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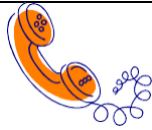
DOCUMENTATION NEEDED IN AN IMMIGRATION EMERGENCY

WARNING: *The information shared here is of a general nature. Although it is useful and helpful guide, **IT DOES NOT CONSTITUTE LEGAL ADVICE.** Every immigration case is different. Consult your attorney for legal advice on your immigration matter. If you do not have an attorney, we have attached a list of legal service providers in Idaho. Review this folder. With reference to any non-Spanish or English translation, The Alliance of Idaho is not responsible for its quality or accuracy.*



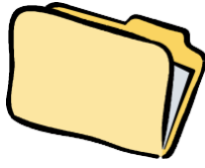
Information, Resources & Forms

1. Important Phone Numbers
2. Important Family Facts
3. Medical Information and Family Data
4. Important Data in Case of Legal Problems, Identity Theft, and Fraud
5. Emergency Data for Pets
6. Power of Attorney Delegating Paternal Power (Patria Potestad)
7. Power of Attorney Delegating Administrative Powers and Acts of Ownership
8. List of Immigration Attorneys and Service Providers
9. Information on Nearest Consulates
10. ICE Regional Offices and Detention Centers (Guide to Locating a Detained Person)
11. Documents Explaining Your Legal Rights to ICE (and Peers)



Important Phone Numbers

Emergency: In case of a serious emergency - CALL 911	Insurance Information:
	Health Insurance
	Company:
Police Department:	Phone Number:
Fire Department:	Policy Number:
Consulate of my country:	Car Insurance:
<u>Family/Important Contacts in the U.S.</u> <u>USA</u>	Company:
Name:	Phone Number:
Home Phone:	Policy Number:
Cellular:	Car 1:
Work:	VIN #/Plate #:
Relation:	Car 2:
Name:	VIN #/Plate #:
Home Phone:	Home Insurance / Renters Insurance
Cellular:	Company:
Work:	Telephone:
Relation:	Policy Number:
<u>Family/Important Contacts in my Country</u>	<u>Important Medical Information</u>
Name:	Doctor's Name
Home Phone:	Telephone:
Cellular:	Dentist Name:
Work:	Telephone:
Relationship:	Name of Pediatrician:
Name:	Telephone:
Home Phone:	Hospital:
Cellular:	Telephone:
Work:	Pharmacy:
Relationship:	Telephone:



Important Family Information

Use this form to have all the important information in one place.

Save the originals of each document in a safe place (e.g., a safety deposit box)

Important Work Numbers

Important Numbers of Schools/Nurseries

Job #1

School #1

Name:

Child's Name:

Telephone:

School Name:

Supervisor:

Teacher's Name:

Start date:

Telephone:

Union Rep.:

School Identification Number:

Telephone:

Child's Name:

Job #1

School Name:

Name:

School Identification Number:

Telephone:

School #2

Supervisor:

Child's Name:

Start Date:

School Name:

Union Rep.:

Teacher's Name:

Telephone:

Telephone:

Important information about your vehicles

School Identification Number:

Vehicle Make/Model 1:

Child's Name:

Plate #:

Teacher's Name:

VIN/ID#:

School Identification Number:

Car Loan:

Social Security #/ITIN

Car Insurance:

Name:

Vehicle Make/Model 2:

Number:

Plate #:

Name:

VIN/ID#:

Number:

Car Loan:

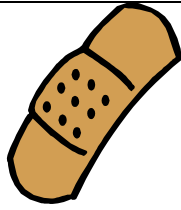
Name:

Car Insurance:

Number:

Attach a copy of the license plate and insurance of each vehicle and a photograph of each vehicle.

Attach a copy of each social security card



Medical Information and Family Data

Attach a copy of birth certificates, immunization records, and photos of each family member.

