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

AFFIDAVIT IN LIEU OF LOST RECEIPT OF UNITED STATES ICE FOR COLLATERAL ACCEPTED AS SECURITY

OMB No. 1653-0045 Expiration 4/30/2019

State of		If Kno	own: Bonded Alien	A Number	
County of		Date a	Date and Place of Birth		
		Recei	ipt Number		
I,(Obligor's Name)	hereby duly sworn,	depose and say:			
That I reside at: (Number) (Street)		(City)	(State)	(Zip Code)	
That I am the surety on an immigration bond exe			,	, ,	
, ,		(Alien's Name)			
at(Office where bond			on(Date bond		
That as collateral security under such bond I depas follows: (Amount of Bond)	posited with the Imm				
That the receipt which was issued to me on the scollateral security has been lost under the follow				or such	
That if the social association benefit in the social association to so			ion and Overtones F		
That if the said receipt is located, I promise to se	ee that it is surrende	red to the immigrati	ion and Customs E	nforcement;	
That there are no other claimants to the said coll any interest therein to any other party;	lateral security and	have not assigned	I the same or any p	art thereof or	
That I, on behalf of myself, my heirs, administrat and any of its agencies, officers and employees which may or might arise by reason of the surrer issued therefore. This affidavit will not be effective the Bonds Section at Financial Operations – Bur Williston, VT 05495, its validity confirmed, and it Section will return it with a brief explanation of w	and save them harr nder to me of the sa we unless it is proper lington, U.S. Immign is entered into an IO	nless from any clair id collateral security ly notarized, and uration and Customs CE database. If this	m, loss or liability w y without my produc ntil the original form Enforcement, P.O.	hatsoever cing the receipt n is received by . Box 5000,	
		Signature			
Subscribed and sworn to before me					
At: (Location)	Obligor Taypay	er Identification Nur	mher		
On:		Security Number)	HIDGI		
(Date)					
,			Notary	Seal	
MY COMMISSION EXPIRES ON:					

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Privacy Statement

Authority and Purpose: The Immigration and Nationality Act, as amended, (8 U.S.C. 1103, 1183, 1226, 1229c, and 1363) and Executive Order 9395 authorize the collection of this information, including your Social Security number (SSN), to permit an individual or company to sign a notarized affidavit when the original Receipt of Immigration Officer-United States Bonds, Notes or Cash (ICE Form I-305) is lost or missing.

Disclosure: Submission of this form and the information contained on this form, including your SSN, is voluntary; however, the obligor will be unable to reclaim the principal amount of the immigration bond unless this form or the original ICE Form I-305 is provided to ICE.

Routine Uses: This information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to support the enforcement of immigration laws and the provision of immigration benefits. DHS may share this information with the U.S. Justice Department and other Federal and State agencies for collection, enforcement, investigatory, or litigation purposes, or as otherwise authorized pursuant to its published Privacy Act system of records notice.

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 (.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 the Department of Homeland Security, U.S. Immigration and Customs Enforcement, P.O. Box 5000, Williston, VT 05495.

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