

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF GEORGIA

JACINTO CRUZ MUNOZ,

Petitioner,

v.

JOHN TSOUKARIS, Field Office Director of Enforcement and Removal Operations, ATLANTA Field Office, Immigration and Customs Enforcement; KRISTI NOEM, Secretary, U.S. Department of Homeland Security; U.S. DEPARTMENT OF HOMELAND SECURITY; PAMELA BONDI, U.S. Attorney General; EXECUTIVE OFFICE FOR IMMIGRATION REVIEW; JASON STREEVAL, Warden of STEWART DETENTION CENTER, CORECIVIC, Inc., a Nashville, Tennessee Corporation

Case No.

**MOTION FOR TEMPORARY
RESTRAINING ORDER**

Respondents.

1 **INTRODUCTION**

2

3 1. Petitioner JACINTO CRUZ MUÑOZ is currently in the physical custody of Respondents
4 at the STEWART DETENTION CENTER in Lumpkin, Georgia.

5 2. Petitioner brings this emergency motion for a temporary injunction to compel
6 Respondents to immediately transport him to a hospital or qualified medical facility for
7 diagnostic testing and evaluation by a licensed neurologist.

8 3. Since October 12, 2025, Petitioner has experienced serious neurological symptoms,
9 including paralysis, speech difficulty, vision impairment, and head pain. Despite these
10 symptoms, Petitioner has not received any diagnostic imaging or blood testing, and has
11 not been evaluated by a specialist.

12 4. Petitioner remains without a diagnosis based on standard medical texts for such serious
13 conditions, including stroke, neurological trauma, or infection.

14 5. Petitioner's condition continues to deteriorate, and Respondents have failed to provide
15 the level of medical care required under ICE detention standards and nationally
16 recognized correctional health guidelines.

17 6. Petitioner seeks narrowly tailored relief to prevent irreparable harm: an order requiring
18 Respondents to immediately transport him to a hospital for diagnostic testing and
19 neurological evaluation under the minimum standards applicable to Petitioner's
20 symptoms, and for Respondents to provide Petitioner with his medical records.

21 **JURISDICTION**

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23 7. Petitioner is in the physical custody of Respondents. Petitioner is detained at the
24 STEWART DETENTION CENTER in STEWART, GEORGIA.

- 1 8. This Court has jurisdiction under 28 U.S.C. § 2241(c)(3) and (5) (habeas corpus –
- 2 concurrently filed with the instant *Motion*), 28 U.S.C. § 1331 (federal question), and
- 3 Article I, section 9, clause 2 of the United States Constitution (the Suspension Clause).
- 4 9. This Court may grant relief pursuant to 28 U.S.C. § 2241, the Declaratory Judgment Act,
- 5 28 U.S.C. § 2201 *et seq.*, the All Writs Act, 28 U.S.C. § 1651, and the Administrative
- 6 Procedure Act at 5 U.S.C.A. § 704.
- 7 10. This Court may grant further relief under Rule 65 of the Federal Rules of Civil
- 8 Procedure, and may grant equitable relief to prevent irreparable harm and preserve the
- 9 status quo pending final resolution of the underlying claims.

10 **VENUE**

- 11 11. Pursuant to *Braden v. 30th Judicial Circuit Court of Kentucky*, 410 U.S. 484, 493- 500
- 12 (1973), venue lies in the United States District Court for the MIDDLE DISTRICT OF
- 13 GEORGIA, the judicial district in which Petitioner currently is detained.
- 14 12. Venue is also properly in this Court pursuant to 28 U.S.C. § 1391(e) because
- 15 Respondents are employees, officers, and agencies of the United States, and because a
- 16 substantial part of the events or omissions giving rise to the claims occurred in the
- 17 MIDDLE DISTRICT OF GEORGIA..

18 **REQUIREMENTS OF 28 U.S.C. § 2243**

- 19 13. The Court must grant the petition for writ of habeas corpus or order Respondents to show
- 20 cause “forthwith” why the petitioner is not entitled to relief. 28 U.S.C. § 2243. If an order
- 21 to show cause is issued, Respondents must file a return “within three days unless for good
- 22 cause additional time, not exceeding twenty days, is allowed.” *Id.*¹

14. Habeas corpus is “perhaps the most important writ known to the constitutional law . . .
affording as it does a *swift* and imperative remedy in all cases of illegal restraint or
confinement.” *Fay v. Noia*, 372 U.S. 391, 400 (1963) (emphasis added). “The application
for the writ usurps the attention and displaces the calendar of the judge or justice who
entertains it and receives prompt action from him within the four corners of the
application.” *Yong v. I.N.S.*, 208 F.3d 1116, 1120 (9th Cir. 2000) (citation omitted).

