



CATHOLIC LEGAL  
IMMIGRATION  
NETWORK, INC.

# CLINIC's Advocacy Section: How We Can Help You

CLINIC relies on input from its affiliates to help identify problematic trends and policies of the federal government. Please remember to share individual case stories and reports of inappropriate or problematic policies that you encounter in your work. Bring issues to the attention of CLINIC's Advocacy Section at [advocacy@cliniclegal.org](mailto:advocacy@cliniclegal.org). Information from you is crucial to CLINIC's ability to advocate for improvements that benefit the individuals served by CLINIC's network.

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# INTRODUCTION

CLINIC meets regularly with Department of Homeland Security officials, including at U.S. Citizenship and Immigration Services (USCIS), Immigration and Customs Enforcement (ICE), the CIS Ombudsman's office, Customs and Border Protection (CBP), the DHS Inspector General, and the Office for Civil Rights and Civil Liberties (OCRCL). In addition to participating in regular meetings, CLINIC has contacts at each of these offices to whom we bring case-specific inquiries as necessary.

CLINIC's Communications staff can provide support to affiliates seeking to use local media as an advocacy tool.

CLINIC's Advocacy Section also coordinates a national project that provides legal support to advocates working on immigrant-related legislation at the state and local levels. We can provide information and legal analysis on local immigration-related legislation and ordinances.

When significant cases and advocacy issues cannot be resolved through other advocacy means, CLINIC may participate in litigation.

CLINIC also brings the legislative priorities of its network to the U.S. Conference of Catholic Bishops (USCCB). CLINIC staff meet regularly with USCCB to promote legislative fixes and reforms that would benefit the individuals served by CLINIC's network.

CLINIC's Advocacy Section can help affiliates by:

- Submitting individual case inquiries to USCIS Service Centers and Headquarters (HQ).
- Raising questions regarding systemic/general processing problems, policies, and practices.
- Documenting, submitting, and obtaining resolution of violations of ICE detention standards and policies (especially regarding release or alternatives to detention).
- Seeking clarification from Customs and Border Protection (CBP) regarding policies and practices.
- Documenting CBP-related case problems and seeking resolution with relevant offices.
- Providing assistance with media advocacy. This includes helping affiliate members to write/place op-eds, draft press-releases, generate talking points, and establish contacts with local media.
- Providing analyses of and strategies for supporting pro-integration measures and opposing anti-immigrant proposals at the state and local levels.
- Litigating cases that are of significance to affiliate members and consistent with CLINIC's advocacy priorities.
- Bringing the legislative priorities of CLINIC's network to the attention of USCCB and providing support to USCCB on those priorities.

# USCIS ISSUES AND CASES

## Systemic or General Policy Issues

CLINIC meets regularly with USCIS Headquarters and participates in monthly teleconferences with the agency's service processing centers. Questions relating to application processing or general policies can be sent to [advocacy@cliniclegal.org](mailto:advocacy@cliniclegal.org) at any time.

## Inquiries on Individual Cases

Before reaching out to CLINIC about an individual case, you must first contact USCIS' National Customer Service Center at **1-800-375-5283**. If the National Customer Service Center (NCSC) does not take the inquiry, or if more than 30 days have passed since you contacted the NCSC and your inquiry has not been addressed, representatives with a G-28 on file may contact the service centers directly through the email addresses listed below.

California Service Center: [csc-ncsc-followup@dhs.gov](mailto:csc-ncsc-followup@dhs.gov)  
Vermont Service Center: [vsc.ncscfollowup@dhs.gov](mailto:vsc.ncscfollowup@dhs.gov)  
Nebraska Service Center: [nscfollowup.ncsc@uscis.dhs.gov](mailto:nscfollowup.ncsc@uscis.dhs.gov)  
Texas Service Center: [tsc.ncscfollowup@dhs.gov](mailto:tsc.ncscfollowup@dhs.gov)

Include in your email the date and time of your call to the NCSC, the reference number given to your inquiry, and an explanation of why you believe the inquiry was not addressed. If your inquiry involves a time sensitive matter in which the case will be harmed by having to wait 30 days (ex. RFE/NOID response) you can contact the service center before 30 days have passed.

If you still do not receive a response, the next step is to obtain your client's permission to share his or her personal information, and then reach out to CLINIC's Advocacy Section at [advocacy@cliniclegal.org](mailto:advocacy@cliniclegal.org). Our Advocacy Section can raise your question with the service center or agency headquarters.

## **Inquiry Format**

Form Type: (i.e. asylee I-485, I-730, etc.)

