

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
LAREDO DIVISION**

GOLNAZ ZAMANPOUR, <i>et al.</i> ,	§	
<i>Petitioners,</i>	§	
	§	
v.	§	CIVIL ACTION NO. 5:25-cv-00224
	§	
KRISTI NOEM, Secretary of Homeland	§	
Security, <i>et al.</i> ,	§	
<i>Respondents.</i>	§	

JOINT STATUS REPORT

Pursuant to the Court’s Memorandum and Order issued on December 24, 2025 (Dkt. No. 24 at 20), Petitioners, Golnaz Zamanpour and Mahsa Karimaghvae, and Respondents, Kriti Noem, the Secretary of Homeland Security, *et al.* (collectively, hereafter “the Parties”) file this joint status report to inform the Court that on December 24, 2025, Petitioners were released from custody of the U.S. Immigration and Customs Enforcement (“ICE”), subject to the terms of supervision included in the attached Orders of Supervision (OSUPs). The OSUPs include ankle monitoring and reporting requirements under ICE’s Alternatives to Supervision Program (“ATD”) pending their removal to a third country. Ms. Zamanpour and Ms. Karimaghvae object to the ankle monitoring condition and will formally object to the condition in an additional filing on this issue. The government’s view is this Court does not have jurisdiction to set aside any decision of DHS regarding the conditions of release. See 28 USC section 1226(e).

Furthermore, pursuant to the Memorandum and Order (Dkt. No. 24) and a prior Order (Dkt. No. 9) issued by the Court, ICE will provide written notice at least ten (10) days prior to removal to a third country, which includes, the name of the proposed country of removal and confirmation that the third country agreed to accept the individual Petitioner, to Petitioners, their counsel, and this Court. *See* Dkt. Nos. 24 at 20; 9 at 3.

Respectfully submitted,

NICHOLAS J. GANJEI
United States Attorney
Southern District of Texas

By: *s/ Baltazar Salazar*
BALTAZAR SALAZAR
Assistant United States Attorney
S.D. Tex. ID. No. 3135288
Texas Bar No. 24106385
United States Attorney's Office
Southern District of Texas
600 E. Harrison, Suite 201
Brownsville, Texas 78520
Telephone: (956) 983-6057
Facsimile: (956) 548-2775
E-mail: Baltazar.Salazar@usdoj.gov
Counsel for Respondents

AND

By: */s/ Lisa L. Furby*
Micah Doak (Attorney-in-Charge)
Bar No. 24097607
S.D. Tex. ID. No. 2799047
JONES DAY
717 Texas, Suite 3300
Houston, Texas 77002
Office: +1.832.239.3939
Facsimile: +1.832.239.3600

Lisa Furby
Pro Hac Vice
JONES DAY
110 North Wacker Suite 4800
Chicago, Illinois 60606
Office: +1.312.782.3939
Facsimile: +1.312.782.8585

Amelia A. DeGory
Pro Hac Vice
JONES DAY
51 Louisiana Avenue, N.W.
Washington, D.C. 20001
Office: +1.202.879.3813
Facsimile: +1.202.626.1700
Pro Bono Counsel for Petitioners

CERTIFICATE OF SERVICE

I, Baltazar Salazar, Assistant United States Attorney for the Southern District of Texas, do hereby certify that on this 29th day of December 2025, a copy of the foregoing was served on counsel for Petitioners via CM/ECF email notification.

By: *s/ Baltazar Salazar*
BALTAZAR SALAZAR
Assistant United States Attorney

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

ORDER OF SUPERVISION

File No.: [Redacted]

Name: Golnaz ZAMANPOUR

Date: 12/24/2025

On May 21, 2025, you were ordered:
(Date of Final Order)

- Excluded or deported pursuant to proceedings commenced prior to April 1, 1997.
- Removed pursuant to proceedings commenced on or after April 1, 1997.