15. Habeas is all the more urgent in this case because of all the liberty interests protected
under this ancient cause of action, confinement whose consequences could be fatal is the
worst possible form of confinement – particularly when the proceedings holding
Petitioner are presumably civil, and punishment of any kind would be unlawful. No
greater punishment exists than medical neglect of this magnitude.

PARTIES

16. Petitioner JACINTO CRUZ MUÑOZ is a citizen of Mexico who has been in
immigration detention since the 24th of June , 2025. Petitioner is unable to obtain review
of his custody by an IJ, pursuant to the Board’s decision in *Matter of Yajure Hurtado*, 29
I. & N. Dec. 216 (BIA 2025). Due to this erroneous decision, combined with the prior,
unlawful denial ascribed to the lack of an NTA, it would be futile for Petitioner to apply
to EOIR without the intervention of this honorable Court.

17. Respondent JOHN TSOUKARIS is the Director of the Atlanta Field Office of ICE’s
Enforcement and Removal Operations division; however, on information and belief, the
DHS is rotating their Field Office Director without publishing a schedule of rotation. As
such, JOHN TSOUKARIS or his unknown, unannounced provisional replacement is

1 Petitioner's immediate custodian and is responsible for Petitioner's detention and
2 removal. He or his acting counterpart is named in his or her official capacity.

3 18. Respondent Kristi Noem is the Secretary of the Department of Homeland Security. She is
4 responsible for the implementation and enforcement of the Immigration and Nationality
5 Act (INA), and oversees ICE, which is responsible for Petitioner's detention. Ms. Noem
6 has ultimate custodial authority over Petitioner and is sued in her official capacity.

7 19. Respondent Department of Homeland Security (DHS) is the federal agency responsible
8 for implementing and enforcing the INA, including the detention and removal of
9 noncitizens.

10 20. Respondent Pamela Bondi is the Attorney General of the United States. She is
11 responsible for the Department of Justice, of which the Executive Office for Immigration
12 Review and the immigration court system it operates is a component agency. She is sued
13 in her official capacity.

14 21. Respondent Executive Office for Immigration Review (EOIR) is the federal agency
15 responsible for implementing and enforcing the INA in removal proceedings, including
16 for custody redeterminations in bond hearings.

17 22. Respondent, Warden JASON STREEVAL, is employed by the private, for-profit
18 detention corporation contracted by the Government as an agent to confine certain
19 immigrants at STEWART Detention Center, where Petitioner is detained. He has
20 immediate physical custody of Petitioner. He is sued in his official capacity.

21 23. Respondent CORECIVIC, INC. is a private corporation headquartered in Tennessee that
22 operates Stewart Detention Center under contract with the federal government. CoreCivic
23 is responsible for the day-to-day management, staffing, and provision of basic services at
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1 the facility, including medical care, housing, and supervision of detainees. As a federal
2 contractor, CoreCivic acts as an agent of the United States in carrying out immigration
3 detention functions. It is sued for its role in the confinement and care of Petitioner.

4 **LEGAL FRAMEWORK**

5 24. Courts in the Eleventh Circuit apply a four-part test when evaluating motions for
6 temporary restraining orders and preliminary injunctions under Federal Rule of Civil
7 Procedure 65. The movant must demonstrate:
8 (1) a substantial likelihood of success on the merits;
9 (2) a substantial threat of irreparable injury if the injunction is not granted;
10 (3) that the threatened injury outweighs any harm the injunction may cause the opposing
11 party; and
12 (4) that the injunction would not be adverse to the public interest. See *Aldridge v.*
13 *Montgomery*, 753 F.2d 970, 972 (11th Cir. 1985); *Ancata v. Prison Health Services, Inc.*,
14 769 F.2d 700, 704 (11th Cir. 1985); *Anderson v. City of Atlanta*, 778 F.2d 678, 686 n.12
15 (11th Cir. 1985); *City of Revere v. Massachusetts General Hospital*, 463 U.S. 239, 244–
16 46 (1983).