Receipt Number: (LINXXXXXXXX)

Applicant/Petitioner Name:

A Number:

Date of Birth:

Country of Birth/Citizenship:

Current Address:

Has a change of address been filed? If so, provide date.

Beneficiary Name:

Representative Name: (person whose G-28 is on file)

Organization and Address:

Phone:

Email:

Summary/Question: In this section, be sure to include all relevant details of the case and how you attempted to resolve it through USCIS channels. Include as many names and dates as possible.

## **Example of completed "inquiry format" template:**

Form Type: Refugee I-485

Receipt Number: LIN00-000-00009

Applicant Name: Maria GONZALEZ

A Number: A12-345-678

Date of Birth: 01/23/1970

Date of Birth/Citizenship: Mexico/Mexico

Current address: 1234 Main Street, New York, NY 10001. Applicant has not moved since filing her I-485.

Representative: Anne Attorney, Catholic Social Services, New York, NY 10001

Summary/Question: Applicant filed her I-485 on 2/13/12. She received a biometrics notice approximately 1.5 years ago. She attended the biometrics appointment but has not heard anything additional about her I-485. She has not moved since she filed the application. Her representative made an inquiry via the 1-800 NCSC on March 1, 2014. She emailed the NSC on April 10, 2014, but has not yet received any additional updates. Please provide us with an update on the status of the case.

# ICE AND CBP ISSUES AND CASES

## General Issues

CLINIC meets with ICE Headquarters on a quarterly basis. We also meet periodically with CBP. CLINIC staff can raise questions from affiliates regarding ICE and CBP policies, practices, and procedures at such meetings. Such questions can be sent to our Advocacy Section by email ([advocacy@cliniclegal.org](mailto:advocacy@cliniclegal.org)) at any time.

Case Specific Issues: CLINIC can also raise case specific issues/inquiries at the ICE and CBP Headquarters level. Prior to raising individual inquiries or complaints related to local ICE or CBP practices, the agencies require that we demonstrate that we previously attempted (but failed) to resolve the issue with the relevant local office. Concerns or questions regarding practices, policies and/or programs should first be directed to your [local field office](#).

If your concern relates to case management, detention or removal, [contact the local field office](#) via the ERO Contact Form.

If your concern relates to immigration court proceedings, [contact the local Office of Chief Counsel \(OCC\)](#).

[Locate the appropriate field office from the list of 24 field liaisons.](#)

Contact our Advocacy Section for assistance in documenting and submitting issues/complaints to local offices.

Examples of types of issues CLINIC can raise include violations of ICE policies regarding release, alternatives to detention, detention standards, enforcement during national emergencies/natural disasters, problems with CBP I-94 issuance, and other CBP admissions/inspections problems. CLINIC is especially interested in documenting examples of the following type of problems/abuses listed below, but encourages affiliates to get permission from their clients and bring any problem to the Advocacy section's attention.

# Enforcement-Related Problems

## **ICE Enforcement Actions**

ICE has informed CLINIC that as a matter of practice, it does not target churches, hospitals, or other important basic needs programs for enforcement actions. If you are aware of any examples of ICE activity in this context, please contact CLINIC.

## **Vulnerable Populations**

Sole caregivers of minor children or disabled/ill relatives; individuals with serious medical conditions; pregnant women; nursing mothers; or others whose detention poses humanitarian concerns should be considered for release. If such individuals are not properly released, please inform CLINIC of specific cases so that we can raise them with ICE HQ.

## **Humanitarian Screening**

ICE officers should screen detainees to identify humanitarian concerns. This should include screening for victims of trafficking. In at least one instance, we are aware that ICE's only attempt to identify trafficking victims consisted of making a general announcement to the entire group of arrestees that victims of trafficking or abuse should come forward. This request did not create an atmosphere where such victims would come forward and was a weak attempt at

identifying such concerns. If you are aware of other insufficient humanitarian screening practices such as this, please inform CLINIC.

## **Access to Counsel**

ICE has repeatedly stated that individuals in its custody will be given prompt access to counsel as soon as practicable after administrative processing is completed. If your office encounters difficulty accessing arrestees that it represents, or in setting up legal rights presentations, please inform CLINIC. Attorneys should be able to be present with their clients during administrative processing as well. If you have a G-28 on file but are not allowed to see/represent your client during administrative processing, please inform CLINIC.

## **Detainer Compliance and NTA Issuance**

State and local authorities may not detain an individual for more than 48 hours (not counting weekends and holidays) while waiting for ICE to assume custody. Additionally, federal regulations generally require that ICE issue a Notice to Appear (NTA) within 48 hours of taking someone into ICE custody. If you are aware of any detainee held for more than 48 hours in state or local custody, or without being issued an NTA, please inform CLINIC.