Because the agency has not effected your deportation or removal during the period prescribed by law, it is ordered that you be placed under supervision and permitted to be at large under the following conditions:

- That you appear in person at the time and place specified, upon each and every request of the agency, for identification and for deportation or removal.
- That upon request of the agency, you appear for medical or psychiatric examination at the expense of the United States Government.
- That you provide information under oath about your nationality, circumstances, habits, associations and activities and such other information as the agency considers appropriate.
- That you do not travel outside _____ for more than 48 hours without first having notified this agency office of the dates and places, and obtaining approval from this agency office of such proposed travel.
(Specify geographic limits, if any)
- That you furnish written notice to this agency office of any change of residence or employment 48 hours prior to such change.
- That you report in person on 12/30/25 12/24/2025 08:00 AM to this agency office at:
(Date/Time)

ERO Los Angeles - 300 N. Los Angeles Street, RM B17 Los Angeles, CA 90012 213-830-7999
(Reporting Address)

- That you assist U.S. Immigration and Customs Enforcement in obtaining any necessary travel documents.
- Other: *Your release is contingent upon your enrollment and successful participation in an Alternatives to Detention (ATD) program as designated by the U.S. Department of Homeland Security. As part of the ATD program, you will be subject to electronic monitoring and may be subject to a curfew. Failure to comply with the requirements of the ATD program will result in a redetermination of your release conditions or your arrest and detention.*

If fitted with a U.S. Immigration and Customs Enforcement GPS tracking ankle bracelet, do not tamper with or remove the device. Under federal law, it is a crime to willfully damage or attempt to damage property of the United States. Damaging or attempting to damage the GPS tracking ankle bracelet or any of its associated equipment (including, but not limited to, the charging station, batteries, power cords, etc.) may result in your arrest, detention, and prosecution under 18 U.S.C § 1361 and/or 18 U.S.C. § 641, each punishable by a fine, up to ten years imprisonment, or both.

- See attached sheet containing other specified conditions (Continue on separate sheet if required)

[Redacted Signature]

(Signature of ICE Official)

[Redacted Name]

(Print Name and Title of ICE Official)

Alien's Acknowledgement of Conditions of Release under an Order of Supervision

I hereby acknowledge that I have (read) (had interpreted and explained to me in the English language) the contents of this order, a copy of which has been given to me. I understand that failure to comply with the terms of this order may subject me to a fine, detention, or prosecution.

[Redacted Signature]

(Signature of ICE Official Serving Order)

[Handwritten Signature]

(Signature of Alien)

12/24/2025
(Date)

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

ORDER OF SUPERVISION (ADDENDUM)

File No.: [REDACTED]

Name: Golnaz ZAMANPOUR

Date: 12/24/2025

- That you do not associate with know gang members, criminal associates, or be associated with any such activity.
- That you register in a substance abuse program within 14 days and provide ICE with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a counselor.
- That you register in a sexual deviancy counseling program within 14 days and provide ICE with written proof of such within 30 days. You must provide ICE with the name of the program, the address of the program, duration and objectives of the program as well as the name of a counselor.
- That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency(s) and provide ICE with written proof of such within 10 days.
- That you do not commit any crimes while on this Order of Supervision.
- That you report to any parole or probation officer as required within 5 business days and provide ICE with written verification of the officer's name, address, telephone number, and reporting requirements.
- That you continue to follow any prescribed doctor's orders whether medical or psychological including taking prescribed medication.
- That you provide ICE with written copies of requests to Embassies or Consulates requesting the issuance of a travel document.
- That you provide ICE with written responses from the Embassy or Consulate regarding your request.
- Any violation of the above conditions will result in revocation of your employment authorization document.
- Any violation of these conditions may result in you being taken into Service custody and you being criminally prosecuted.
- Other:
Any violation of these conditions may result in you being taken into Service custody.

X 
Alien's Signature

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

ORDER OF SUPERVISION (OUTPROCESSING CHECKLIST)

All Aliens

- Probation/Parole Officer Notified
- Obtain address where living and telephone number
- Enter into IDENT
- NCIC Check
- Travel Document Application

Sex Offenders

- Probation/Parole Officer Notified
- Registered as sex-offender as required by state statute within 7 days
- Victim/Witness Coordinator Notified
- Victim/Witness Notified
- Written Proof of Counseling

Substance Abusers

- Probation/Parole Officer Notified
- Written Proof of Counseling

Completed By	
ICE Official	Date
	12/24/2025

Concurrence By	
Supervisory ICE Official	Date
	12/24/2025

DEPARTMENT OF HOMELAND SECURITY
CALL-IN LETTER

To (Name, Address, City, State, Zip Code)
 ZAMANPOUR, GOLNAZ

 _____, CA _____

File Number _____

Date December 24, 2025

Please come to the office listed below at the time and place indicated in connection with an official matter.