17 25. The Administrative Procedure Act authorizes courts to “compel agency action unlawfully
18 withheld or unreasonably delayed.” 5 U.S.C. § 706(1). This provision applies where an
19 agency fails to discharge a clear, nondiscretionary duty imposed by statute, regulation, or
20 binding policy. ICE’s Performance-Based National Detention Standards, congressional
21 directives, and constitutional obligations under the Fifth Amendment impose such a duty:
22 detainees must receive timely and adequate medical care, including emergency referral
23 when symptoms exceed facility capabilities.

1 26. Respondents have failed to act on this mandatory duty. Petitioner has exhibited hallmark
2 stroke symptoms—including paralysis, speech difficulty, and vision impairment—since
3 October 14, 2025. Despite these acute indicators, ICE has not arranged diagnostic testing
4 (CT, MRI, blood work) or specialist evaluation. This failure is not discretionary; it is a
5 violation of binding standards and congressional intent. Courts have long recognized that
6 ultra vires or lawless agency conduct is subject to judicial review and may be enjoined.
7 See *Leedom v. Kyne*, 358 U.S. 184, 188 (1958); *Nadarajah v. Gonzales*, 443 F.3d 1069,
8 1082 (9th Cir. 2006) (holding that ICE abused its discretion by ignoring evidence of
9 detention’s deleterious effect on petitioner’s health).

10 27. This APA claim does not challenge a removal order, does not arise from removal
11 proceedings, and does not implicate discretionary judgment. It is a collateral challenge to
12 unlawful agency inaction, reviewable under 28 U.S.C. §§ 1331 and 2241. See *INS v. St.*
13 *Cyr*, 533 U.S. 289, 308–09 (2001); *Jennings v. Rodriguez*, 138 S. Ct. 830, 841 (2018).
14 Declaratory and injunctive relief remain available to compel compliance with statutory
15 and constitutional duties. See *Nielsen v. Preap*, 139 S. Ct. 954, 962 (2019).

16 28. Additionally, the Petitioner seeks cancellation of removal pursuant to 8 U.S.C.A. §
17 1229b(b)(1), which authorizes the Attorney General to cancel removal and adjust status
18 for certain nonpermanent residents who show, among other things, that removal would
19 result in “exceptional and extremely unusual hardship” to a qualifying relative who is a
20 U.S. citizen or lawful permanent resident.

21 29. Whether the Petitioner has suffered a stroke, another serious medical condition, or stress-
22 induced paralysis directly impacts the hardship analysis under § 1229b(b)(1)(D). The
23 Petitioner’s confinement and inability to access medical care exacerbate the hardship to
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1 his U.S. citizen spouse, who is the qualifying relative. The Petitioner's deteriorating
2 health and lack of mobility create emotional, financial, and logistical burdens that rise to
3 the level of "exceptional and extremely unusual hardship."

4 30. In removal proceedings, the Petitioner is entitled to: a reasonable opportunity to examine
5 and present evidence and to a complete record of all testimony and evidence.

6 FACTS

7 31. Jacinto Cruz Munoz is currently detained at Stewart Detention Center in Lumpkin,
8 Georgia.

9 32. On October 12, 2025, Petitioner began experiencing sudden and severe neurological
10 symptoms, including paralysis from the neck to the middle of the skull on the right side,
11 difficulty speaking, partial tongue paralysis, pain and trouble on the right side of his head,
12 and vision impairment in his right eye. See Ex. 1, Jacinto Sworn Statement ¶ 1.

13 33. Petitioner reported his symptoms to a guard the following day and was taken to see two
14 individuals believed to be nurses. They did not perform any diagnostic tests such as blood
15 work or imaging. Id. ¶ 2.

16 34. On October 14, 2025, Petitioner was seen by a doctor who checked his blood pressure,
17 temperature, and reflexes. No further diagnostic testing was ordered. Id. ¶ 3.

18 35. The doctor told Petitioner that his symptoms were caused by stress and said he would
19 follow up the next day. No follow-up occurred until yesterday, October 31, 2025.

20 36. Petitioner received medication but was denied further appointments despite repeated
21 requests until yesterday. Id. ¶¶ 5–6.

1 37. As of October 24, 2025, Petitioner remains without a diagnosis based on standard
2 medical tests for such serious conditions, including stroke, neurological trauma, or
3 infection. Id. ¶ 7.

