

# Exhibit A

# LAW OFFICE OF CARLOS SPECTOR

Attorneys at Law  
1430 E. Yandell  
El Paso, Texas 79902  
Telephone (915) 544-0441  
Facsimile (915) 544-1814

July 18, 2018

Diane L. Witte  
Deputy Field Office Director  
El Paso Field Office  
Immigrations and Customs Enforcement  
11541 Montana Ave, Suite O  
El Paso, TX 79936

**Re: Lenin A. Hernandez-Argujo, A [REDACTED]  
Damus Provisional Class Member  
4<sup>th</sup> Parole Request for Reconsideration**

Deputy Field Office Director:

This is a request pursuant to the July 2, 2018, class wide preliminary injunction in *Damus v. Nielsen*<sup>1</sup> for reconsideration of a parole request for Mr. Lenin A. Hernandez-Araujo who is a named plaintiff in the aforementioned matter.

## **Procedural History**

Mr. Hernandez is a 23 year old native and citizen of El Salvador who has been in ICE custody since July 7, 2016. His three previous requests for parole on November 16, 2016, January 30, 2017 and June 14, 2017 have all been denied essentially for being a flight risk and not having sufficient community ties.

Mr. Hernandez, as a named Damus Provisional Class Member, now seeks to be released pursuant to this fourth request for parole. To that end is attached an updated sponsorship letter from his recently naturalized U.S. Citizen uncle, Juan Carlos Araujo Hernandez, as well as proof

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<sup>1</sup> Under the July 2, 2018, classwide preliminary injunction in *Damus v. Nielson*, 18-cv-00578-JEB (D. DC) (Docs. 33 and 34), ICE is “enjoined from denying parole to any provisional class members absent an individualized determination, through the parole process, that such provisional class member presents a flight risk or a danger to the community” and ICE “shall provide provisional class members with parole determinations that conform to all of the substantive and procedural requirements of U.S. Immigration and Customs Enforcement, Directive No. 11002.1, Parole of Arriving Aliens Found to Have a Credible Fear of Persecution or Torture (Dec. 8, 2009).” Our client is protected under the putative class, which includes every arriving asylum-seeker who “[is] found to have a credible fear of persecution or torture” and “who [is] or will be detained by ICE . . . after having been denied parole under the authority of the [five] ICE Field Offices[,]” including the El Paso Field Office.

of income, proof of physical address and proof of citizenship. Also included is a previously signed and executed G-28.

Lastly, I would like to call attention to the role ICE's misconduct played in prolonging his detention. Due to ICE's malfeasance and or negligence, Annette Briones, a non-attorney or accredited representative was allowed by ICE supervision at the El Paso Processing Center to prey on Mr. Hernandez. She was allowed to enter the facility as an attorney and enter an appearance as an attorney. This fraudulent misrepresentation which was sanctioned by ICE contributed to a one year delay in his court proceedings. See attached OIG Complaint filed on February 9, 2018. To date, ICE and or OIG have failed to respond. Said failure to respond and initiate a criminal investigation has prejudiced Mr. Hernandez' ability to file a U-Visa as a victim of perjury.

I trust Mr. Hernandez will be released promptly.

Respectfully,



Carlos Spector  
Attorney at Law

CC: Kristin Greer Love, ACLU of New Mexico Staff Attorney

CS/ga

Enclosures: Mentioned Above



Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 03/31/2018

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS ELIS Account Number (if any)  
▶

**Name and Address of Attorney or Accredited Representative**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

**Part 2. Notice of Appearance as Attorney or Accredited Representative**

This appearance relates to immigration matters before  
(Select only one box):

1.a.  USCIS

1.b. List the form numbers

2.a.  ICE

2.b. List the specific matter in which appearance is entered

3.a.  CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select only one box:

Applicant  Petitioner  Requestor

Respondent (ICE, CBP)

**Information About Applicant, Petitioner, Requestor, or Respondent**

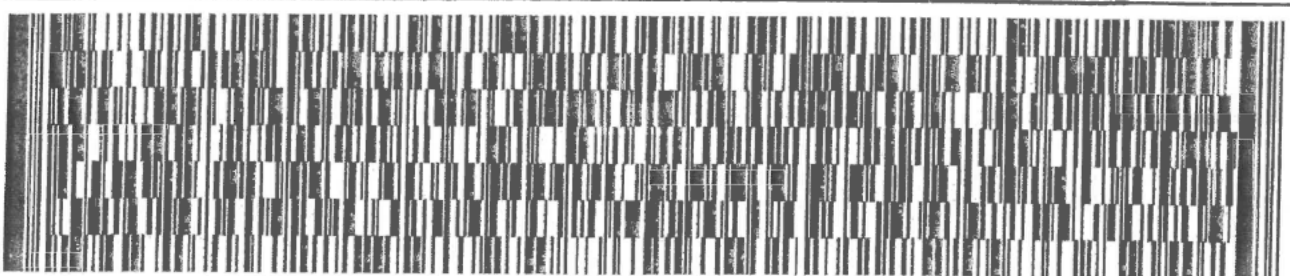
5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)

SEP 21 2018  
ICE



**Part 3. Eligibility Information for Attorney or Accredited Representative (continued)**

3.  I am associated with   
 the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

**NOTE:** If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3.** (whichever is appropriate).

4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

**Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature**

**Consent to Representation and Release of Information**

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a.  I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b.  I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy) ▶

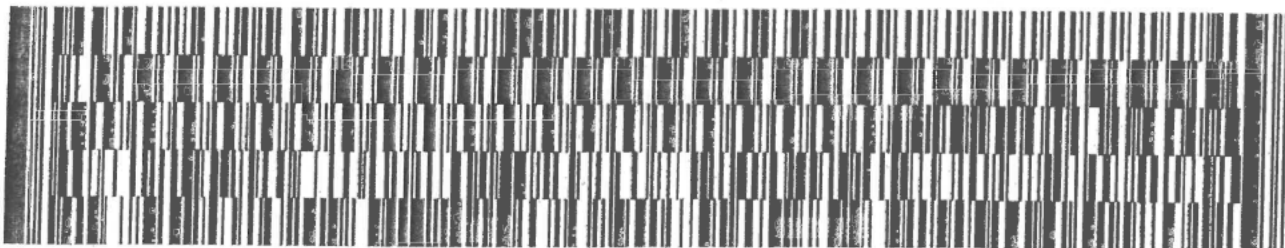
**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶

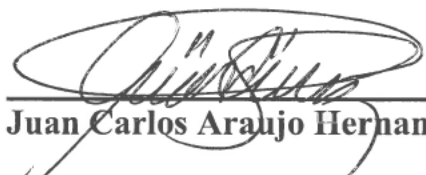


DATE: 07/16/2018

To Whom It May Concern,

My name is Juan Carlos Araujo Hernandez, I am a United States citizen, who currently resides at [REDACTED] My nephew, Lenin A. Hernandez-Argujo, A# [REDACTED] is seeking political asylum. I am willing to provide shelter and support to my nephew for the remainder of his immigration proceedings at my home address mentioned above. Along with this letter, I am providing proof of my identity and proof of residence. I will be available at the following telephone: [REDACTED]

SIGNATURE

  
\_\_\_\_\_  
Juan Carlos Araujo Hernandez

.....  
IN WITNESS WHEREOF, I have hereunto set my hands this the \_\_\_\_\_ day  
of \_\_\_\_\_, 2018.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

See Attached  
Documents

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

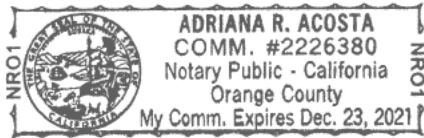
County of Orange )

Subscribed and sworn to (or affirmed) before me on this 16th day

of July, 20 18, by \_\_\_\_\_

Juan Carlos Arayo Hernandez

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature \_\_\_\_\_

*[Handwritten Signature]*

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

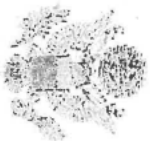
[Empty box for description of attached document]

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_.