# Alternatives to Detention

ICE considers the Intensive Supervision Appearance Program (ISAP) and other forms of enhanced supervision to be alternatives to detention. CLINIC would like to hear from affiliates and their clients who experience any problem related to these programs. We are particularly interested in the types of individuals being enrolled (i.e., immigration status, posture of immigration case). Please share your experiences with CLINIC Advocacy attorney Bradley Jenkins at [bjenkins@cliniclegal.org](mailto:bjenkins@cliniclegal.org) or (301) 565-4820.

## **Intensive Supervision Appearance Program (ISAP)**

CLINIC continues to gather examples of: (1) the types of individuals enrolled in ISAP; (2) unreasonable ISAP reporting requirements; (3) difficulties with ankle bracelets or other ISAP technology; (4) the inability of detained individuals to access the ISAP program; and (5) individuals who are eligible for release under parole, an order of supervision, or bond, but instead of being released under one of these forms are placed into the ISAP program.

## **Enhanced Supervision**

These programs involve a combination of electronic or telephone monitoring, in-person reporting, and unannounced home visits. Please share with CLINIC: (1) the types of individuals enrolled; (2) unreasonable reporting requirements; (3) difficulties with technology; and (4) individuals who are eligible for release under parole, an order of supervision, or bond, but instead of being released under one of these forms are required to participate in enhanced supervision.

# ICE Detention Standard Violations

CLINIC wants to help affiliates and partner agencies to document any and all violations of [ICE detention standards](#). CLINIC is especially interested in documenting problems related to the standards listed below.

## Telephone Access

Facilities that hold ICE detainees must ensure that there is adequate telephone access for such individuals (one operable telephone for every 25 detainees). Phones must be in working order and located in parts of the facility that are accessible by detainees. Facilities must permit detainees to make direct calls (and indigent detainees to make free calls) to the local immigration court, the BIA, federal and state courts, consular officials, the DHS Office of the Inspector General, legal service providers on the ICE/ERO free legal service provider list, and others. Facilities shall also take and deliver telephone messages to detainees as promptly as possible. Please contact CLINIC if you/your clients experience problems related to any of these requirements.

## Visitation

The ICE detention standard on visitation requires that facilities allow family and friends to visit during set hours on Saturdays, Sundays and holidays. It also states that facilities should accommodate the scheduling needs of visitors for whom weekends and holidays pose a hardship. Under normal conditions, facilities must allow for no less than one hour per visit. Legal representatives and legal assistants should be permitted visitation seven days a week, including holidays, for a minimum of eight hours per day on regular business days and a minimum of four hours per day on weekends and holidays. Please bring examples of violations of these policies to CLINIC's attention.

## Law Libraries and Legal Access

The ICE detention standard on access to law libraries only requires that facilities provide detainees with a minimum of five hours of access per week. The standard states that facilities should accommodate detainee requests for additional law library time. CLINIC believes that five hours is not a sufficient minimum and continues to advocate that ICE increase the minimum number of hours. Stories of individuals who were denied sufficient law library access will help CLINIC's advocacy efforts. This standard also lists the types of resources that should be contained in such law libraries. If you are aware of facilities that lack the required resources, please bring them or any other violation of this standard to CLINIC's attention.

## Legal Rights Presentations

If your organization is a legal services organization and encounters any difficulties in setting up a legal rights presentation at a facility that holds ICE detainees, please contact CLINIC.

## Religious Practices/Access

The ICE standard on religious access permits community clergy and volunteers to provide individual and group assembly religious services and pastoral counseling. If your organization has requested but been denied access to ICE detainees to provide these services, please contact CLINIC.



# Other DHS Enforcement Issues

## **National Emergencies and Natural Disasters**

CLINIC has long advocated that DHS relax its enforcement efforts during national emergencies and natural disasters. We are particularly interested in documenting ICE or CBP enforcement policies and practices that may deter individuals from seeking safety, shelter, and other humanitarian services.

## **Local police enforcement of immigration law**

When state and local law enforcement officers arrest and book someone into a jail for a violation of a state criminal offense, they generally fingerprint the person. Those prints are then shared electronically with the Federal Bureau of Investigation (FBI).

Under the Secure Communities program, once the FBI checks the fingerprints, the results are automatically sent to DHS, so that ICE can determine if that person is also subject to removal.