4 38. Petitioner has continued to experience symptoms including paralysis, difficulty speaking,
5 pain in his head, and vision problems. Id. ¶¶ 6–7.

6 39. ICE Medical Care Standards require that detainees with symptoms exceeding facility
7 capabilities be transferred to a hospital or other appropriate facility for further medical
8 testing, final diagnosis, and acute treatment. See Ex. 12, ICE Medical Care Standards § a,
9 Clinical Evaluation.

10 40. The same standards mandate a comprehensive health appraisal that includes diagnostic
11 testing when clinically indicated, following ACA Adult Local Detention Facility
12 standards. See Ex. 12, ICE Medical Care Standards § J, Health Appraisal.

13 41. The ICE Medical Standards Congressional Report confirms that detainees must receive
14 routine, preventive, specialty, and emergency care, including hospitalization and
15 diagnostic testing as needed. See Ex. 11, ICE Medical Standards Congressional Report at
16 2.

17 42. The ABA Standards on Treatment of Prisoners emphasize that correctional facilities must
18 provide access to appropriate diagnostic services and specialty care when symptoms
19 suggest serious medical conditions. See Ex. 10, ABA Standards on Treatment of
20 Prisoners.

21 43. In 2025, ICE detention centers recorded 23 deaths in custody, the highest number since
22 2004. See Ex. 8, Molly Gibson, Trump Administration Deadlier for ICE Detainees Than
23 COVID-19 Pandemic, Am. Immigr. Council (Oct. 17, 2025), at 1–2.

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1 44. A 2024 report by the ACLU, Physicians for Human Rights, and American Oversight
2 found that over 90% of ICE deaths were preventable with proper care. See Ex. 9, Alice
3 Miranda Ollstein & Ruth Reader, ICE Is Hiring Dozens of Health Workers as Lawsuits,
4 Deaths in Custody Mount, Politico (Oct. 20, 2025), at 1.

5 45. The American Stroke Association emphasizes that accurate and timely diagnosis of
6 stroke is critical, as treatment depends on the type and location of the stroke. See Am.
7 Stroke Ass'n, Let's Talk About Stroke Diagnosis 1 (2020).

8 46. Stroke diagnosis requires ruling out other conditions with similar symptoms, such as
9 seizures, fainting, migraines, drug overdose, and heart problems. Id.

10 47. Standard emergency evaluation includes physical and neurological exams, blood tests,
11 and imaging such as CT or MRI scans to determine the type and extent of brain injury.
12 Id.

13 48. Additional diagnostic procedures may include CTA, MRA, and cerebral angiography to
14 assess blood vessel abnormalities and blockages. Id. at 2.

15 49. The American Stroke Association identifies sudden numbness or weakness (especially on
16 one side), confusion, trouble speaking, vision problems, dizziness, loss of coordination,
17 and severe headache as hallmark stroke symptoms. See Am. Stroke Ass'n, Stroke
18 Symptoms and Warning Signs (2020).

19 50. Mr. Cruz Munoz has exhibited nearly all of these symptoms—including paralysis, speech
20 difficulty, vision impairment, and persistent head pain—yet has not received any of the
21 recommended diagnostic tests or specialist evaluations. Id.

22 51. Upon review of Petitioner's sworn statement (Exhibit 1), Dr. Varsha Nirav Patel, M.D.,
23 has executed a sworn statement under 28 U.S.C. 1746, and states, "Based on the

1 symptoms reported – paralysis on the right side of the head and neck, difficulty speaking,
2 partial tongue paralysis, pain and visual disturbances – I believe these signs are consistent
3 with a possible stroke or other serious neurological disorder.” She further states that the
4 Petitioner “requires immediate medical evaluation, including at minimum a CT scan of
5 the brain, to rule out stroke or other neurological emergencis.” Exhibit 15 at ¶¶ 2 and 4.

6 52. Petitioner has not been transported to a hospital or evaluated by a neurologist despite his
7 symptoms persisting for more than ten days.

8 **CLAIM FOR RELIEF**

9 **COUNT I**

10 **Violation of the Fifth Amendment Due Process Clause – Request for Temporary
11 Restraining Order and Injunctive Relief**

12 53. Petitioner incorporates by reference the allegations of fact set forth in preceding
13 paragraphs.

