APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

1. Who may file this application?

This application may be filed if you have been ordered deported or removed from the United States and you wish to obtain a stay of deportation or removal under the provisions of 8 C.F.R. 241.6. (A separate application must be filed for each person/family member seeking a stay of removal.)

2. Where should the application be submitted?

The alien(s) ordered removed must submit this application in person to the local Detention and Removal Operations (DRO) office. Locate your nearest DRO office at http://www.ice.gov/about/dro/contact.htm.

3. What additional documents or evidence are required with this application?

- Current and valid passport(s) (Expiration minimum of 6 months) for you and your family (copies not acceptable)
- □ Copy of birth certificate(s)/identity document(s)
- Police reports, disposition of all arrests, court disposition, etc.

4. What evidence/documentation should be submitted in support of this application?

- □ Medical documentation from your doctor
- Evidence to support your claim that you cannot depart the United States as ordered by the Immigration Judge
- Evidence to support your claim that you should not be deported/removed from the United States
- Evidence that you plan to comply with your order of removal i.e. plane ticket, departure itinerary, etc.
- Any additional documentation, evidence or brief in support of your claim

5. What fees should be submitted with this application?

A fee of \$155.00 must be paid for filing this application.

There is no refund regardless of the action taken. What are the types of payment accepted?

- 🛛 U.S. cash
- Cashier's Check
- Money Order

Payments must be made out to, "Department of Homeland Security" or "Immigration and Customs Enforcement".

6. What may be the basis for rejection of this application?

- Incorrect fee (erroneous fee amounts will not be refunded.)
- □ Multiple applicants on same application
- $\hfill\square$ Failure to submit in person
- Current physical address

7. What may be the basis of denial of this application?

- □ Failure to submit current/valid passport
- Failure to submit copies of birth certificate(s)/identity document(s)
- Lack of medical evidence in support of your claim (if applicable)
- Lack of or insufficient evidence or documentation in support of your claim
- □ Failure to provide evidence of to comply with order of deportation/removal
- Pursuant to the discretion of the Field Office Director or other designated official
- □ Threat to self or others
- □ Inaccurate or untruthful information

8. What will happen when I submit this application?

- □ You will be fingerprinted (14 years or older)
- Your information will be input into Department of Homeland Security (DHS) databases.
- □ You will have your photograph taken
- □ Criminal background check

9. What if this application is approved?

If this application is approved the following will occur:

- You will be issued an Order of Supervision (OSUP) and be required to comply with the conditions as set forth within the OSUP.
- You may, at the discretion of the Field Office Director, be granted employment authorization
- You may be required to post a Delivery or Order of Supervision bond (minimum bond amount is \$1,500.00)
- Other conditions as set forth by the Field Office Director or other designated official
- You will be required to immediately update your address with DRO

A stay of deportation or removal is within the sole discretion of Secretary of Homeland Security or his designee, the Field Office Director.

10. What may be the basis that the Secretary or his/her designee revoke this application after approval?

- □ Execution of an order of deportation or removal
- □ Arrested by any law enforcement agency
- □ Conviction of any crime(s)
- □ A violation of an Order of Supervision
- □ A violation of the terms of an Immigration Bond
- $\hfill\square$ Safety or security concerns
- □ For any reason(s) pursuant to the discretion of the Secretary or his/her designee

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

11. What can happen if I submit false information?

All statements made in response to questions in this application are declared to be true and correct under penalty of perjury pursuant to 18 U.S.C. 1546. The knowing placement of false information on the application may subject you, or the preparer of the application, to criminal penalties under 18 U.S.C., and you and the preparer to civil and criminal penalties pursuant to the Immigration and Nationality Act 274C and 8 U.S.C. 1324c.

PAPERWORK REDUCTION ACT NOTICE

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigrations laws are complex. The estimated time to complete and file this application is 45 minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you can write:

> Department of Homeland Security U.S. Immigration and Customs Enforcement 425 I Street, N.W., Room 1122 Washington, DC 20536

Do not mail your completed application to this address.

NOTICE - A pending application does not preclude the execution of a final order of deportation/removal. The Field Office Director may at his/her discretion revoke the approval of this application and execute the order of removal at a date and time of his/her choosing. No advance notice is required for the execution of a final order of removal.

PRIVACY NOTICE

This information is collected under the authority of Section 241(c)(2) of the Immigration and Naturalization Act, 8 U.S.C. 1231. The purpose of collecting this information is to decide requests by individuals seeking a stay of deportation or removal from the United States. Submission of this form and the information contained on this form is form is voluntary, however, requests for stays will not be considered unless the form is completed. This information will be used principally to determine eligibility for a stay of deportation or removal under the law. This information may also be used by or disclosed to other federal, state, local, and foreign law enforcement and regulatory agencies.

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

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

For Internal Use Only							Fee/Date Stamp		
Granted One Year Six Months Three Months Other:									
Denied Denial letter attache									
Rejected Incorrect Fee Failure to submit in person Other:									
Additional information attache	d.								
Date: Decision r	nade by			lame/Title)					
			(Printed N	lame/Title)					
Deciding Official Signature:Office:									
File Number	Date						1		
	Duit								
Last Name	First Name		M			iddle Name			
Address (Number and Street):				Country of Citizen	ship: Pas	 sport N	lo:	Expiration Date:	
						opont			
Apartment Number:			Length of stay requested:			months [
Town/City:	State:		Zip Code:	Arrested by police or other law enforcement agency					
			·	(other than for immigration reasons)					
Telephone Number: Cell Telephone			umbor	Yes - Documents attached No Sections of law for which of ordered deported/removed:					
-	-				r which of of	dered	deponed/re	moved.	
REASON(S) FOR REQUESTING	A STAY O	F DEP	ORTATION C	R REMOVAL:					
EVIDENCE SUBMITTED (attache	d):								
☐ Medical ☐ Brief ☐ Other (sp	ecify):								
I certify under penalty of perjury knowledge and belief:	that the info	ormatic	on provided a	nd contained herein i.	s true and co	orrect	to the best o	of my	
(Printed Name)				(Signature)					
INFORMATION IF FORM PRE	PAREDE		HER THAN	APPLICANT:	<u> </u>				
I declare under penalty of law that of which I have knowledge. I under prosecution and, upon conviction,	t this docu erstand tha	ment w t provid	as prepared i ding false info	by me at the request of ormation on behalf of					
(Printed Name)		(Signature)							
(Telephone Number)	(Telephone Number) (Street Address)				(City)		(State)	(Zip Code)	

ICE Form I-246 (03/08)