

DHS FACSIMILE

**Department of Homeland Security
U.S Immigration & Customs Enforcement
Enforcement and Removal Operations
630 Sansome Street, 5th floor
San Francisco, California 94111**



**U.S. Immigration
and Customs
Enforcement**

TO: Ms. Giselle Sotelo, Esq.
TELEPHONE: (213) 623-4592
FAX: (213) 623-3720

August 15, 2017

PAGES INC.COVER: 3

FROM: Deportation Officer Hagedorn
TELEPHONE: (415) 844-5534
FAX: (415) 844-5562

RE: **Maria Guadalupe MENDOZA SANCHEZ (A#095 592 618)**
Eusebio SANCHEZ MEJIA (A#095 592 617)
Request for a Stay of Removal Decision.

Please see attached copies of the I-246 decision for your clients. Your requests for stays have been denied.

Best Regards,

A handwritten signature in black ink, appearing to read "Hagedorn", written over a horizontal line.

Officer Hagedorn.

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

OMB No. 1853-0021
Expires: 07/31/2017

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

Action Block - For ICE Use Only		Fee/Date Stamp
<input type="checkbox"/> GRANTED <input type="checkbox"/> One Year <input type="checkbox"/> Six Months <input type="checkbox"/> Three Months <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> DENIED <input type="checkbox"/> Denial letter attached. <input type="checkbox"/> REJECTED <input type="checkbox"/> Incorrect Fee <input type="checkbox"/> Application was not submitted in person <input type="checkbox"/> Other: _____ <input type="checkbox"/> Additional information attached.		Row# date: <u>8/11/17 1615</u> Fee Paid on date: <u>8/11/17</u> Fee Paid by: <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Cashiers Check Amount Paid: <u>175.00</u> Fee Received by: <u>[Signature]</u> ICE deposit ticket # _____
Date: <u>08/15/2017</u> Decision made by: <u>David W. Jennings, Field Office Director</u> (Printed Name/Title)		
Deciding Official Signature (Sign in ink): <u>[Signature]</u> Office: <u>San Francisco</u>		

A-File Number: <u>A095-592-617</u>	Date:	If you are currently detained by ICE, provide the name of the detention facility:		
Last Name: <u>SANCHEZ REJIA</u>	First Name: <u>Eusebio</u>	Middle Name:		
Address (Number and Street): <u>9532 Plymouth Street</u>	Country of Citizenship: <u>Mexico</u>	Passport No:	Expiration Date:	
Apartment Number:	Length of stay requested: <input type="checkbox"/> one year <input type="checkbox"/> six months <input type="checkbox"/> three months <input type="checkbox"/> other.			
Town/City: <u>Oakland</u>	State: <u>CA</u>	Zip Code: <u>994603</u>	Arrested by police or other law enforcement agency (other than for immigration reasons) <input type="checkbox"/> Yes - Documents attached <input type="checkbox"/> No	
Telephone Number: <u>510-593-5699</u>	Cell Telephone Number: <u>510-502-0958</u>			

REASON(S) FOR REQUESTING A STAY OF DEPORTATION OR REMOVAL:

Stay is requested because California Senator Dianne Feinstein will introduce a private bill in this case when Congress is back in session in September, 2017. See attached

EVIDENCE SUBMITTED (attached):

Medical Brief Other (specify):
Letter from Senator Feinstein's office

I certify under penalty of perjury that the information provided and contained herein is true and correct to the best of my knowledge and belief:

EUSEBIO SANCHEZ [Signature]
(Printed Name) (Signature) (Sign in ink)

INFORMATION IF FORM PREPARED BY OTHER THAN APPLICANT:

I declare under penalty of law that this document was prepared by me at the request of the applicant and is based on all information of which I have knowledge. I understand that providing false information on behalf of the applicant could result in criminal prosecution and, upon conviction, a fine or imprisonment or both.

Giselle Sotelo Giselle Sotelo
(Printed Name) (Signature) (Sign in ink)

213-623-4592 600 Wilshire Bl. #1550, Los Angeles CA 90017
(Telephone Number) (Street Address) (City) (State) (Zip Code)

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

OMB No. 1653-0021
Expires: 07/31/2017

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

Action Block - For ICE Use Only <input type="checkbox"/> GRANTED <input type="checkbox"/> One Year <input type="checkbox"/> Six Months <input type="checkbox"/> Three Months <input type="checkbox"/> Other: <input checked="" type="checkbox"/> DENIED <input type="checkbox"/> Denial letter attached. <input type="checkbox"/> REJECTED <input type="checkbox"/> Incorrect Fee <input type="checkbox"/> Application was not submitted in person <input type="checkbox"/> Other: <input type="checkbox"/> Additional information attached.		Fee/Date Stamp Rec'd date: 8/15/17 Fee Paid on date: 8/15/17 Fee Paid by: <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Cashiers Check Amount Paid: \$755.00 Fee Received by: [Signature] ICE deposit ticket #
Date: 08/15/2017 Decision made by: David W. Jennings, Field Office Director (Printed Name/Title) Deciding Official Signature (Sign in ink): [Signature] Office: San Francisco		

A-File Number: A095-592-618	Date:	If you are currently detained by ICE, provide the name of the detention facility:
Last Name: MENDOZA SANCHEZ	First Name: Maria Guadalupe	Middle Name:
Address (Number and Street): 9532 Plymouth Street	Country of Citizenship: Mexico	Passport No:
Apartment Number:	Length of stay requested: <input type="checkbox"/> one year <input type="checkbox"/> six months <input type="checkbox"/> three months <input type="checkbox"/> other:	Expiration Date:
Town/City: Oakland	State: CA	Zip Code: 994603
Telephone Number: 510- 593-5699	Cell Telephone Number: 510- 502-0958	Arrested by police or other law enforcement agency (other than for immigration reasons) <input type="checkbox"/> Yes - Documents attached <input type="checkbox"/> No

REASON(S) FOR REQUESTING A STAY OF DEPORTATION OR REMOVAL:

Stay is requested because California Senator Dianne Feinstein will introduce a private bill in this case when Congress is back in session in September 2017. See attached

EVIDENCE SUBMITTED (attached):

Medical Brief Other (specify):
Letter from Senator Feinstein's office

I certify under penalty of perjury that the information provided and contained herein is true and correct to the best of my knowledge and belief.
 Maria Mendoza-Sanchez [Signature]
 (Printed Name) (Signature) (Sign in ink)

INFORMATION IF FORM PREPARED BY OTHER THAN APPLICANT:

I declare under penalty of law that this document was prepared by me at the request of the applicant and is based on all information of which I have knowledge. I understand that providing false information on behalf of the applicant could result in criminal prosecution and, upon conviction, a fine or imprisonment or both.

Giselle Sotelo Giselle Sotelo
 (Printed Name) (Signature) (Sign in ink)

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