14 54. Petitioner is a civilly, not criminally, confined individual in federal immigration custody.
15 As such, Petitioner is entitled to protection under the Due Process Clause of the Fifth
16 Amendment to the United States Constitution. See *City of Revere v. Massachusetts
17 General Hospital*, 463 U.S. 239, 244–46 (1983) (holding that the Due Process Clause
18 requires government entities to provide necessary medical care to individuals injured
19 while in custody, and that such individuals possess protections at least as strong as those
20 afforded convicted prisoners under the Eighth Amendment).

21 55. Petitioner has been subjected to conditions of confinement that are excessively harsh in
22 relation to any legitimate, non-punitive governmental purpose. Any such purpose could
23 be achieved through alternative means that are consistent with Petitioner’s constitutional

1 rights. These conditions amount to unlawful punitive detention and violate the Fifth
2 Amendment.

3 56. Since October 12, 2025, Petitioner has experienced serious neurological symptoms
4 including paralysis to the right side of his face, paralysis extending from the base of his
5 neck to the right hemisphere of his skull, speech difficulty, vision impairment, and head
6 pain. Despite these symptoms, Respondents have failed to provide diagnostic imaging,
7 blood testing, or specialist evaluation from a neurologist, resulting in potentially
8 irreparable harm.

9 57. Respondents' actions have caused, are causing, and if not enjoined, will continue to cause
10 Petitioner to imminently suffer irreparable injury in the form of deprivation of
11 fundamental rights, along with a range of physical, psychological, and emotional harms.

12 58. Petitioner faces actual and imminent harm that cannot be remedied by money damages
13 alone. The risk of stroke, permanent neurological damage, or death is ongoing and
14 unaddressed.

15 59. Petitioner seeks a mandatory injunction requiring Respondents to immediately transport
16 him to a hospital or qualified medical facility for diagnostic testing and evaluation by a
17 licensed neurologist to rule out the possibility of a stroke or other grave illnesses.

18 60. Petitioner satisfies the standard for injunctive relief under Federal Rule of Civil
19 Procedure 65. He has shown: (1) a substantial likelihood of success on the merits; (2) a
20 substantial threat of irreparable injury; (3) that the threatened injury outweighs any harm
21 to Respondents; and (4) that the injunction would not be adverse to the public interest.

22 61. Petitioner has demonstrated a strong factual and legal basis for relief under the Fifth
23 Amendment Due Process Clause. The Supreme Court has held that non-criminally
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1 confined individuals are entitled to medical care at least equivalent to that provided to
2 convicted prisoners. *See City of Revere v. Massachusetts General Hospital*, 463 U.S. 239,
3 244–46 (1983). Petitioner has presented unrebuted evidence of serious neurological
4 symptoms and Respondents’ failure to provide any diagnostic testing or specialist
5 evaluation.

6 62. Petitioner faces an ongoing and imminent risk of stroke, permanent neurological damage,
7 or death. These harms are not speculative—they are supported by the American Stroke
8 Association’s guidelines, which emphasize the urgency of diagnostic imaging and
9 specialist evaluation in cases of suspected stroke. The failure to act promptly in the face
10 of these symptoms constitutes irreparable harm, as no monetary remedy can reverse the
11 physical and cognitive damage that may result from untreated neurological emergencies.

12 63. The harm to Petitioner—potential death or permanent disability—far outweighs any
13 administrative or logistical burden Respondents may face in arranging hospital transport
14 and medical evaluation. The requested relief is narrowly tailored to address an acute
15 medical crisis and does not interfere with broader detention policies. The equities clearly
16 favor immediate intervention to prevent further deterioration of Petitioner’s health. The
17 government interest of efficiency, and CoreCivic’s interest in profits, cannot outweigh
18 the risk to Petitioner’s life and health.

19 64. Granting the injunction serves the public interest by upholding constitutional protections
20 for individuals in civil immigration custody. It affirms the government’s obligation to
21 provide humane treatment and necessary medical care, consistent with the standards
22 articulated by the American Stroke Association and ICE Medical Care Standards.
23 Ensuring that civil detainees receive appropriate medical attention reinforces the rule of
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1 law and the integrity of the justice system. Additionally, should more serious
2 consequences follow as a result of the current medical neglect, both CoreCivic and the
3 government could be liable for the damages incurred.

4 65. The American Stroke Association (ASA) emphasizes that accurate and timely diagnosis
5 of stroke is critical, as treatment depends on the type and location of the stroke. ASA
6 protocols require physical and neurological exams, blood tests, and imaging such as CT
7 or MRI scans to determine the extent of brain injury. Additional procedures such as CTA,
8 MRA, and cerebral angiography may be necessary to assess blood vessel abnormalities
9 and blockages.

