U.S. Department of Homeland Security

Immigration & Customs Enforcement Enforcement Removal Operations

## FAMILY SEPARATION SUPPLEMENTAL INFORMATION FORM

Date:	Detainee's Full Name:
Alien Number: A Facility ID #	ICE Detention Facility: Unit
Children:	
1. Full Name:	Date of Birth:/_/ Alien Number: A
2. Full Name:	Date of Birth:/_/ Alien Number: A
3. Full Name:	Date of Birth:/_/ Alien Number: A
<ul> <li>You believe that you were separated for the following reason(s): [please check all appropriate boxes]</li> <li>You have a criminal history <ul> <li>You have gang affiliation <ul> <li>You had/have a communicable disease</li> </ul> </li> <li>You were determined to pose a danger to your child or be unfit</li> <li>You were referred for criminal prosecution at the border</li> <li>You required hospitalization at the time of arrest</li> <li>Other:</li> </ul></li></ul>	
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If you believe that your separation from your child winformation, please write your concerns here:	vas improper and would like to provide the government with additional

**DO NOT WRITE BELOW THIS LINE / ICE OFFICIAL USE ONLY** Submit this form to your Deportation Officer. DHS will review any information submitted and provide you a written response within

30 days.

Detained Docket DO\_\_\_\_\_

Date Received: \_\_\_\_\_