Family Member #1

Name:

Date of birth:

Organ Donor: **Yes** **No**

Allergies:

Medications:

Medical Conditions and Medical History

Family Member #2

Name:

Date of birth:

Organ Donor: **Yes** **No**

Allergies:

Medications:

Medical Conditions and Medical History:

Family Member #3

Name

Date of birth:

Organ Donor: **Yes** **No**

Allergies:

Medications:

Medical Conditions and Medical History

Family Member #4

Name:

Date of birth:

Organ Donor: **Yes** **No**

Allergies

Medical Conditions and Medical History

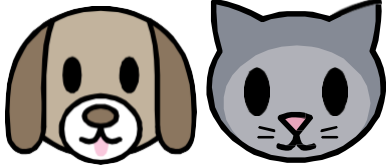
<u>Family Member #5</u>	
Name:	
Date of birth:	Organ Donor: yes No
Allergies:	
Drugs:	
Medical Conditions and Medical History:	
<u>Family Member #6</u>	
Name:	
Date of birth:	Organ Donor: Yes No
Allergies:	
Drugs:	
Medical Conditions and Medical History:	
<u>Family Member #7</u>	
Name:	
Date of birth:	Organ Donor: Yes No
Allergies:	
Drugs:	
Medical Conditions and Medical History:	
<u>People who CAN pick up my children from school/daycare</u>	<u>People who CANNOT pick up my children</u>
Name:	Name:
Date of birth:	
Home Phone:	Name:
Cell Phone Number:	
Job Number	Name:
Relation:	
Name:	*Important notice: The people listed in these sections are allowed/not allowed to pick up and make decisions on your behalf from your children. *If there is a restraining order, attach a copy of this order and file another copy with your child's school and/or daycare.
Date of birth:	
Home Phone:	
Cell Phone Number:	
Job Number:	
Relation:	



Important Data in Case of Legal Problems, Identity Theft, and Fraud

*For your security, DO NOT WRITE your credit card numbers or account numbers on this page.
document.*

<u>Credit Card Companies</u>	<u>Contacts for your financial affairs</u>
Card #1	Checking #1
Company:	Bench:
Toll-free number:	Toll-free number:
Names on the cards:	People with access:
Card #2	Checking #2
Company:	Bench:
Toll-free number:	Toll-Free Phone Number
Names on Cards	People with access:
Card #3	Savings Account #1
Company:	Bench:
Toll Free Phone Number:	Toll-Free Phone Number
Names on Cards:	People with access:
<i>Report credit card theft IMMEDIATELY!</i>	Savings Account #2
	Bench:
	Toll-Free Phone Number
People with access:	
<u>Public Agency Contacts</u>	<u>Civil Legal Assistance</u>
Help Against Domestic Violence:	Legal Help:
District attorney/public prosecutor:	Immigration Attorney:
Report Child Abuse:	Other Attorney:



Emergency Data for Pets

Pet #1

Name:

Date of birth:

Race:

Description:

Registration Number:

Medications:

Medical Problem:

Pet #2

Name::

Date of birth:

Race:

Description:

Registration Number:

Medications:

Medical Problem:

Veterinarian

Emergency accommodation for Pets

Name:

Name:

Phone Number:

Phone Number

Address:

Address:

Emergency Number

Attach a photograph of each pet!

POWER OF ATTORNEY DELEGATING PARENTAL POWERS

_____ and

_____, parent(s), named on the child/ren's birth certificate **or** legal guardian(s) of the following minor child/ren:

_____ Born _____,
_____ Born _____,
_____ Born _____,
_____ Born _____,

pursuant to Idaho Code Section 15-5-104, delegates their/his/her parental powers to:
_____ [name(s)],

of _____

_____ [current address].

This delegation of power includes all powers regarding the care, custody, and property of the minor child(ren) except the power to consent to marriage or adoption of the minor child(ren). By executing this parental power of attorney and temporarily delegating parental powers, the parent(s) of the named child/ren do not herein renounce their parental rights.

This power expressly allows our/my delegate to travel outside the United States with the minor child/ren. []Yes []No.

This power of attorney is effective only upon the detention of the parent(s) by Immigration Authorities (or other officers or government authorities acting on behalf of federal immigration authorities). Immigration Authorities include, but are not limited to, any law enforcement officer deputized with the ability to enforce the immigration laws of the United States of America. Independent proof verified by a third-party showing that it is more likely than not that the Principal was detained is required. Assurances of the designated Agent without independent proof is insufficient to prove that the Principal was detained by Immigration Authorities

This power of attorney shall remain in full force and effect for _____, unless earlier revoked by me in writing.

Signature of Parent or Guardian #1

Signature of Parent or Guardian #2

STATE OF IDAHO)

County of _____)

On the ____ Day of _____, _____, before me, a Notary Public, personally appeared _____, known or identified to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

Notary Public for _____
Residing at _____
Commission expires: _____

CERTIFICATE OF SIGHT TRANSLATION

I, _____, am competent to interpret between
English (Name of translator)

and _____ and certify that I have read
(language)

_____ to the respondent
(names of documents)

in _____.
(language)

The respondent stated that he/she understood its contents.

