

**JUDGE KATHLEEN CARDONE**

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
EL PASO DIVISION**

**FILED**  
DEC 15 2025  
CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY [Signature]  
DEPUTY CLERK

Anton Smirnov, )  
 )  
 Petitioner, )  
 )  
 v. )  
 )  
 Warden, El Paso Camp East Montana; Warden, El )  
 Paso Processing Center; Mary De Anda-Ybarra, )  
 Director of El Paso Field Office; Kristi Noem, )  
 Secretary of the United States, Department of )  
 Homeland Security; and Pamela Bondi, Attorney )  
 General of the United States, in their official )  
 capacities, )  
 )  
 Respondents. )

Case No. 244175750

**PETITION FOR WRIT OF  
HABEAS CORPUS**

**EP 25CV0669**

**INTRODUCTION**

1. Petitioner, Anton Smirnov, respectfully petitions this Honorable Court for a Writ of Habeas Corpus under 28 U.S.C. § 2241. Anton Smirnov is an asylum applicant and has a pending application before the El Paso Immigration Court.
2. Anton Smirnov challenges ongoing violations of his due process rights, inhumane detention conditions, lack of adequate medical support, and failure of the detention to provide prescribed medication. Accordingly, to vindicate Petitioner's constitutional rights, this Court should grant the instant petition for a writ of habeas corpus.
3. Absent an order from this Court, Petitioner's family will suffer financially as Anton Smirnov was their primary source of income. In addition, the insufficient facility conditions and lack of medical care threaten to cause further serious medical and psychological harm.

4. Petitioner asks this Court to find that he should be released or, in the alternative, granted a right to a bond hearing consistent with due process of law.

#### **JURISDICTION**

1. This action arises under the Constitution of the United States and the Immigration and Nationality Act (INA), 8 U.S.C. § 1101 *et seq.*
2. This Court has subject matter jurisdiction under 28 U.S.C. § 2241 (habeas corpus), 28 U.S.C. § 1331 (federal question), and Article I, § 9, cl. 2 of the United States Constitution (Suspension Clause).
3. This Court may grant relief under the habeas corpus statutes, 28 U.S.C. § 2241 *et seq.*, the Declaratory Judgment Act, 28 U.S.C. § 2201 *et seq.*, and the All Writs Act, 28 U.S.C. § 1651.

#### **VENUE**

1. Venue is proper because Petitioner is detained at El Paso Processing Center in El Paso, Texas, which is within the jurisdiction of this District.
2. Venue is proper in this District because a substantial part of the events or omissions giving rise to his claims occurred in this District and Petitioner resides in this District and no real property is involved in this action. 28 U.S.C. § 1391(e).

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

1. The Court must grant the petition for writ of habeas corpus or issue an order to show cause (OSC) to the respondents “forthwith,” unless the petitioner is not entitled to relief. 28 U.S.C. § 2243. If an order to show cause is issued, the Court must require respondents to file a return “within *three days* unless for good cause additional time, not exceeding twenty days, is allowed.” *Id.* (emphasis added).

2. Courts have long recognized the significance of the habeas statute in protecting individuals from unlawful detention. The Great Writ has been referred to as “perhaps the most important writ known to the constitutional law of England, affording as it does a *swift* and imperative remedy in all cases of illegal restraint or confinement.” *Fay v. Nola*, 372 U.S. 391, 400 (1963) (emphasis added).

### **PARTIES**

1. Petitioner is an asylum applicant. Petitioner was recently transferred to El Paso Processing Center from El Paso Camp East Montana. Petitioner is in the custody, and under the direct control, of Respondents and their agents.
2. Respondent, the Warden of El Paso Processing Center, has immediate physical custody of Petitioner pursuant to the facility’s contract with U.S. Immigration and Customs Enforcement (ICE) and is a legal custodian of Petitioner.
3. Respondent, Mary De Anda-Ybarra, Director of El Paso Field, is sued in her official capacity as the Director of the El Paso Field Office of U.S. Immigration and Customs Enforcement. Respondent Mary De Anda-Ybarra is a legal custodian of Petitioner and has authority to release him.
4. Respondent, Kristi Noem, is sued in her official capacity as the Secretary of the U.S. Department of Homeland Security (DHS). In this capacity, Kristi Noem is responsible for the implementation and enforcement of the Immigration and Nationality Act, and oversees U.S. Immigration and Customs Enforcement, the component agency responsible for Petitioner’s detention and custody. Respondent Kristi Noem is a legal custodian of Petitioner.