Additional Information	
Method of Affiant Identification	
Proved to me on the basis of satisfactory evidence:	
<input type="radio"/> form(s) of identification	<input type="radio"/> credible witness(es)
Notarial event is detailed in notary journal on:	
Page # _____	Entry # _____
Notary contact: _____	
Other	
<input type="checkbox"/> Affiant(s) Thumbprint(s)	<input type="checkbox"/> Describe: _____

UNITED STATES OF AMERICA

DEPARTMENT OF



IMMIGRATION

No. [REDACTED]

Personal description of holder  
as of date of naturalization:

Date of birth: [REDACTED]

Sex: MALE

Height: 5 feet 6 inches

Marital status: SINGLE

Country of former nationality:  
EL SALVADOR

USIS Registration No. [REDACTED]

I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

*[Signature]*  
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of  
Homeland Security

at: [REDACTED] CALIFORNIA

The Secretary, having found that:

JUAN CARLOS ARAUJO HERNANDEZ  
residing at: [REDACTED] CALIFORNIA

having complied in all respects with all of the applicable provisions of the  
naturalization laws of the United States, being entitled to be admitted as  
a citizen of the United States, and having taken the oath of allegiance at a  
ceremony conducted by

US DISTRICT COURT CENTRAL DISTRICT  
at: LOS ANGELES, CALIFORNIA on: JULY 18, 2017

such person is admitted as a citizen of the United States of America.

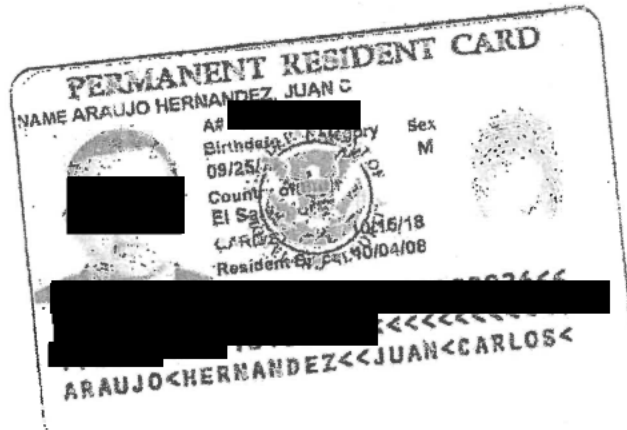
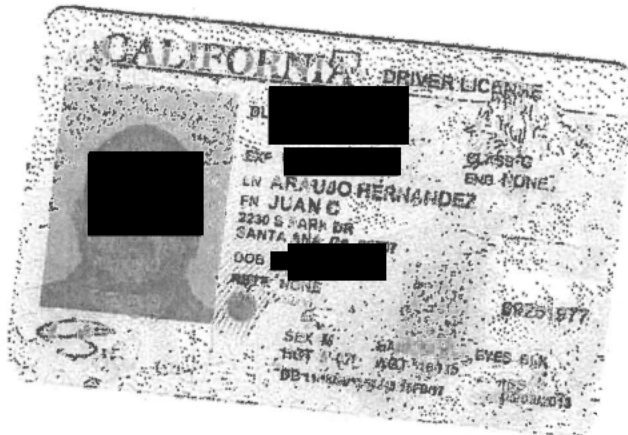


ALTERATION OR MISUSE OF THIS DOCUMENT  
IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

*James H. McEwan*  
U. S. Citizenship and Immigration Services





Company Code K47MVG23621621 Loc/Dept 01/ Number Page 1 of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 07/02/2018  
Period Ending: 07/08/2018  
Pay Date: 07/12/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number:

Juan C Araujo Hernandez

Earnings	rate	hours/units	this period	year to date
Regular				
Overtime				
Vacation				
Holiday				
Bonus				
<b>Gross Pay</b>				
<b>Statutory Deductions</b>				
Federal Income				
Social Security				
Medicare				
California State Income				
California State DI				
<b>Net Pay</b>				

Other Benefits and Information	this period	year to date
Sick		
- Carry Over		
- Accrued Hours		
- Taken Hours		
- Balance		
Total Hours Worked		
Deposits		
account number		

Your federal taxable wages this period are

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 07/12/2018

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit		XXXXXXXX	

THIS IS NOT A CHECK

Juan C Araujo Hernandez

Company Code K47/MVG 23621621 Loc/Dept 01/ Number [redacted] Page 1 of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 06/25/2018  
Period Ending: 07/01/2018  
Pay Date: 07/05/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number: [redacted]

Juan C Araujo Hernandez  
[redacted]

Earnings	rate	hours/units	this period	year to date
Regular			[redacted]	[redacted]
Overtime			[redacted]	[redacted]
Vacation			[redacted]	[redacted]
Holiday			[redacted]	[redacted]
Bonus			[redacted]	[redacted]
<b>Gross Pay</b>			[redacted]	[redacted]
<b>Statutory Deductions</b>			[redacted]	[redacted]
Federal Income			[redacted]	[redacted]
Social Security			[redacted]	[redacted]
Medicare			[redacted]	[redacted]
California State Income			[redacted]	[redacted]
California State DI			[redacted]	[redacted]
<b>Net Pay</b>			[redacted]	[redacted]

Other Benefits and Information	this period	year to date
Sick	[redacted]	[redacted]
- Carry Over	[redacted]	[redacted]
- Accrued Hours	[redacted]	[redacted]
- Taken Hours	[redacted]	[redacted]
- Balance	[redacted]	[redacted]
Total Hours Worked	[redacted]	[redacted]
Deposits account number	[redacted]	[redacted]

Your federal taxable wages this period are [redacted]

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 07/05/2018

Deposited to the account [redacted] account number [redacted] transit/ABA XXXXXXXXX amount [redacted]  
Checking DirectDeposit

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
[redacted]

Company Code K4 / MVG 23621621 Loc/Dept 01/ Number [redacted] Page 1 of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 06/18/2018  
Period Ending: 06/24/2018  
Pay Date: 06/28/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number: [redacted]