(Signature of translator)

(typed/printed name of translator)

(Address of translator)

(Address of translator)

(telephone number of translator)

**IDAHO STATUTORY FORM POWER OF ATTORNEY
OF**

[PRINCIPAL NAME]: _____

Important Information

This power of attorney authorizes another person (your agent) to make decisions concerning your property and interests for you (the principal). The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code.

This power of attorney does not authorize the agent to make health care decisions for you.

You, the Principal, should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

1. **Designation of Agent.** I, _____ [PRINCIPAL NAME], name the following person as my agent:

Name: _____ [AGENT NAME]

Address: _____ [ADDRESS]

Telephone Number: _____ [TELEPHONE NUMBER]

2. **Designation of Successor Agent(s) (Optional).** If my agent is unable or unwilling to act for me, I name as my successor agent:

Name: _____ [SUCCESSOR AGENT NAME]

Address: _____ [ADDRESS]

Telephone Number: _____ [TELEPHONE NUMBER]

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name: _____[SECOND SUCCESSOR AGENT NAME]

Address: _____[ADDRESS]

Telephone Number: _____[TELEPHONE NUMBER]

3. Grant of General Authority. I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the uniform power of attorney act, chapter 12, title 15, Idaho Code:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects, you may initial "All Preceding Subjects" instead of initialing each subject.)

- _____ Real Property
- _____ Tangible Personal Property (Including Automobiles)
- _____ Banks and Other Financial Institutions
- _____ Operation of an Entity or Business
- _____ Insurance
- _____ Claims and Litigation
- _____ Personal and Family Maintenance (Including Payment of Bills)
- _____ Benefits from Governmental Programs
- _____ Retirement Plans
- _____ Taxes
- _____ All Preceding Subjects

4. My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

5. Limitation on Agent's Authority. An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

6. Special Instructions (Optional). On the following lines you may give special instructions:

7. Effective Date. This power of attorney is effective only upon the detention of the Principal by Immigration Authorities (or other officers or government authorities acting on behalf of federal immigration authorities). Immigration Authorities include but are not limited to any governmental law enforcement officer deputized with the ability to enforce the immigration laws of the United States of America. Independent proof verified by a third-party showing that it is more likely than not that the Principal was detained is required. Assurances of the designated Agent without independent proof is insufficient to prove that the Principal was detained by Immigration Authorities.

8. Reliance on This Power of Attorney. Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it is terminated or invalid.

Executed on _____[DATE].

 _____ Main

STATE OF IDAHO)
)
 COUNTY OF [BLAINE])

On this _____Day of _____, before me, a Notary Public in and for said state, personally appeared _____[PRINCIPAL NAME], known or identified to me to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged to me that [he/she/they] executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

 Notary Public for Idaho
 Residing at _____
 My commission expires _____

IMPORTANT INFORMATION FOR AGENT

1. Agent's Duties. When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

(a) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(b) Act in good faith;

(c) Do nothing beyond the authority granted in this power of attorney; and

(d) Disclose your identity as an agent whenever you act for the principal by signing the name of the principal and signing your own name as "agent" in the following manner:

_____ [PRINCIPAL NAME] by _____ (Your Signature) as agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

(a) Act loyally for the principal's benefit;

(b) Avoid conflicts that would impair your ability to act in the principal's best interest;

(c) Act with care, competence and diligence;

(d) Keep a record of all receipts, disbursements, and transactions conducted for the principal;

2. Termination of Agent's Authority. You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

(a) Death of the principal;

(b) The principal's revocation of the power of attorney or your authority;

(c) The occurrence of a termination event stated in the power of attorney;

(d) The purpose of the power of attorney is fully accomplished

3. Liability of Agent. The meaning of the authority granted to you is defined in the act. If you violate the act or act outside the authority granted, you may be liable for any damages caused by your violation.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR DUTIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.

CERTIFICATE OF SIGHT TRANSLATION

I, _____, am competent to interpret between
English (Name of translator)

and _____ and certify that I have read
(language)

_____ to the respondent
(names of documents)

in _____.
(language)

The respondent stated that he/she understood its contents.

