

# Pro Se Humanitarian Parole Request - COVID-19



## Instructions

**NO DEBE** entregar una solicitud en español.  
Esta versión es para ayudarle con la solicitud en inglés:

Fill out this form and provide a photocopy (only pages 1 to 3) to your deportation officer if you would like to request that the immigration authorities release you due to the coronavirus emergency. Make sure your request has your name, your A number, and your dorm listed on each page in case they get lost. Also keep a copy of the application for yourself.

Documents can be attached as evidence, but are not required. If you want to submit more documents in favor of your application but do not want to wait for them to arrive, you can submit your application to your deportation officer now and deliver the other documents as soon as they arrive. In the event that the deportation officer denies your application before the evidence arrives, you can request that the deportation officer review your application again when you have the evidence.

Some examples of useful evidence include: letters from family members explaining why they need you, medical reports showing you have a medical condition, letters from doctors or therapists talking about your medical condition or disability, financial records from your family showing that they need you, identity documents of the person with whom you are going to live, and proof of their address (eg, utility bills, lease).

The Rocky Mountain Immigrant Advocacy Network (“RMIAN”) prepared this document for “pro se” litigants in Aurora, Colorado. It is not intended to provide legal advice or to substitute legal advice. RMIAN is a non-profit organization that provides legal services and does not charge any fee for the services it offers. This document can be shared and distributed to help anyone detained in the custody of the Department of Homeland Security who wants to request be released on parole.

*Please do not submit this cover page.*

Name: \_\_\_\_\_ A# \_\_\_\_\_ Housing: \_\_\_\_\_

Name: \_\_\_\_\_

A Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Housing: \_\_\_\_\_

Deportation Officer Name (if known): \_\_\_\_\_

Country or Origin: \_\_\_\_\_

### Humanitarian Parole Request

Dear Officer,

In light of the national emergency caused by coronavirus, I am asking that you release me on humanitarian parole to best ensure my safety and the safety of others. The law gives you the ability to release me under section 212(d)(5) of the Immigration and Nationality Act.

I believe that you should release me for the following reasons (check all that apply):

**I am at high risk of severe illness and death should I be infected with the coronavirus.**

I am over 50 years old. I am \_\_\_\_\_ years old.

I have been diagnosed with a medical condition that puts me at high risk:

Cancer

Autoimmune disease (for example, lupus, rheumatoid arthritis, psoriasis, Sjoren's Disease, Chron's Disease)

Chronic lung disease (for example, asthma, Chronic obstructive pulmonary disease (COPD), bronchiectasis, idiopathic pulmonary fibrosis)

History of cardiovascular disease (for example, myocardial infarction)

Chronic arthritis (rheumatoid, psoriatic)

Chronic liver or kidney disease

Diabetes

Hypertension

Heart failure

HIV

Other: \_\_\_\_\_

I am being treated with chronic steroids to treat a chronic condition.

I have a history of smoking.

Explanation:

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Name: \_\_\_\_\_ A# \_\_\_\_\_ Housing: \_\_\_\_\_

**My family needs me now because coronavirus has affected them.**

- My family member is sick with coronavirus and needs my help taking care of them.
- My family member lost their job because of coronavirus and needs my help to financially support our family.
- My family member is a healthcare worker, works in a healthcare facility, or works in public safety, and needs my help supporting the household while they work.
- My family member lost childcare or in-home medical care because of the coronavirus and needs my help.
- Other: \_\_\_\_\_.

**Explanation:**

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**I have a disability.**

I am asking you to release me as a reasonable accommodation for my disability. You can make accommodations for my disability under Section 504 of the Rehabilitation Act of 1973.

My disability is:

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Being detained makes my disability worse because:

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**I am worried for my mental health if I am exposed to coronavirus or get sick.**

Explanation:

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Name: \_\_\_\_\_ A# \_\_\_\_\_ Housing: \_\_\_\_\_

**The other reasons you should release me are:**

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**After I Am Released**

**If you release me, I will live at the following address:**

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**If you release me, I will live with the following person:**

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**I promise that if you release me, I will go to my immigration court hearings in the future.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If you release me, I will not be a danger to my community. I can promise you this because:**

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Thank you very much for considering my request. If you have any questions, please come talk to me. I am willing to provide you more information.

**Sincerely,**

**Name:** \_\_\_\_\_ **A#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_