



The ACLU's Border Litigation Project investigates, documents, and litigates civil and human rights violations in the U.S.-Mexico border region.

BORDER PATROL ABUSES INTAKE QUESTIONNAIRE

The ACLU of San Diego & Imperial Counties is investigating U.S. Border Patrol practices in San Diego and Imperial Counties to determine whether to pursue litigation, and if so, on what issues.

As part of our investigation, we are seeking information about problems community members have had with U.S. Border Patrol agents.

By completing this form, you are asking the ACLU of San Diego & Imperial Counties to consider representing you in litigation. Regardless of whether we eventually represent you, we will keep your responses confidential. Please note: this form does not mean that the ACLU promises to take your case, represent you, or provide any legal advice or representation at this time.

We will get back to you as quickly as we can. In the meantime, please be aware that you are responsible for meeting any deadlines that might apply to your case, and this form provides no legal advice about any such deadlines.

Please note: We typically do not represent people for the primary purpose of winning monetary compensation. Instead, we are considering litigation for the purpose of changing U.S. Border Patrol's policies and practices. If you are primarily interested in taking legal action to receive monetary compensation, you may wish to contact a private attorney. You may get a referral from the Lawyer Referral & Information Service of the San Diego County Bar Association, (619) 231-8585. Even if that is the case, we would still appreciate you completing this form, as your information could still be important to our investigation.

PLEASE PRINT CLEARLY

NAME: _____ DATE: ____/____/____

ADDRESS: _____

PHONE: (_____) _____ E-MAIL: _____

Are you currently represented by an immigration or criminal defense attorney? YES ☐ NO ☐

If yes, please provide name & contact details: _____

If you do not have a phone, or an address where we can reach you, please provide the name, address, phone number, and email address of someone we can contact to leave a message:

Have you experienced abuse from the U.S. Border Patrol?

Please check one: YES ☐

NO ☐

I don't know / I'm not sure ☐

INCIDENT INFORMATION:

Please be brief but include details such as when and where the problem occurred. *Please include the names of all people and/or government agencies with whom you have a complaint.* If you need more space, please write on the back or use additional sheet(s) of paper.

Date: _____ Time: _____

Location: _____

Which agency was involved in the incident? Please check all that apply.

☐ U.S. Border Patrol (green uniforms; often driving white trucks with green stripes)

☐ Other U.S. Customs & Border Protection officer ("CBP") (dark blue or black uniforms)

☐ U.S. Immigration and Customs Enforcement ("ICE") (dark blue or black uniforms)

☐ San Diego Police Department

☐ San Diego County Sheriff's Department

☐ Imperial County Sheriff's Department

☐ I'm not sure. Please share any details you can remember: _____

☐ Other. Please specify: _____

How many officers were involved? _____

Did you obtain any agent or officer's name, badge number, or any other identifying information?

YES ☐

NO ☐

If yes, please give details: _____

Did the agent(s) or officer(s) search you or your car?

YES ☐

NO ☐

If so, did you consent to the search?

YES ☐

NO ☐

Did the agent(s) or officer(s) have a search warrant?

YES ☐

NO ☐

Was a dog used in the search?

YES ☐

NO ☐

If yes to any of these questions, please give details: _____

Did the agent(s) or officer(s) take any of your property?

YES ☐

NO ☐

If yes, please give details: _____

Were you detained? YES ☐ NO ☐

If yes, please give details: _____

If you are not sure: did you feel like you were free to leave? YES ☐ NO ☐

If no, please give details: _____

Did the agent(s) or officer(s) use or display weapons? YES ☐ NO ☐

If yes, please give details: _____

Did the agent(s) or officer(s) use force against you? YES ☐ NO ☐

If yes, please give details: _____

Were you injured because of the incident? YES ☐ NO ☐

If yes, please give details: _____

Did you receive treatment after the incident? YES ☐ NO ☐

If yes, please give details, including treating doctor/clinic/hospital: _____

Do you believe that this incident occurred because of your race, ethnicity, gender, or where you live? YES ☐ NO ☐ *If yes, please give details:*

Other/Additional information: _____

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