

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

**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 Enforcement and Removal Operations (ERO) office. Locate your nearest ERO office at <http://www.ice.gov/contact/ero/index.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
- 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 ERO

**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
- Safety or security concerns
- For any reason(s) pursuant to the discretion of the Secretary or his/her designee

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

**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. 1546, and you and the preparer to civil and criminal penalties pursuant to the Immigration and Nationality Act 274C and 8 U.S.C. 1324c.

**PRIVACY ACT NOTICE**

This information is collected under the authority 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 voluntary, however, requests for stays will not be considered unless this 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

**PUBLIC REPORTING BURDEN**

U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 30 minutes (0.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Office of the Chief Financial Officer/OAA/Records Branch  
U.S. Immigration and Customs Enforcement  
500 12th Street, SW STOP 5705  
Washington, DC 20536-5705

**(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.**

**APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL**

<b>For Internal Use Only</b>	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 type="checkbox"/> Denied <input type="checkbox"/> Denial letter attached.	
<input type="checkbox"/> Rejected <input type="checkbox"/> Incorrect Fee <input type="checkbox"/> Failure to submit in person <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Additional information attached.	
Date: _____ Decision made by _____ (Printed Name/Title)	
Deciding Official Signature: _____ Office: _____	

File Number	Date			
Last Name	First Name	Middle Name		
Address (Number and Street):		Country of Citizenship:	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:	State:	Zip Code:	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:	Cell Telephone Number:	Sections of law for which of ordered deported/removed:		

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


EVIDENCE SUBMITTED (attached):

<input type="checkbox"/> Medical <input type="checkbox"/> Brief <input type="checkbox"/> Other (specify): _____
---

*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:*

\_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

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.*

\_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Telephone Number) \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)