CERTIFICATION OF CRIMINAL INVESTIGATION BY IMMIGRATION CUSTOMS AND ENFORCEMENT (ICE)

This form must be reviewed and approved by the Governor’s General Counsel before access to the individual may be granted.

Name: ___________________________ Title: ___________________________

Incarcerated individual: ___________________________ DOC number: ___________________________

CERTIFICATION

By signing this form, you are certifying, under penalty of perjury under the laws of the United States and the state of Washington, that the purpose of your interview of the individual named above is to investigate the following criminal offense(s):

Criminal offense(s):

________________________________________________________

Statutory authority/citation (e.g, USC, RCW):

________________________________________________________

________________________________________________________

Signature ___________________________ Date ___________________________ Place ___________________________

ACKNOWLEDGEMENT

ICE agent: ___________________________ Date: ___________________________

You have been granted access to interview the individual named above for immigration-related matters. Your access is conditioned on your acknowledgment that:

a. The individual named above has consented to be interviewed by you, but the individual may limit the information shared with you during the interview.

b. The scope of the interview is limited to the immigration status or immigration proceedings specific to the individual you seek to interview. (If you are seeking to interview this individual related to the investigation of other persons or other criminal offenses, you must complete a separate form attesting to the general nature of your investigation and listing the relevant criminal code citation(s)).

c. You will not coerce, intimidate, threaten, or mislead the individual during your interview.

d. You will not pressure the individual to sign any document. If the individual is unable to read in English, you will not present a document for signature unless translated into the individual’s primary language.

e. Failure to comply with these guidelines may result in denial of all future requests to access incarcerated individuals.

Signature ___________________________ Title ___________________________ Date ___________________________

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Headquarters COPY - Central file, ICE agent, Incarcerated individual

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