Juan C Araujo Hernandez  
[redacted]

Earnings	rate	hours/units	this period	year to date
Regular			[redacted]	[redacted]
Overtime			[redacted]	[redacted]
Vacation			[redacted]	[redacted]
Holiday			[redacted]	[redacted]
Bonus			[redacted]	[redacted]

Gross Pay [redacted]

Statutory Deductions	this period	year to date
Federal Income	[redacted]	[redacted]
Social Security	[redacted]	[redacted]
Medicare	[redacted]	[redacted]
California State Income	[redacted]	[redacted]
California State DI	[redacted]	[redacted]

Net Pay [redacted]

Other Benefits and Information this period year to date

Sick  
- Carry Over  
- Accrued Hours  
- Taken Hours  
- Balance  
Total Hours Worked [redacted]

Deposits account number [redacted]

Your federal taxable wages this period are \$ [redacted]

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 06/28/2018

Deposited to the account Checking DirectDeposit account number [redacted] transit/ABA XXXXXXXXX amount [redacted]

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
[redacted]

Company Code            Loc/Dept            Number            Page  
 K47/MVG 23621621 01/            1 of 1  
 Alvarez Tax Service LLC  
 640 N Tustin Ave Ste 104  
 Santa Ana, CA 92705

**Earnings Statement**



Period Starting: 06/04/2018  
 Period Ending: 06/10/2018  
 Pay Date: 06/14/2018

Taxable Marital Status: Single  
 Exemptions/Allowances: Tax Override:  
 Federal: 0 Federal:  
 State: 0 State:  
 Local: 0 Local:  
 Social Security Number:           

Juan C Araujo Hernandez



Earnings	rate	hours/units	this period	year to date
Regular				
Overtime				
Vacation				
Holiday				
Bonus				

Gross Pay           

Statutory Deductions	this period	year to date
Federal Income		
Social Security		
Medicare		
California State Income		
California State DI		

Net Pay           

Other Benefits and Information            this period            year to date

Sick  
 - Carry Over  
 - Accrued Hours  
 - Taken Hours  
 - Balance

Deposits  
 account number           

Your federal taxable wages this period are \$           

Alvarez Tax Service LLC  
 640 N Tustin Ave Ste 104  
 Santa Ana, CA 92705

Pay Date: 06/14/2018

Deposited to the account            account number            transit/ABA            amount             
 Checking DirectDeposit            XXXXXXXX           

**THIS IS NOT A CHECK**

Juan C Araujo Hernandez

Company Code K4 / MVG 23621621 Loc/Dept 01/ Number [redacted] Page of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 05/28/2018  
Period Ending: 06/03/2018  
Pay Date: 06/07/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number: [redacted]

Juan C Araujo Hernandez  
[redacted]

Earnings	rate	hours/units	this period	year to date
Regular	[redacted]	[redacted]	[redacted]	[redacted]
Overtime	[redacted]	[redacted]	[redacted]	[redacted]
Vacation	[redacted]	[redacted]	[redacted]	[redacted]
Holiday	[redacted]	[redacted]	[redacted]	[redacted]
Bonus	[redacted]	[redacted]	[redacted]	[redacted]
<b>Gross Pay</b>			[redacted]	[redacted]

Other Benefits and Information	this period	year to date
Sick	[redacted]	[redacted]
- Carry Over	[redacted]	[redacted]
- Accrued Hours	[redacted]	[redacted]
- Taken Hours	[redacted]	[redacted]
- Balance	[redacted]	[redacted]
<b>Total Hours Worked</b>	[redacted]	[redacted]

Statutory Deductions	this period	year to date
Federal Income	[redacted]	[redacted]
Social Security	[redacted]	[redacted]
Medicare	[redacted]	[redacted]
California State Income	[redacted]	[redacted]
California State DI	[redacted]	[redacted]
<b>Net Pay</b>	[redacted]	[redacted]

Deposits	account number
[redacted]	[redacted]

Your federal taxable wages this period are \$ [redacted]

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 06/07/2018

Deposited to the account [redacted] account number [redacted] transit/ABA XXXXXXXXX amount [redacted]  
Checking DirectDeposit

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
[redacted]

Company Code K4 / MVG 23621621 Loc/Dept 01/ [Redacted] Number [Redacted] Page 1 of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 05/21/2018  
Period Ending: 05/27/2018  
Pay Date: 05/31/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number: XXX-XX-[Redacted]

Juan C Araujo Hernandez  
[Redacted]

Earnings	rate	hours/units	this period	year to date
Regular	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Overtime	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Holiday	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Bonus	[Redacted]	[Redacted]	[Redacted]	[Redacted]
<b>Gross Pay</b>			[Redacted]	[Redacted]
<b>Statutory Deductions</b>			[Redacted]	[Redacted]
Federal Income			[Redacted]	[Redacted]
Social Security			[Redacted]	[Redacted]
Medicare			[Redacted]	[Redacted]
California State Income			[Redacted]	[Redacted]
California State DI			[Redacted]	[Redacted]
<b>Net Pay</b>			[Redacted]	[Redacted]

Other Benefits and Information	this period	year to date
Sick	[Redacted]	[Redacted]
- Carry Over	[Redacted]	[Redacted]
- Accrued Hours	[Redacted]	[Redacted]
- Taken Hours	[Redacted]	[Redacted]
- Balance	[Redacted]	[Redacted]
Total Hours Worked	[Redacted]	[Redacted]
Deposits account number	[Redacted]	[Redacted]

Your federal taxable wages this period are \$ [Redacted]

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 05/31/2018

Deposited to the account \_\_\_\_\_ account number \_\_\_\_\_ transit/ABA \_\_\_\_\_ amount \_\_\_\_\_  
Checking DirectDeposit [Redacted] XXXXXXXXX [Redacted]

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
[Redacted]

Company Code K4 / MVG 23621621 Loc/Dept 01/ Number Page 1 of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 05/14/2018  
Period Ending: 05/20/2018  
Pay Date: 05/24/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number:

Juan C Araujo Hernandez

Earnings	rate	hours/units	this period	year to date
Regular				
Overtime				
Holiday				
<b>Gross Pay</b>				
<b>Statutory Deductions</b>			<b>this period</b>	<b>year to date</b>
Federal Income				
Social Security				
Medicare				
California State Income				
California State DI				
<b>Net Pay</b>				

Other Benefits and Information	this period	year to date
Sick		
- Carry Over		
- Accrued Hours		
- Taken Hours		
- Balance		
<b>Total Hours Worked</b>		
<b>Deposits</b>		
account number		

Your federal taxable wages this period are \$

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 05/24/2018

Deposited to the account \_\_\_\_\_ account number \_\_\_\_\_ transit/ABA \_\_\_\_\_ amount \_\_\_\_\_  
Checking DirectDeposit \_\_\_\_\_ XXXXXXXX \_\_\_\_\_