In cases where the person appears from these checks to be removable, ICE may issue a detainer – a request that the state or local jail hold the individual for up to 48 hours (not counting weekends and holidays). This allows ICE personnel time to determine whether to proceed with removal. A detainer is merely a request – not a mandate – that local law enforcement hold an individual. More and more, communities are refusing to honor ICE detainers due to the costs of extended detention and the harm that cooperation with ICE may do to community policing efforts.

CLINIC is interested in hearing about problems with access to counsel, inadequate access to immigration law information, prolonged detention, inability to make important decisions or deal with personal affairs prior to removal, child custody issues, financial issues, etc.

# Documenting Cases/Violations to Raise with ICE/CBP

The type of information/documentation needed varies depending upon the issues involved in a particular case. At times, it will be necessary to provide the affected individual's name, alien registration number (A number), facility where he or she is detained (if applicable), a detailed summary of the complaint/violation including facts, dates, times, etc., and a description of efforts taken to resolve the issue with local ICE officials. An example of an inquiry previously provided to ICE Headquarters from CLINIC appears below. Contact our Advocacy Section at [advocacy@cliniclegal.org](mailto:advocacy@cliniclegal.org) so that she can provide guidance on the type of information that will need to be collected.

## **Example:**

Maria GONZALEZ, (A12-345-678), was released from detention into ICE's Intensive Supervision Assistance Program (ISAP) on August 22, 2013. She has an appeal regarding her application for asylum and withholding of removal pending before the Ninth Circuit Court of Appeals. Although she has successfully complied with all ISAP reporting requirements for more than 60 days, she remains in phase I of ISAP, which includes electronic monitoring and in-person reporting three times per week. This is contrary to ICE's own guidance regarding the ISAP program which states that ISAP participants who comply with ISAP requirements will be moved into phase II of ISAP after 30 days. ISAP phase I requirements are especially burdensome and interfere with Ms. Gonzalez's ability to maintain regular work hours. She is currently in jeopardy of losing her job because of repeated absences due to ISAP reporting appointments. Ms. Gonzalez and her attorney have submitted several written requests (see attached) to the local ICE office to have her moved into phase II of ISAP, which does not require electronic monitoring or weekly in person reporting. These letters have gone unanswered and the ISAP case manager refuses to change her reporting requirements, stating, "decisions to relax such requirements are discretionary and I don't have to provide you with more of an explanation than that." We believe that the local ICE office's decision to maintain Ms. Gonzalez in phase I of ISAP despite her prior compliance with all ISAP program requirements for more than 60 days is inconsistent with ICE's ISAP policies. We request assistance in ensuring that Ms. Gonzalez is moved into phase II of ISAP.

# MEDIA ADVOCACY

CLINIC seeks to support and enhance the media advocacy efforts of its member agencies in order to increase public awareness of immigration issues. Local media efforts are essential to influencing public opinion. Various media outlets, including news stories, op-eds, and press releases are important mechanisms for educating the public and influencing the immigration debate. If your program is interested in engaging in or expanding its media advocacy efforts, please contact Pat Zapor, CLINIC's Director of Communications, at [pzapor@cliniclegal.org](mailto:pzapor@cliniclegal.org) or (301) 565-4830.

CLINIC can help affiliates:

- Increase their outreach efforts to the local media (including ethnic media);
- Formulate talking points to be used in conversations with reporters;
- Develop and place op-eds and press releases.

# SUPPORT FOR ADVOCATES WORKING TO COMBAT STATE/LOCAL ANTI-IMMIGRANT INITIATIVES

For the past several years, state and local legislatures have become more involved in the immigration debate. Lacking comprehensive reform at the federal level, states, counties, and cities have attempted to impose their own local solutions, often with far-reaching effects on immigrants, their families, and the larger community.

CLINIC's Advocacy Section includes a project to support advocates working to address immigration-related measures proposed and enacted at the state and local levels. In 2013, lawmakers in 41 states and the District of Columbia enacted 132 laws and 84 resolutions related to immigration. In 2013, only five states did not enact immigration-related legislation.

CLINIC advocacy attorney Christy Williams provides [legal support](#) to CLINIC member agencies and others that are working to promote pro-immigrant and challenge anti-immigrant measures. Christy documents and shares successful advocacy strategies regarding immigration-related legislation, provides legal analysis of such legislation, and tracks litigation regarding state and local measures.

Resources available on CLINIC's website include legal and policy analyses, Q&As, talking points, and issue briefs. This [searchable map](#) allows a user to find information on topics frequently included in legislation, including employment, public benefits, education, and criminal law enforcement.

For assistance with state and local legislation that affects immigrants, please contact Christy at (301) 565-4847 or [cwilliams@cliniclegal.org](mailto:cwilliams@cliniclegal.org).