along with the original warrant to the designated judge.

Date: _____

Executing officer's signature

Printed name and title

Appendix II: Immigration Related Arrest Warrant

U.S. DEPARTMENT OF HOMELAND SECURITY

Warrant for Arrest of Alien

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

- the execution of a charging document to initiate removal proceedings against the subject;
- the pendency of ongoing removal proceedings against the subject;
- the failure to establish admissibility subsequent to deferred inspection;
- biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

(Signature of Authorized Immigration Officer)

(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____
(Location)

on _____ on _____, and the contents of this
(Name of Alien) (Date of Service)

notice were read to him or her in the _____ language.
(Language)

Name and Signature of Officer

Name or Number of Interpreter (if applicable)