THIS IS NOT A CHECK

Juan C Araujo Hernandez



Company Code: K4 / MVG 23621621  
 Loc/Dept: 01/  
 Number: [REDACTED]  
 Page: 1 of 1  
 Alvarez Tax Service LLC  
 640 N Tustin Ave Ste 104  
 Santa Ana, CA 92705

Earnings Statement



Period Starting: 05/07/2018  
 Period Ending: 05/13/2018  
 Pay Date: 05/17/2018

Taxable Marital Status: Single  
 Exemptions/Allowances: Tax Override:  
 Federal: 0 Federal:  
 State: 0 State:  
 Local: 0 Local:  
 Social Security Number: [REDACTED]

Juan C Araujo Hernandez  
 [REDACTED]

Earnings	rate	hours/units	this period	year to date
Regular			[REDACTED]	[REDACTED]
Overtime			[REDACTED]	[REDACTED]
Holiday			[REDACTED]	[REDACTED]
<b>Gross Pay</b>			[REDACTED]	[REDACTED]
Statutory Deductions			this period	year to date
Federal Income			[REDACTED]	[REDACTED]
Social Security			[REDACTED]	[REDACTED]
Medicare			[REDACTED]	[REDACTED]
California State Income			[REDACTED]	[REDACTED]
California State DI			[REDACTED]	[REDACTED]
<b>Net Pay</b>			[REDACTED]	[REDACTED]

Other Benefits and Information	this period	year to date
Sick	[REDACTED]	[REDACTED]
- Carry Over	[REDACTED]	[REDACTED]
- Accrued Hours	[REDACTED]	[REDACTED]
- Taken Hours	[REDACTED]	[REDACTED]
- Balance	[REDACTED]	[REDACTED]
Total Hours Worked	[REDACTED]	[REDACTED]
Deposits account number	[REDACTED]	[REDACTED]

Your federal taxable wages this period are [REDACTED]

Alvarez Tax Service LLC  
 640 N Tustin Ave Ste 104  
 Santa Ana, CA 92705

Pay Date: 05/17/2018

Deposited to the account: Checking DirectDeposit  
 account number: [REDACTED]  
 transit/ABA: XXXXXXXXX  
 amount: [REDACTED]

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
 [REDACTED]

Company Code: K4 / MVG 23621621  
Loc/Dept: 01/  
Number: [Redacted]  
Page: 1 of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 04/30/2018  
Period Ending: 05/06/2018  
Pay Date: 05/10/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number: [Redacted]

Juan C Araujo Hernandez



Earnings	rate	hours/units	this period	year to date
Regular				
Overtime				
Holiday				
<b>Gross Pay</b>				
<b>Statutory Deductions</b>			<b>this period</b>	<b>year to date</b>
Federal Income				
Social Security				
Medicare				
California State Income				
California State DI				
<b>Net Pay</b>				

Other Benefits and Information	this period	year to date
Sick		
- Carry Over		
- Accrued Hours		
- Taken Hours		
- Balance		
<b>Total Hours Worked</b>		
<b>Deposits</b>		
account number		

Your federal taxable wages this period are \$ [Redacted]

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 05/10/2018

Deposited to the account: Checking DirectDeposit  
account number: [Redacted]  
transit/ABA: XXXXXXXXX  
amount: [Redacted]

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
[Redacted]

Company Code K4 / MVG 23621621 Loc/Dept 01/ Number [redacted] Page of 1  
Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

### Earnings Statement



Period Starting: 04/23/2018  
Period Ending: 04/29/2018  
Pay Date: 05/03/2018

Taxable Marital Status: Single  
Exemptions/Allowances: Tax Override:  
Federal: 0 Federal:  
State: 0 State:  
Local: 0 Local:  
Social Security Number: [redacted]

Juan C Araujo Hernandez  
[redacted]

Earnings	rate	hours/units	this period	year to date
Regular			[redacted]	[redacted]
Overtime			[redacted]	[redacted]
Holiday			[redacted]	[redacted]
<b>Gross Pay</b>			[redacted]	[redacted]
<b>Statutory Deductions</b>			<b>this period</b>	<b>year to date</b>
Federal Income			[redacted]	[redacted]
Social Security			[redacted]	[redacted]
Medicare			[redacted]	[redacted]
California State Income			[redacted]	[redacted]
California State DI			[redacted]	[redacted]
<b>Net Pay</b>			[redacted]	[redacted]

Other Benefits and Information	this period	year to date
Sick	[redacted]	[redacted]
- Carry Over	[redacted]	[redacted]
- Accrued Hours	[redacted]	[redacted]
- Taken Hours	[redacted]	[redacted]
- Balance	[redacted]	[redacted]
Total Hours Worked	[redacted]	[redacted]
Deposits account number	[redacted]	[redacted]

Your federal taxable wages this period are \$ [redacted]

Alvarez Tax Service LLC  
640 N Tustin Ave Ste 104  
Santa Ana, CA 92705

Pay Date: 05/03/2018

Deposited to the account \_\_\_\_\_ account number \_\_\_\_\_ transit/ABA \_\_\_\_\_ amount \_\_\_\_\_  
Checking DirectDeposit [redacted] XXXXXXXXX [redacted]

THIS IS NOT A CHECK

Juan C Araujo Hernandez  
[redacted]

Form 1040

Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2017

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, ending

See separate instructions.

Your first name and initial

Last name

JUAN CARLOS

ARAUJO HERNANDEZ

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) X if child under age 17 qualifying for child tax credit (see instr.)

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b

No. of children on 6c who:

lived with you did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

b Taxable amount

16a Pensions and annuities

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Reserved for future use

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

Tax and Credits

38 Amount from line 37 (adjusted gross income)
39a Check [ ] You were born before January 2, 1953, [ ] Blind. Total boxes checked 39a 0
[ ] Spouse was born before January 2, 1953, [ ] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credit. Attach Form 5695
54 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others: Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

Other Taxes

57 Self-employment tax. Attach Schedule SE.
58 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage [X]
62 Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)
63 Add lines 56 through 62. This is your total tax

Payments

64 Federal income tax withheld from Forms W-2 and 1099
65 2017 estimated tax payments and amount applied from 2016 return
66a Earned income credit (EIC)
b Nontaxable combat pay election. 66b
67 Additional child tax credit. Attach Schedule 8812.
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962.
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136.
73 Credits from Form: a [ ] 2439b [X] Reserved c [ ] 8885 d [ ]
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here [ ]
b Routing number [ ] c Type: [X] Checking [ ] Savings
d Account number [ ]
77 Amount of line 75 you want applied to your 2018 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 0.
79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [X] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date 2/12/18 Your occupation BOOKKEEPER Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2/12/18 Check [X] if self-employed PTIN
JUAN C ARAUJO HERNANDEZ
Firm's name JC SERVICES Firm's EIN
Firm's address Phone no.