Office Location	300 NORTH LOS ANGELES STREET RM B17, LOS ANGELES CA 90012 213-830-7999
Time and Hour	12/31/2025 08:00:00
Ask For	An ICE Deportation Officer for your ATD enrollment
Reason for Appointment	You are enrolled in the ATD program and are required to report to your scheduled appointment regarding your immigration case. Failure to report to your scheduled appointment will result in a redetermination of your release conditions or your arrest and detention.
Bring With You	Identification documents (birth certificate, government-issued identity documents such as driver's license or ID) and all immigration documents.

**It is important that you keep this appointment and bring this letter with you.
 If you are unable to do so, state your reason, sign below, and return this letter to this office at once.**

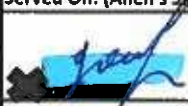
 Name and Title of Authorizing Official

 Signature of Authorizing Official

I am unable to keep the appointment because:

Signature	Date
-----------	------

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement
ATD ENROLLMENT - NOTICE TO ALIEN

Name: ZAMANPOUR, GOLNAZ	Field Office: LRD - ERO - Laredo, TX Detention Center	A Number: [REDACTED]
<p>Your release is contingent upon your enrollment and successful participation in an Alternatives to Detention (ATD) program as designated by the U. S. Department of Homeland Security. As part of the ATD program, you will be subject to electronic monitoring and may be subject to a curfew. Failure to comply with the requirements of the ATD program will result in a redetermination of you release conditions or your arrest and detention.</p> <p>If fitted with a U.S. Immigration and Customs Enforcement GPS monitoring device do not tamper with or remove the device. Under federal law, it is a crime to willfully damage or attempt to damage property of the United States. The unauthorized removal of the GPS monitoring device will result in damage to property of the United States. Damaging or attempting to damage the GPS monitoring device or any of its associated equipment (including, but not limited to, the charging station, batteries, and power cords) may result in your arrest, detention and prosecution under 18 U.S.C. § 1361 and/or 18 U.S.C. § 641, each punishable by a fine, up to ten year's imprisonment, or both.</p>		
RECORD OF SERVICE		
Served On: (Alien's Signature)	Date:	
	12/24/25	
<p><i>By signing I acknowledge that this form was provided to me in a language I understand or was read to me in a language I understand. I further acknowledge that tampering with, damaging, and/or removing the GPS Device, or any of its associated equipment, without permission may result in damage to federal property for which I may be criminally prosecuted.</i></p>		
Served By: (Print Name and Title of Officer)	Location of Service:	
[REDACTED]	[REDACTED]	
Officer's Signature:	Date:	
[REDACTED]	12/24/25	

DEPARTMENT OF HOMELAND SECURITY
CALL-IN LETTER

To (Name, Address, City, State, Zip Code)
 ZAMANPOUR, GOLNAZ
 [REDACTED] CA [REDACTED]

File Number [REDACTED]

Date December 24, 2025

Please come to the office listed below at the time and place indicated in connection with an official matter.

Office Location	300 NORTH LOS ANGELES STREET RM B17, LOS ANGELES CA 90012
Time and Hour	12/31/2025 08:00:00
Ask For	An ICE Deportation Officer for your ATD enrollment
Reason for Appointment	You are enrolled in the ATD program and are required to report to your scheduled appointment regarding your immigration case. Failure to report to your scheduled appointment will result in a redetermination of your release conditions or your arrest and detention.
Bring With You	Identification documents (birth certificate, government-issued identity documents such as driver's license or ID) and all immigration documents.

**It is important that you keep this appointment and bring this letter with you.
 If you are unable to do so, state your reason, sign below, and return this letter to this office at once.**

[REDACTED]
 Name and Title of Authorizing Official

 Signature of Authorizing Official

I am unable to keep the appointment because:

Signature	Date
-----------	------

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

ORDER OF SUPERVISION

File No. [Redacted]

Date: 12/24/25

Name: Mahsa KARIMAGHAEI

On May 21, 2025, you were ordered:
(Date of Final Order)

- Excluded or deported pursuant to proceedings commenced prior to April 1, 1997.
- Removed pursuant to proceedings commenced on or after April 1, 1997.