10 66. ASA guidelines identify hallmark stroke symptoms as sudden numbness or weakness
11 (especially on one side), confusion, trouble speaking, vision problems, dizziness, loss of
12 coordination, and severe headache. Petitioner has exhibited nearly all of these symptoms,
13 yet Respondents have failed to provide any of the recommended diagnostic tests or
14 specialist evaluations.

15 67. The failure to follow ASA diagnostic protocols in the face of clear stroke indicators
16 constitutes gross medical negligence and deliberate indifference, especially given the
17 prolonged duration of symptoms and lack of follow-up care. This deviation from
18 nationally recognized standards of care further supports Petitioner's claim under the Fifth
19 Amendment.

20 68. Petitioner's condition remains undiagnosed and untreated despite the urgent need for
21 hospital transport and neurological evaluation, as required by both ICE Medical Care
22 Standards and ASA emergency stroke protocols. Mandatory Injunctive Relief in the form
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1 of a Mandatory Temporary Restraining Order are necessary to prevent such disastrous
2 consequences.

3 **COUNT II**
4 **Relief under the Administrative Procedure Act**

5 69. The delay in Petitioner's medical evaluation violates any reasonable timeline. Despite
7 exhibiting hallmark stroke symptoms—including paralysis, speech difficulty, and vision
8 impairment—he was not given diagnostic tests despite experiencing these symptoms
9 since October 14, 2025. Courts have recognized that such failures may amount to an
10 abuse of discretion, particularly where the agency ignores evidence of the harmful effects
11 of detention. See Nadarajah v. Gonzales, 443 F.3d 1069, 1082 (9th Cir. 2006) (holding
12 that ICE abused its discretion in denying parole under INA § 212(d)(5)(A), in part by
13 ignoring evidence of detention's deleterious effect on petitioner's health).

14 70. ICE Medical Care Standards and the ICE Congressional Report mandate timely access to
15 diagnostic testing and specialty care when symptoms exceed facility capabilities. These
16 standards reflect Congress's intent that detainees receive prompt and adequate medical
17 attention.

18 71. Petitioner's health and life are at risk. His symptoms suggest a possible stroke or
19 neurological trauma, and the absence of testing or specialist care has left him
20 undiagnosed and untreated for over ten days. The prejudice is severe and potentially
21 irreversible.

22 72. Providing Petitioner with appropriate medical care would not disrupt higher-priority
23 agency functions. On the contrary, it aligns with ICE's stated obligations and public
24 health standards. The agency's failure to act reflects neglect, not resource constraints.

1 73. The delay is egregious given the simplicity of the required action—transporting
2 Petitioner to a hospital or ordering standard diagnostic tests. The complexity of the task
3 does not justify the delay, especially when the symptoms are acute and life-threatening.
4 74. While direct evidence of bad faith may be limited, the pattern of dismissing Petitioner's
5 symptoms as "stress," denying follow-up appointments, and ignoring ICE's own
6 standards suggests systemic indifference. The failure to act despite clear medical red
7 flags may rise to deliberate indifference.

8

9 **PRAYER FOR RELIEF**

10 WHEREFORE, Petitioner prays that this Court grant the following relief:

11 a. Assume jurisdiction over this matter;
12 b. Order that Petitioner shall not be transferred outside the Middle District of Georgia
13 while this action is pending;
14 c. Issue an Order to Show Cause requiring Respondents to show cause why this Petition
15 should not be granted within three days or, at the discretion of the Court, immediately;
16 d. Declare that Respondents' failure to provide timely and adequate medical care
17 constitutes agency action unlawfully withheld under the Administrative Procedure Act, 5
18 U.S.C. § 706(1), and violates Petitioner's rights under the Fifth Amendment;
19 e. Enjoin Respondents from continuing Petitioner's detention without ensuring access to
20 emergency medical care and prohibit any future detention under conditions that deny
21 necessary medical treatment;
22 f. Award Petitioner attorney's fees and costs under the Equal Access to Justice Act, 28
23 U.S.C. § 2412, and on any other basis justified under law; and

1 g. Grant any further relief the Court deems just and proper.
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3 DATED this 31st day of October, 2025.
4
5 /s/ **Joshua McCall, Esq.**
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