Carlos Spector <spectorlawfirm@gmail.com>

**OIG Complaint, Lenin Hernandez Araujo, A [REDACTED]**

1 message

**Carlos Spector** <spectorlawfirm@gmail.com>

Fri, Feb 9, 2018 at 12:02 PM

To: cynthia.silva@oig.dhs.gov

Dear Ms. Silva,

Please see the attached letter and evidence in reference to an OIG complaint on behalf of my client Lenin Hernandez Araujo, A [REDACTED]

Sincerely,

Carlos Spector

--  
The Law Office of Carlos Spector  
1430 E. Yandell  
El Paso, TX 79902  
Tel: 915-544-0441  
Fax: 915-544-1814

**3 attachments**

**OIG Complaint Letter.Lenin Hernandez.pdf**  
191K

**Parole Denial and Other Docs.Lenin Hernandez.pdf**  
3499K

**Hum Parole Req.Lenin Hernandez.pdf**  
9809K

# LAW OFFICES OF CARLOS SPECTOR

Attorneys at Law  
1430 E. Yandell  
El Paso, Texas 79902  
Telephone (915) 544-0441  
Facsimile (915) 544-1814

January 29, 2018

Cynthia Silva  
Office of Inspector General  
Department of Homeland Security  
El Paso, Texas

**RE: Lenin A. Hernandez-Araujo, A [REDACTED]  
OIG Complaint**

Dear Ms. Silva,

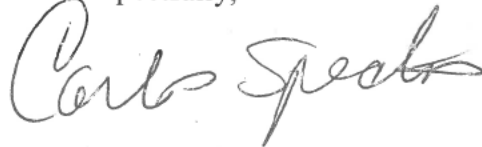
On behalf of Mr. Hernandez, I hereby request that the Office of Inspector General investigate the fraudulent<sup>1</sup>, unauthorized practice of law before the Executive Office of Immigration Review at the El Paso Processing Center by Annette Briones de Jesus. Additionally, I seek a review and investigation of the willful negligence and misconduct of the Immigration and Customs Enforcement which facilitated Ms. Briones' fraudulent access to Mr. Hernandez and unlawful appearance before an immigration judge. Said malfeasance has substantially delayed his asylum claim and prolonged his detention for 19 months. (See attached Parole Request dated June 14, 2017). On June 14, 2017, I informed ICE of the aforementioned misconduct. Moreover, I sought his release and requested that ICE investigate this matter. To date, ICE has failed to formally address this miscarriage of justice in spite of Mr. Hernandez assisting them in attempting to uncover other alleged acts of misconduct and corruption at the ICE detention facility.

In addition to the aforementioned parole packet, I am also including other evidence of Ms. Briones' fraudulent representation of herself as an attorney to ICE, Mr. Hernandez and his uncle, Juan C. Araujo. On November 16, 2016, and December 16, 2016 as well as on January 30, 2017, Ms. Briones filed a parole request for Ms. Hernandez as his attorney. On December 2, 2016 said parole request was denied. I am also including text messages between Mr. Araujo and Ms. Briones wherein she negotiates a \$3,000 legal fee to represent Mr. Hernandez in an asylum hearing before EOIR. Lastly, I am also enclosing two court settings dated November 17, 2016 and May 3, 2017, which are addressed to Ms. Briones as his attorney of record.

<sup>1</sup> Ms. Briones' appearance before an Immigration Judge and declaration and signature "under penalty of perjury" by executing and signing a Form G-28 constitutes a federal violation of 18 USC, 1621, 'Perjury in a Judicial Context'; See also, Texas Penal Code Sec. 37.02 Perjury; Texas Penal Code Sec. 38.12, Barratry and Solicitation of Professional Employment; Texas Penal Code Sec. 38.122, Falsely Holding Oneself Out as a Lawyer; Texas Penal Code Sec. 38.123, Unauthorized Practice of Law.

Mr. Hernandez has been incarcerated for 19 months at the El Paso Processing Center, 8915 Montana Avenue, El Paso, Texas 79925. Mr. Araujo lives in [REDACTED] and is available to provide you with any and all information you seek.

Respectfully,

A handwritten signature in cursive script that reads "Carlos Spector". The signature is written in black ink and is positioned above the printed name and title.

Carlos Spector  
Attorney at Law





Annette Briones DeJesus, PC

Attorney at Law  
Abogada

November 16, 2016,

Mr. HERNANDEZ-Argujo is asking that U.S. Immigration and Customs Enforcement (ICE) reconsider Mr. Argujo'S request for parole. Mr. Argujo was threatened by the Mara Salvatrucia gang in El Salvador. He passed the credible fear interview see attached (Tab A). ICE stated that Mr. Argujo failed to provide a U.S. address where he will reside see all attached documents (Tab B). Mr. Argujo is here in the United States because he currently seeking asylum see (Tab C) he has no country to return to and is clearly not a flight risk.

Please reconsider his parole based on this additional information.

Thank You,

Annette Briones DeJesus

NOV 16 10 37  
RECEIVED  
CIVIL RIGHTS DIVISION



Annette Briones DeJesus, PC

Attorney at Law  
Abogada

December 13, 2016

To Whom It May Concern:

In Reference to : HERNANDEZ -Argujo, Lenin Adolfo A [REDACTED]

Mr. Hernandez was denied parole based on the fact that he had not established that he is not a flight risk. Ice was not convinced that he had substantial ties to the community and that a bond would not ensure his appearance to court. The other factor was that the Sponsor did not satisfactorily, establish an ability to support the applicant.

I am submitting the following documents to establish that these factors are not an issue.

[REDACTED] is terminally ill she is respondent's sister. (See Tab A) The Father of these children was murdered 10 years ago. His only family is in the United States, and they are willing to help him. His Grandmother is a resident and is willing to be a co-sponsor to the applicant. See additional documentation. (See Tab B)

Respondent has no reason to flee the United States his only family members are here in the United States.

Thank You for your reconsideration.

A handwritten signature in cursive script that reads "Annette Briones DeJesus".

Annette Briones DeJesus



Annette Briones DeJesus, PC

Attorney at Law  
Abogada

January 30, 2017

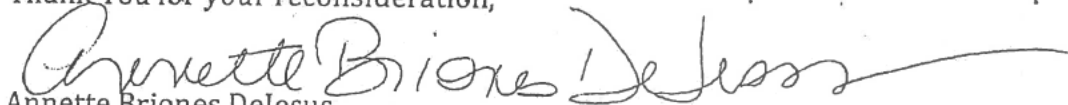
To Whom It May Concern,

In Reference to : Hernandez Argujo, Lenin Adolfo A [REDACTED]

Mr. Hernandez was denied parole based on the fact that he had not established that he is not a flight risk. Ice was not convinced that he had substantial ties to the community. Mr. Hernandez has no family in El Salvador His entire family lives here in the United States and all have legal status. The entire family lives together and pool all financial resources in order to help meet Kristen Garcias' medical needs.

[REDACTED] s terminally ill she is respondent's sister. (See Tab A) The Family has provided you with yet additional documentation from the last treatment and the card of the Oncologist who is treating her. This Physician welcomes any calls and questions regarding her treatment and condition.

