## 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

			IB No. 1653-0045 biration 3/31/2016
State of		If Known: Bonded Alien	
County of		Date and Place of Birth	
		Receipt Number	
I,(Obligor's Name)	hereby duly sworn, depose a	nd say:	
That I reside at:			
(Number) (Street)	(City)	(State)	(Zip Code)
That I am the surety on an immigration bond exe	ecuted in behalf of	(Alien's Name)	
at		on	
at(Office where bond	was posted)	on(Date bond	was posted)
That as collateral security under such bond I dep as follows: (Amount of Bond)	posited with the Immigration a	nd Customs Enforcement ce	rtain securities
That the receipt which was issued to me on the collateral security has been lost under the follow			or such
That if the said receipt is located, I promise to se That there are no other claimants to the said col			
any interest therein to any other party;	,	, , , , , , , , , , , , , , , , , , ,	
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 surre- issued therefore.	and save them harmless from	any claim, loss or liability w	hatsoever
	Signature		
Subscribed and sworn to before me			
At:(Location)	Obligor Taxpayer Identific		
On:	(Social Security N	umper)	
(Date)		Notor	Seel
NOTARY PUBLIC (Signature):		– Notary	Seal
MY COMMISSION EXPIRES ON:			

## **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, PRA Officer, 801 I Street, N.W., Room 700, Washington, DC 20536 (Do not mail your completed application to this address.)