Because the agency has not effected your deportation or removal during the period prescribed by law, it is ordered that you be placed under supervision and permitted to be at large under the following conditions:

- That you appear in person at the time and place specified, upon each and every request of the agency, for identification and for deportation or removal.
- That upon request of the agency, you appear for medical or psychiatric examination at the expense of the United States Government.
- That you provide information under oath about your nationality, circumstances, habits, associations and activities and such other information as the agency considers appropriate.
- That you do not travel outside _____ for more than 48 hours without first having notified this agency office of the dates and places, and obtaining approval from this agency office of such proposed travel.
(Specify geographic limits, if any)
- That you furnish written notice to this agency office of any change of residence or employment 48 hours prior to such change.
- That you report in person on 12/30/25 08:00 AM to this agency office at
(Date/Time)

ERO Los Angeles - 300 N. Los Angeles Street, RM B17 Los Angeles, CA 90012 213-830-7999
(Reporting Address)

- That you assist U.S. Immigration and Customs Enforcement in obtaining any necessary travel documents.
- Other: Your release is contingent upon your enrollment and successful participation in an Alternatives to Detention (ATD) program as designated by the U.S. Department of Homeland Security. As part of the ATD program, you will be subject to electronic monitoring and may be subject to a curfew. Failure to comply with the requirements of the ATD program will result in a redetermination of your release conditions or your arrest and detention.

If fitted with a U.S. Immigration and Customs Enforcement GPS tracking ankle bracelet, do not tamper with or remove the device. Under federal law, it is a crime to willfully damage or attempt to damage property of the United States. Damaging or attempting to damage the GPS tracking ankle bracelet or any of its associated equipment (including, but not limited to, the charging station, batteries, power cords, etc.) may result in your arrest, detention, and prosecution under 18 U.S.C. § 1361 and/or 18 U.S.C. § 641, each punishable by a fine, up to ten years imprisonment, or both.

- See attached sheet containing other specified conditions (Continue on separate sheet if required)

[Redacted Signature]

(Signature of ICE Official)

[Redacted Name]

(Print Name and Title of ICE Official)

Alien's Acknowledgement of Conditions of Release under an Order of Supervision

I hereby acknowledge that I have (read) (had interpreted and explained to me in the English language) the contents of this order, a copy of which has been given to me. I understand that failure to comply with the terms of this order may subject me to a fine, detention, or prosecution.

[Handwritten Signature] 102005
(Signature of ICE Official Serving Order)

[Handwritten Signature]
(Signature of Alien)

12/24/2025
(Date)

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

ORDER OF SUPERVISION (ADDENDUM)

File No.: [REDACTED]

Name: Mahsa KARIMAGHAEI

Date: _____

- That you do not associate with know gang members, criminal associates, or be associated with any such activity.
- That you register in a substance abuse program within 14 days and provide ICE with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a counselor.
- That you register in a sexual deviancy counseling program within 14 days and provide ICE with written proof of such within 30 days. You must provide ICE with the name of the program, the address of the program, duration and objectives of the program as well as the name of a counselor.
- That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency(s) and provide ICE with written proof of such within 10 days.
- That you do not commit any crimes while on this Order of Supervision.
- That you report to any parole or probation officer as required within 5 business days and provide ICE with written verification of the officer's name, address, telephone number, and reporting requirements.
- That you continue to follow any prescribed doctor's orders whether medical or psychological including taking prescribed medication.
- That you provide ICE with written copies of requests to Embassies or Consulates requesting the issuance of a travel document.
- That you provide ICE with written responses from the Embassy or Consulate regarding your request.
- Any violation of the above conditions will result in revocation of your employment authorization document.
- Any violation of these conditions may result in you being taken into Service custody and you being criminally prosecuted.
- Other:
Any violation of these conditions may result in you being taken into Service custody.

X 
Alien's Signature

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

ORDER OF SUPERVISION (OUTPROCESSING CHECKLIST)

All Aliens

- Probation/Parole Officer Notified
- Obtain address where living and telephone number
- Enter into IDENT
- NCIC Check
- Travel Document Application

Sex Offenders

- Probation/Parole Officer Notified
- Registered as sex-offender as required by state statute within 7 days
- Victim/Witness Coordinator Notified
- Victim/Witness Notified
- Written Proof of Counseling

Substance Abusers

- Probation/Parole Officer Notified
- Written Proof of Counseling

Completed By	
ICE Official [REDACTED]	Date 12/24/2025

Concurrence By	
Supervisory ICE Official [REDACTED]	Date 12/24/2025

DEPARTMENT OF HOMELAND SECURITY
CALL-IN LETTER

To (Name, Address, City, State, Zip Code)
 KARIMAGHAFEE, MAHSA

 _____, CA _____

File Number _____

Date December 24, 2025

Please come to the office listed below at the time and place indicated in connection with an official matter.