Thank You for your reconsideration,

  
Annette Briones DeJesus

2017 JAN 31 AM 9 20  
DHS/ICE/ERO/EPC  
RECEIVED

Office of Enforcement and Removal Operations

U.S. Department of Homeland Security  
11541 Montana Avenue Suite E  
El Paso, TX 79936



U.S. Immigration  
and Customs  
Enforcement

December 2, 2016

HERNANDEZ-Argujo, Lenin Adolfo  
C/O El Paso Processing Center  
8915 Montana Avenue  
El Paso, Texas 79925

A [REDACTED]

In Reference to: HERNANDEZ-Argujo, Lenin Adolfo A [REDACTED]

NOTIFICATION DECLINING TO GRANT PAROLE

Dear Mr. HERNANDEZ:

This letter is to inform you that U.S. Immigration and Customs Enforcement (ICE) has decided not to parole you from detention at this time. Under ICE policy, arriving aliens determined by an Asylum Officer to have a credible fear of persecution or torture are initially considered for parole. While the decision whether to grant parole is discretionary, ICE policy is generally to grant parole to aliens determined to have a credible fear if they establish their identity and that they pose neither a flight risk nor danger to the community.

As part of its determination whether to parole you, on 07/15/2016, ICE conducted an initial interview with you. Your immigration files and any supplemental documentation that you provided were reviewed at that time. After reviewing all available information, ICE has determined that parole is not appropriate in your case at this time based on the following reason(s):

- You have not established your identity to the satisfaction of ICE.
  - You did not present valid, government-issued documentation of identity, or any documents you submitted did not, to ICE's satisfaction, establish your identity.
  - You did not provide third-party verification of your identity, or any third-party information you provided did not, to ICE's satisfaction, establish your identity.
  - You did not, to ICE's satisfaction; establish your identity through credible statements.
- You have not established to ICE's satisfaction that you are not a flight risk.
  - You failed to provide, to ICE's satisfaction, a valid U.S. address where you will reside while your immigration case is pending.
  - You did not establish, to ICE's satisfaction, substantial ties to the community.
  - Imposition of a bond or other conditions of parole would not ensure, to ICE's satisfaction, your appearance at required immigration hearings pending the outcome of your case.

- You have not established to ICE's satisfaction that you are not a danger to the community or U.S. security. In making this determination, ICE has taken into account any evidence of past criminal activity, activity contrary to U.S. national security interests, activity giving rise to concerns of public safety or danger to the community, disciplinary infractions or incidents, or other criminal or detention history that shows you have harmed or would likely harm yourself or others.
- Additional exceptional, overriding factors (e.g., law enforcement interests or potential foreign policy consequences) in your case militate against parole, as follows:

Financial documents submitted by Sponsor did not satisfactorily establish an ability to support the applicant.

- ICE previously provided you with a written decision declining to grant parole, and you have failed to provide additional documentation or to demonstrate any significant changed circumstances which would alter ICE's previous determination.

You may request a redetermination of this decision in writing, based upon changed circumstances in your case or additional documentation you would like ICE to consider. Such changed circumstances or documentation should relate to the reason(s) indicated above why ICE is not paroling you from custody at this time. For example, if you have not established your identity to ICE's satisfaction, you may wish to consider providing previously unfurnished government-issued documents such as passports, birth certificates, or identity cards. Identity can also be established through written statements prepared by individuals whom you know in the United States and whose identity ICE can verify to its satisfaction. These statements should include the address of the person you know in the United States and evidence of his or her identity. Finally, if there are multiple grounds checked above, you should try to provide further evidence addressing each of them.

If you request redetermination of this decision, please direct your written request to the address above, include a copy of this letter and any other prior ICE written decision(s) declining to grant you parole, and clearly explain what changed circumstances or additional documents you would like considered. Failure to provide satisfactory documentation and explanation may result in a denial of your request for redetermination.

Sincerely,



Tom Hernandez  
Acting Deputy Field Office Director  
El Paso Field Office

NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT  
8915 MONTANA AVENUE  
EL PASO, TX 79925

RE: HERNANDEZ ARGUJO, LENIN A  
FILE: A [REDACTED]

DATE: Oct 4, 2016

TO: Annette Briones DeJesus PC  
Briones DeJesus, Annette  
10518 montwood dr  
El paso, TX 79935

Please take notice that the above captioned case has been scheduled for a ~~Master~~ Individual hearing before the Immigration Court on NOV. 17, 2016 at 8:30 AM at

8915 MONTANA AVENUE  
EL PASO, TX 79925

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

- 1) You may be taken into custody by the Department of Homeland Security and held for further action.
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT EL PASO, TX THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A List of Free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500.

ALIEN NUMBER: [REDACTED]

NAME: HERNANDEZ ARGUJO, LENIN A

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

X

- (X) 1. You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. below) for a period of ten (10) years after the date of entry of the final order of removal.
- ( ) 2. You have been scheduled for an asylum hearing, at the time and place set forth on the attached notice. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for a period of ten (10) years from the date of your scheduled hearing.
- ( ) 3. You have been granted voluntary departure from the United States pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for ten (10) years from the date of the scheduled departure. Your Voluntary departure bond, if any, will also be breached. Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000.  
\*\*the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances.

A. THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE:

- 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act;
- 2) Cancellation of removal as provided for in section 240A of the Immigration and Nationality Act; and
- 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act.

This written notice was provided to the alien in English. Oral notice of the contents of this notice must be given to the alien in his/her native language, or in a language he/she understands by the Immigration Judge.

Date: Oct 4, 2016

Immigration Judge: \_\_\_\_\_ or Court Clerk: \_\_\_\_\_

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)  
 TO: ( ) ALIEN ( ) ALIEN c/o Custodial Officer (P) ALIEN's ATT/REP (P) DHS  
 DATE: 10/04/2016 BY: COURT STAFF PO  
 Attachments: ( ) EOIR-33 ( ) EOIR-28 ( ) Legal Services List ( ) Other

NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT  
8915 MONTANA AVENUE  
EL PASO, TX 79925

RE: HERNANDEZ ARGUJO, LENIN A  
FILE: A [REDACTED]

DATE: Nov 17, 2016

TO: Annette Briones DeJesus PC  
Briones DeJesus, Annette  
10518 montwood dr  
El paso, TX 79935

Please take notice that the above captioned case has been scheduled for a  
Master/Individual hearing before the Immigration Court on 5-3-2017  
at (W) 8:30 AM

8915 MONTANA AVENUE  
EL PASO, TX 79925

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

- 1) You may be taken into custody by the Department of Homeland Security and held for further action.
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT EL PASO, TX THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A List of Free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500.

Call up (Both) 4-25-17



ALIEN NUMBER: [REDACTED]

NAME: HERNANDEZ ARGUJO, LENIN A

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

- 1. You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. below) for a period of ten (10) years after the date of entry of the final order of removal.
- 2. You have been scheduled for an asylum hearing, at the time and place set forth on the attached notice. Failure to appear for this hearing other than because of exceptional circumstances beyond your control\*\* will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for a period of ten (10) years from the date of your scheduled hearing.
- 3. You have been granted voluntary departure from the United States pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for ten (10) years from the date of the scheduled departure. Your Voluntary departure bond, if any, will also be breached. Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000.  
\*\*the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances.

A. THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE:

- 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act;
- 2) Cancellation of removal as provided for in section 240A of the Immigration and Nationality Act; and
- 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act.

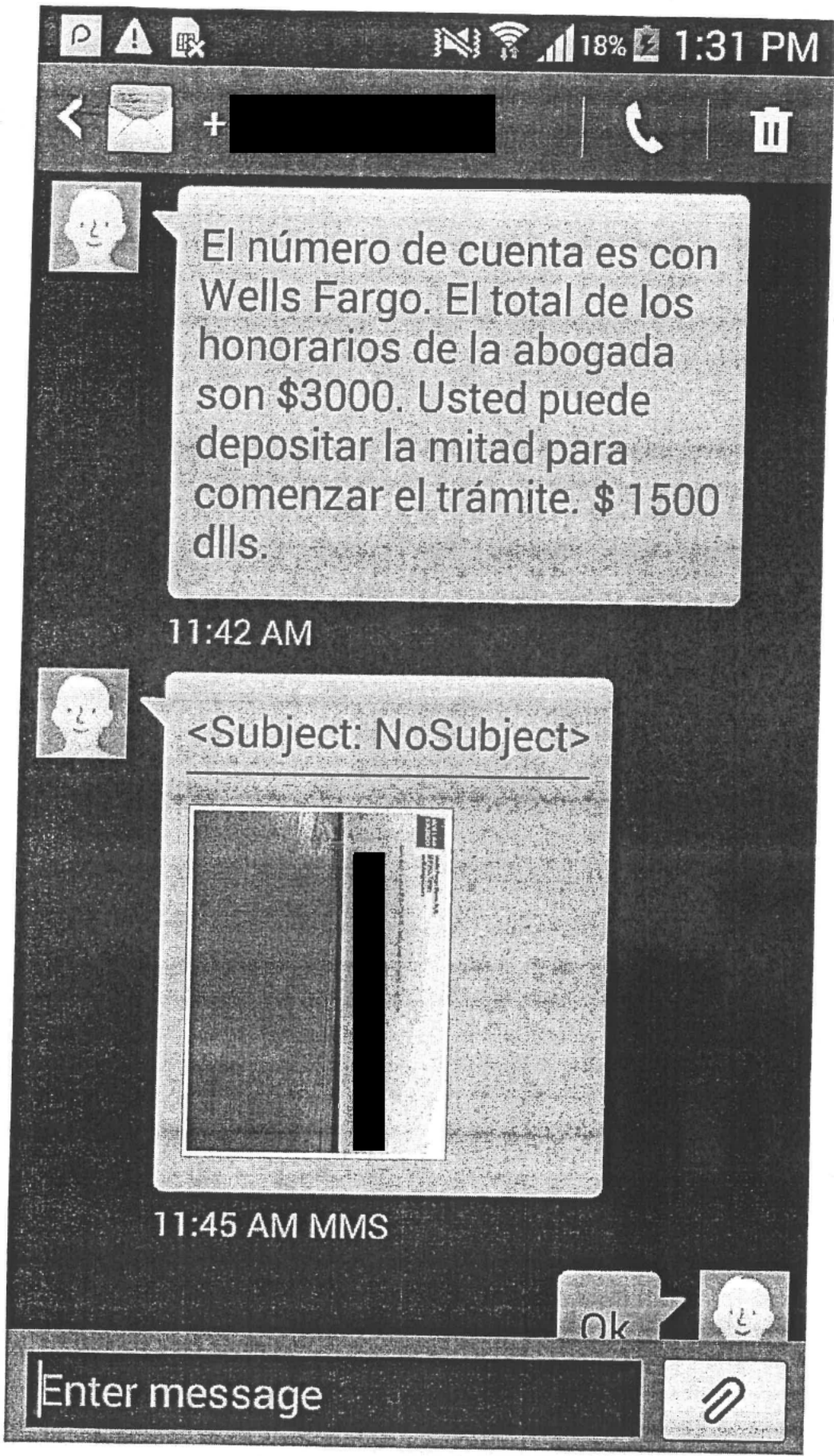
This written notice was provided to the alien in English. Oral notice of the contents of this notice must be given to the alien in his/her native language, or in a language he/she understands by the Immigration Judge.

Date: Nov 17, 2016

Immigration Judge: \_\_\_\_\_ or Court Clerk: \_\_\_\_\_

CERTIFICATE OF SERVICE

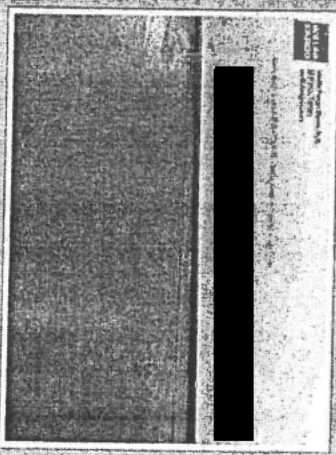
THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)  
 TO: [ ] ALIEN [ ] ALIEN c/o Custodial Officer [ ] ALIEN's ATT/REP [ X ] DHS  
 DATE: 11/17/2016 BY: COURT STAFF BS  
 Attachments: [ ] EOIR-33 [ ] EOIR-28 [ ] Legal Services List [ ] Other



El número de cuenta es con Wells Fargo. El total de los honorarios de la abogada son \$3000. Usted puede depositar la mitad para comenzar el trámite. \$ 1500 dls.

