

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

UNITED STATES ATTORNEY

FILE
DATE

PROSECUTION REPORT

DEFENDANT(S)		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		AGE
CITIZENSHIP		RESIDENCE		
STATUTES VIOLATED		PLACE OF ENTRY	LAWFUL <input type="checkbox"/> UNLAWFUL <input type="checkbox"/>	DATE OF ENTRY
SYNOPSIS (INCLUDE PURPOSE AND MANNER OF ENTRY, IF APPROPRIATE)				
MENTAL AND PHYSICAL CONDITION		DEPENDENTS		
NO. TIMES DEPORTED	PLACE LAST DEPORTED FROM	DATE LAST DEPORTED	GRANTED VOLUNTARY DEPARTURE _____ TIMES, LAST ON _____	
APPREHENDED BY		DATE APPREHENDED	PLACE APPREHENDED	
ADDITIONAL WITNESSES				
CRIMINAL RECORD				
COMPLAINT AUTHORIZED BY		FILED BY	DATE FILED	
PLACE COMPLAINT FILED		DATE ARRAIGNED	DETAINED AT	
DISTRIBUTION		SIGNATURE	TITLE	

RECORD OF DEPORTABLE ALIEN

(See A.M. — 2790.31 - 34 for Instructions)

Name (Capital Letters) Given Name Middle Name

Sex Hair Eyes Complexion

Height Weight Occupation

Type of Citizenship Passport Number and Country of Issue File Number

Scars or Marks

Address (Residence) (Number) (Street) (City) (State) (Zip Code)

F.B.I. No. Marital Status Single Married Separated Divorced Widow(er)

Place, Time, Manner of Last Entry Passenger Boarded At

Method of Location/ Apprehension

Address, Street, City, Province (State) and Country of Permanent Residence

(At/Near) Date & Hour

Date of Action Location Code

By

Province (State) and Country of Birth AR Form: (Type & No.) Lifted Not Lifted

Status at Entry Status When Found

Issued At—NIV No. Social Security Account Name

Length of Time Illegally in U.S.

Visa Issued Social Security No. Send C.O. Rec. Check To:

Criminal Record

Migration Record

Number & Nationality of minor Children

Name, Address, and Nationality of Spouse (Maiden Name, if appropriate)

Mother's Present and Maiden Names, Nationality, and Address, if Known

Name, Address, and Nationality of Spouse (Maiden Name, if appropriate)

Deportation Charge(s) (Code Words)

Fines Due/Property in U.S. Not in Immediate Possession Fingerprinted Yes No

From: To: Salary \$ _____ hr.

Name and Address of (Last) (Current) U.S. Employer Type of Employment

Deportation Charge(s) (Code Words)

Narrative (Outline particulars under which alien located, apprehended. Include details, not shown above, re time, place, manner of last entry, and elements which establish administrative, investigative and/or criminal violation. Indicate means and route of travel to interior) Alien has been advised of communication privileges pursuant to 8 CFR 242.2(e). Initial _____ Date _____

(Signature and Title)

(If space insufficient, show "continued" and continue on reverse, from bottom up):

DISTRIBUTION

Received (subject and documents) (report of interview) from
 Officer: _____
 _____ 19____ at _____ (): _____ M.
 Disposition _____
 (Receiving Officer) _____

MEMORANDUM OF INVESTIGATION

File Number	Title:	Control Office
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Investigator		Date