Office Location	300 NORTH LOS ANGELES STREET, LOS ANGELES CA 90012 213-830-7999
Time and Hour	12/31/2025 08:00:00
Ask For	An ICE Deportation Officer for your ATD enrollment
Reason for Appointment	You are enrolled in the ATD program and are required to report to your scheduled appointment regarding your immigration case. Failure to report to your scheduled appointment will result in a redetermination of your release conditions or your arrest and detention.
Bring With You	Identification documents (birth certificate, government-issued identity documents such as driver's license or ID) and all immigration documents.

**It is important that you keep this appointment and bring this letter with you.
 If you are unable to do so, state your reason, sign below, and return this letter to this office at once.**

 Name and Title of Authorizing Official

 Signature of Authorizing Official

I am unable to keep the appointment because:

Signature	Date
-----------	------

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement
ATD ENROLLMENT - NOTICE TO ALIEN

Name: KARIMAGHAEI, MAHSA	Field Office: LRD - ERO - Laredo, TX Detention Center	A Number: <div style="background-color: black; width: 80px; height: 15px;"></div>
------------------------------------	---	--

Your release is contingent upon your enrollment and successful participation in an Alternatives to Detention (ATD) program as designated by the U. S. Department of Homeland Security. As part of the ATD program, you will be subject to electronic monitoring and may be subject to a curfew. Failure to comply with the requirements of the ATD program will result in a redetermination of you release conditions or your arrest and detention.

If fitted with a U.S. Immigration and Customs Enforcement GPS monitoring device do not tamper with or remove the device. Under federal law, it is a crime to willfully damage or attempt to damage property of the United States. **The unauthorized removal of the GPS monitoring device will result in damage to property of the United States.** Damaging or attempting to damage the GPS monitoring device or any of its associated equipment (including, but not limited to, the charging station, batteries, and power cords) may result in your arrest, detention and prosecution under **18 U.S.C. § 1361 and/or 18 U.S.C. § 641**, each punishable by a fine, up to ten year's imprisonment, or both.

RECORD OF SERVICE

Served On: (Alien's Signature) 	Date: 12/24/25
---	--------------------------

By signing I acknowledge that this form was provided to me in a language I understand or was read to me in a language I understand. I further acknowledge that tampering with, damaging, and/or removing the GPS Device, or any of its associated equipment, without permission may result in damage to federal property for which I may be criminally prosecuted.

Served By: (Print Name and Title of Officer) <div style="background-color: black; width: 100%; height: 15px;"></div>	Location of Service: <div style="background-color: black; width: 100%; height: 15px;"></div>
Officer's Signature: <div style="background-color: black; width: 100%; height: 15px;"></div>	Date: 12/24/25

DEPARTMENT OF HOMELAND SECURITY
CALL-IN LETTER

To (Name, Address, City, State, Zip Code)
 KARIMAGHAEI, MAHSA
 [REDACTED]
 [REDACTED] CA [REDACTED]

File Number [REDACTED]

Date December 24, 2025

Please come to the office listed below at the time and place indicated in connection with an official matter.

Office Location	300 NORTH LOS ANGELES STREET, LOS ANGELES CA 90012
Time and Hour	12/31/2025 08:00:00
Ask For	An ICE Deportation Officer for your ATD enrollment
Reason for Appointment	You are enrolled in the ATD program and are required to report to your scheduled appointment regarding your immigration case. Failure to report to your scheduled appointment will result in a redetermination of your release conditions or your arrest and detention.
Bring With You	Identification documents (birth certificate, government-issued identity documents such as driver's license or ID) and all immigration documents.

**It is important that you keep this appointment and bring this letter with you.
 If you are unable to do so, state your reason, sign below, and return this letter to this office at once.**

[REDACTED]
 Name and Title of Authorizing Official

 Signature of Authorizing Official

I am unable to keep the appointment because:

Signature	Date
-----------	------