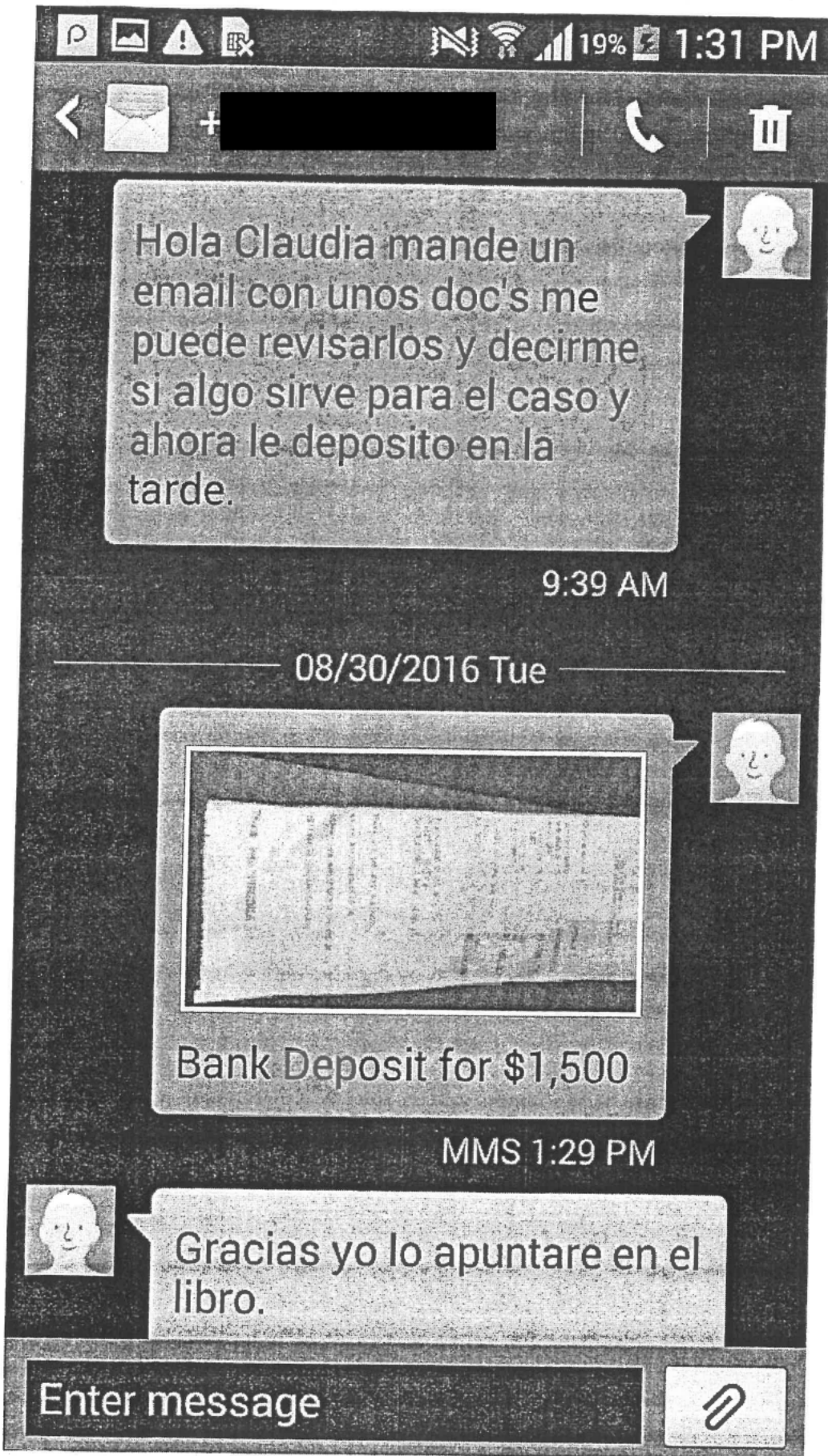
11:42 AM

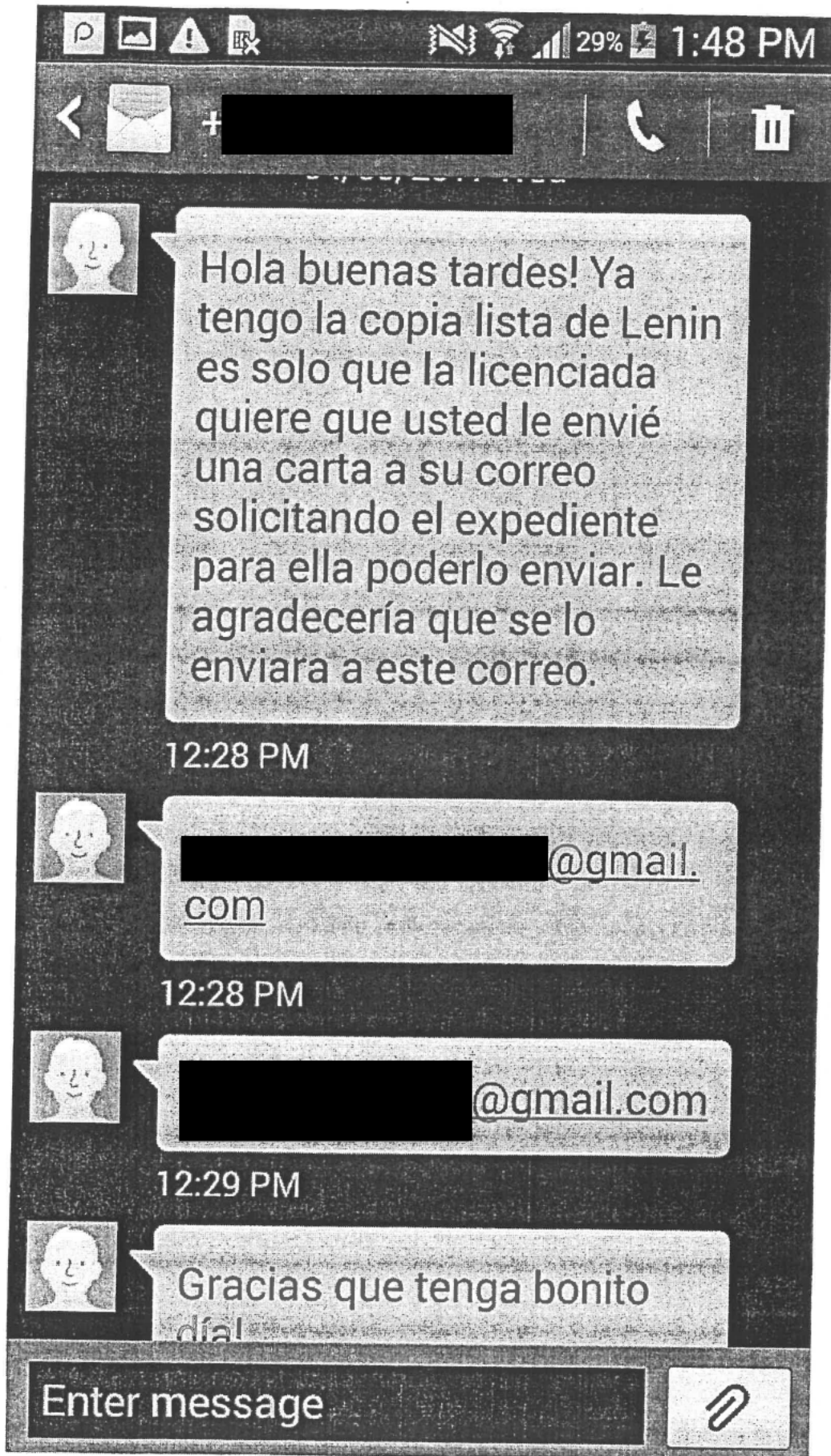
<Subject: NoSubject>



11:45 AM MMS

Enter message





Wells Fargo Bank  
Transaction Receipt

Store ID: 00191573

Deposit

Account Number

CHK: 001123

Cash In

Loose Currency

\$100

Sub Total

Total Deposit

\$1,500.00

\$1,500.00

\$1,500.00

Deposit will be available

Date

08/30/2015

Amount  
\$1,500.00

Transaction ID

01:2274 08/30/15

Deposit Credit Date: 08/30/15

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

[wellsfargo.com/appointments](http://wellsfargo.com/appointments)

Thank you,