(Signature of translator)

(typed/printed name of translator)

(Address of translator)

(Address of translator)

(telephone number of translator)

List of Immigration Attorneys and Service Providers

Name	Contact	ADDRESS	Practice	Languages
Angela Levesque Angela Richards	(208) 473-2344 (208) 473-2345 Fax	Levesque Law, PLLC 176 E. Calderwood Dr. Suite 150 Meridian, ID 83642	Immigration Law Based on The family Deportation proceedings DACA Consular Processing Advanced Parole U/T Visa/VAWA Visa Fiancé Petitions (K-1) Naturalization LPR (I-90) Renewals Current Probation	Spanish English
Brandy Pérez	(208) 504-6079	Perez Law, PLLC 5680 East Franklin Road, STE 230 Nampa, ID 83687	Deportation Defense Immigration Law Immigration Law Based on The family Citizenship	English Spanish
Brian Blender	(208) 287-8203	Blender Law Office 300 W. Myrtle Street Suite 200 Boise, ID 83702	Deportation Defense Immigration Law Immigration Law Based on Family Citizenshi p Asylum U Visa	English Spanish
Chantell Abou- Hamdam Pink Brotherhood	(208) 453-3108	CCI-Familias Unidas 317 Happy Day Blvd Ste 170 Caldwell, ID 83607	Immigration Law Based on Family Citizenshi p Asylum U Visa	English Spanish
Chris Christensen	(208) 995-2919	Christensen Legal PLLC 3222 W Overland Rd, Boise, ID 83705	Removal Defense Family Petitions Forms of Relief for Victims of Crime Asylum Immigration Based on employment I-9 Audits DACA Renewals Immigration Bonds	Spanish English
Esperanza Granados	(208) 557-8722	Granados Immigration Law, PLLC 2043 E Center St #102, Pocatello, ID 83201	Deferred Action Citizenship Visas for victims of crime.	English Spanish
Juan Barrera	(208) 466-1800 (208) 466-1803Fax	Barrera Legal Group 218 12th Ave Road South,	Deportation Defense Immigration Law	Spanish English

		Nampa, Idaho 83686	Family and Employment-Based Immigration Law Citizenship Criminal defense for felonies and misdemeanors	
Joshua Despain Mariella Díaz	(208) 391-2020 (208) 485-7969 Fax	Wilner & O'Reilly 10173 W Overland Rd, Boise, ID 83709	Immigration Law Based on Family Asylum U Visa Deportation Defense	Spanish English
Luis Campos	(208) 913-0067	The Alliance of Idaho 314 S. River St. Ste 201 Hailey, ID 8333	Deportation Defense Immigration Law Immigration-Based Law Family Citizenship SIJS DACA VISA U VAWA Asylum Consular Processing LPR Renewals	Spanish English
Monica Salazar	(208) 889-8109 (208) 309-8759	Salazar Law, PLLC 132 McClure Ave, Nampa ID 83651 488 Blue Lakes Blvd N #104, Twin Falls, ID 83301	Deportation Defense Immigration Law Family and Employment-Based Immigration Law Citizenship	Spanish English
Nathan Fowler	(208) 563-5900	Echelon Law 1146 Eastland Dr. N Twin Falls, ID 515 E 5th St. N Burley, ID 83318	Immigration Law Based on Family Citizenship DACA U Visa	English Spanish
Nicole Derden	(208) 287-4200 (208) 287-4201 Fax	Law Office of Nicole R. Derden 3332 N. Meridian Road Meridian, ID 83646 126 S. Main Street Hailey, ID, 83333 nicolederden@law.com	Deportation Defense Immigration Law Family and Employment-Based Immigration Law Citizenship Visa T Visa U	Spanish English
Talia Burnett Neal Dougherty Nikki Ramirez-Smith	(208) 461-1883	Ramirez-Smith Law 444 W Iowa Ave., Nampa, ID 83686 215 W Yakima Ave., Ste. 4, Jerome, ID 83338	Deportation Defense Immigration Law Family and Employment-Based Immigration Law Citizenship VAWA U-Todos Asylum SIJS Criminal offense	Spanish English

NEAREST CONSULATE

MEXICAN CONSULATE

Boise, ID: (NEW ADDRESS)

454 W. Washington St.

Boise, ID 83712

Phone: 208-343-6228

Fax: 208-343-6228

Email: info Boise@sre.gob.mx

Website: <https://consulmex.sre.gob.mx/boise/>

Salt Lake City, UT:

660 S 200 E Suite 300

Salt Lake City, UT 84111-3835

Phone: 801-521-8502

Website: <https://consulmex.sre.gob.mx/saltlakecity/>

Portland, OR:

1305 SW 12th Avenue

Portland, OR 97201

Phone: 503-274-1442

Email: portland@sre.gob.mx

Website: <https://consulmex.sre.gob.mx/portland/>

PERUVIAN CONSULATE

Salt Lake City, UT:

111 E Broadway Suite 220

Salt Lake City, UT 84111

Phone: 385-267-1146

Email: conperslc@gmail.com

Denver, CO:

6795 E Tennessee Ave Suite 550

Denver, CO 80224

Phone: (303) 355-8555

Email: conperdenver@consuladoperu.net

Website:

<https://www.consulado.pe/es/Denver/Paginas/Inicio.aspx>

San Francisco, CA:

870 Market Street, Suite 1075

San Francisco, CA 94102

Phone: (415) 362-5185

Email: informacion@conpersf.com

Website:

<https://www.consulado.pe/es/SanFrancisco/Paginas/Inicio.aspx>

ECUADORIAN CONSULATE

Los Angeles, CA:

3600 Wilshire Blvd Suite 1404

Los Angeles, CA 90010

Phone: 323-658-6020

Email: ceculosangeles@cancilleria.gob.ec

Website: <https://www.cancilleria.gob.ec/losangeles/>

ARGENTINE CONSULATE

Los Angeles, CA:

5055 Wilshire Blvd Suite 210

Los Angeles, CA 90036

Phone: (323) 954-9155

Email: clang@mrecic.gov.ar

Website: <https://clang.cancilleria.gob.ar/es>

GUATEMALAN CONSULATE

Seattle, WA:

18000 International Blvd. South Tower, Suite 1005

Seattle, WA 98188

Phone: 206-888-5319 or 206-888-5320

Email: consseattle@minex.gob.gt

Website: <https://minex-gob-gt.my.site.com/pc/s/citas-consulars>

Denver, CO:

1001 S Monaco St Pkwy Suite 101

Denver, CO 80224

Phone: (303) 629-9212

Email: consdenver@minex.gob.gt

Website: <https://minex-gob-gt.my.site.com/pc/s/citas-consulars>

San Francisco, CA:

659 A Merchant Street

San Francisco, CA 94111

Phone: 415-563-8319

Email: conssanfrancisco@minex.gob.gt

Website:

<https://minex-gob-gt.my.site.com/pc/s/citas-consulares>

SALVADORAN CONSULATE

Salt Lake City, UT:

124 S 400 E Suite 410

Salt Lake City, UT 84111

Phone: 385-259-0305 or 888-301-1130

Email: consuladosaltlakecity@rree.gob.sv

Website: <https://rree.gob.sv/>

Seattle, WA:

Broderick Building 615 Second Ave. Suite 50

Seattle, WA 98104

Phone: 206-971-7950

Email: consuladoseattle@rree.gob.sv

Website: <https://rree.gob.sv/>

Aurora, CO:

1450 S. Havana St. Suite 100

Aurora, CO. 80012

Phone: 720-485-5412

Email: consulodoaurora@rree.gob.sv

Website: <https://rree.gob.sv/>

NICARAGUAN CONSULATE

New York, NY:

820 Second Ave, Suite 802

New York, NY 10017

Phone: (212) 986-6562

PANAMANIAN CONSULATE

Los Angeles, CA:

111 W Ocean Blvd Suite 1120

Long Beach, CA 90802

Phone: 562-612-4677

Email: consulate.pty.lax@outlook.com

Website: <https://panaconsul.net/>

COSTA RICAN CONSULATE

Los Angeles, CA:

8383 Wilshire Blvd Suite 641

Beverly Hills, CA 90211

Phone: 323-424-7112

Email: concr-us-ca2@rree.go.cr

Website:

<https://calendly.com/consuladocostaricalosangeles>

HONDURAN CONSULATE

Seattle, WA:

1107 Grady Way SW Suite 100

Renton, WA 98057

Phone: 206-420-0947

Email: consuladoseattle@gmail.com

San Francisco, CA:

1700 California St. Suite 460

San Francisco, CA 94109

Email: consuladohnsanfrancisco@gmail.com

Website:

<https://citaconsular.sreci.gob.hn/citaconsular/pages/layout/CitaConsular.php>

BOLIVIA CONSULATES

Los Angeles, CA:

3701 Wilshire Blvd Suite 1065

Los Angeles, CA 90010

Phone: (213) 388-0475

Email: info@boliviala.org

Website: [https://consulados.cancilleria.gob.bo/los-angeles /](https://consulados.cancilleria.gob.bo/los-angeles/)

COLOMBIAN CONSULATES

San Francisco, CA:

456 Montgomery St. Suite 400

San Francisco, CA 94104

Phone: 888-764-3326

Email: csanfrancisco@cancilleria.gov.co

Website: <https://sanfrancisco.consulado.gov.co/>

Los Angeles, CA:

8383 Wilshire Blvd Suite 930

Beverly Hills, CA 90211

Phone: 888-764-3326

Email: closangeles@cancilleria.gov.co

Website: <https://losangeles.consulado.gov.co/>

DETENTION CENTERS

Northwest ICE Processing Center (NWIPC)

Seattle Field Office
1623 E J. Street, Suite 2
Tacoma, WA 98421-1615
Phone: 253-396-1611

Elmore County Detention Center (Elmore County Jail)

Salt Lake City Field Office
2255 East 8th North
Mountain Home, ID 83647
Phone: 208-587-9103

Henderson Detention Center Salt Lake Field Office

18 E. Basic Road
Henderson, NV 89015
Phone: 702-388-6253

Nevada Southern Detention Center Salt Lake City Field Office

2190 E. Mesquite Avenue
Pahrump, NV 89048
Phone: 775-751-4500

Washoe County Jail

Salt Lake City Field Office
911 E. Parr Blvd
Reno, NV 89512
Phone: 775-328-3308

Search Using the Online Locator
<https://locator.ice.gov/odls/#/search>



Online Detainee Locator System

Search Page

Select a different language
English

Use this page to locate a detainee who is currently in ICE custody or who has been in U.S. Customs and Border Protection's custody for more than 48 hours.

Online Detainee Locator System cannot search for records of persons under the age of 18.

Search by A-Number

If you know the detainee's A-Number, ICE recommends you use the A-Number search. The A-Number must be exactly nine digits long. If the A-Number has fewer than nine digits, please add zeros at the beginning. You are also required to select the detainee's correct Country of Birth. (* Required Field)

A-Number: *
A-Number

Country of Birth: *
-- Select a Country --

Search by A-Number

Search by Biographical Information

When searching by name, a detainee's first and last names are required and must be an exact match (e.g., John Doe will not find Jon Doe or John Doe-Smith). When inputting a hyphenated last name into the Online Detainee Locator System, please include hyphen in order for the locator to find the individual (e.g., Doe-Smith). You are also required to select the detainee's Country of Birth. (* Required Field)

First Name: *
First Name

Last Name: *
Last Name

Country of Birth: *
-- Select a Country --

Month: Day: Year:

Search by Biographical Information

ICE OFFICES

Boise Field Office

1185 S. Vinnell Way

Boise, ID 83709

Phone: (208) 685-6635

Twin Falls Office

212 Deere Street

Twin Falls, ID 83301

Phone: (208) 737-3820

Idaho Falls Office

207 S N Boulevard

Idaho Falls, ID 83402

Phone: (208) 535-5100

Seattle Field Office

12500 Tukwila International Blvd.

Seattle, WA 98168

Phone: 206-277-2080

States Covered: Alaska, Oregon, Washington

Spokane Field Office

411 W. Cataldo Ave.

Spokane, WA 99201

Phone: 509-329-5107

Utah Field Office

2975 Decker Lake Dr

Suite 100

West Valley City, UT 84119-6096

Phone: 801-736-1200

States Covered: Utah, Idaho, Montana,
Nevada

**I am going to remain silent.
I want to see a lawyer.
I do not consent to any searches.**

**I want to make sure I understand any of
your commands or instructions.
Please provide me an interpreter / translator in
_____ language**

**I am going to remain silent.
I want to see a lawyer.
I do not consent to any searches.**

**I want to make sure I understand any of your
commands or instructions.
Please provide me an interpreter / translator in
_____ language**

**I am going to remain silent.
I want to see a lawyer.
I do not consent to any searches.**

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