5. Respondent, Pamela Bondi, is sued in her official capacity as the Attorney General of the United States and the senior official of the U.S. Department of Justice (DOJ). In that capacity, she has the authority to adjudicate removal cases and to oversee the Executive Office for Immigration Review (EOIR), which administers the immigration courts and the BIA. Respondent Pamela Bondi is a legal custodian of Petitioner.

#### **STATEMENT OF FACTS**

1. Anton Smirnov a citizen of Russia and arrived in the United States on September 9, 2023, as an arriving alien and is therefore ineligible for bond under Matter of Yajure Hurtado, 29 I&N Dec. 216 (BIA 2025) and Matter of M-S-, 27 I&N Dec. 509 (A.G. 2019).
2. Upon arriving, Mr. Smirnov, his wife, Oksana Berlinskaia, and their child, M [REDACTED] S [REDACTED] were paroled into the United States and issued Form I-94. In 2024, the couple gave birth to a second child who is currently a United States Citizen.
3. On March 22, 2023, Mr. Smirnov was arrested following a verbal disagreement with his wife while the family was residing in a hotel. The arrest was based solely on a third-party hotel employee's report. Mr. Smirnov was released the next day, March 23, 2023.
4. On June 25, 2025, the case was formally dismissed in court with no conviction or finding of guilt. The court and child protective authorities confirmed that no abuse or wrongdoing occurred.
5. On August 29, 2025, Mr. Smirnov was re-detained by DHS at the ICE office without notice or due process, based on the prior arrest that had already been dismissed. Although Mr. Smirnov presented certified court documentation confirming the dismissal, ICE ignored these records and revoked his parole without explanation.

6. Mr. Smirnov is currently detained at El Paso Processing Center, 8915 Montana Avenue El Paso, TX 79925 United States.
7. Since his arrest and detention, Mr. Smirnov has suffered from severe depression and other medical conditions. He has been denied regular access to prescribed antidepressants and mental health treatment as recommended by his treating psychiatrist.
8. Petitioner has also suffered neglect and inadequate medical care in detention, including denial of treatment during illness and high fever.
9. Petitioner appears pro se.

#### **LEGAL FRAMEWORK**

1. The Fifth Amendment guarantees that no person shall “be deprived of life, liberty, or property, without due process of law.” U.S. Const. amend. V. Procedural due process requires that before the government deprives an individual of a protected liberty interest, it must provide notice and an opportunity to be heard.
2. In *Mathews v. Eldridge*, 424 U.S. 319 (1976), the Supreme Court established the governing test for determining whether due process has been satisfied. The Court requires a balancing of (a) the private interest affected by the government action; (b) the risk of erroneous deprivation through the procedures used and the probable value of additional or substitute procedural safeguards; and (c) the government’s interest, including the administrative burdens that additional procedures would entail.
3. Here, Petitioner’s private interest, freedom from unlawful physical restraint, is among the most fundamental rights protected by the Constitution. The risk of erroneous deprivation is extraordinarily high because DHS revoked Petitioner’s parole and re-detained him without notice, hearing, or opportunity to present exculpatory evidence. The

government's burden in providing minimal procedural protections is negligible compared to the harm suffered by Petitioner.

4. Federal courts have repeatedly recognized due process violations arising from DHS's improper procedures in revoking parole and re-detaining individuals without adequate safeguards. *See Mata Velasquez v. Kurzdorfer*, 2025 WL 1953796 (W.D.N.Y. July 16, 2025) (finding parole revocation without fair process violated due process).

### **CLAIMS FOR RELIEF**

#### **COUNT ONE**

##### **Violation of Fifth Amendment Right to Due Process**

1. The allegations in the above paragraphs are realleged and incorporated herein.
2. Respondents' actions in revoking Petitioner's parole and re-detaining him without notice, hearing, or meaningful opportunity to be heard violate Petitioner's Fifth Amendment right to due process under *Mathews v. Eldridge*.
3. For these reasons, Petitioner's detention violates the Due Process Clause of the Fifth Amendment.

#### **COUNT TWO**

##### **Violation of 8 U.S.C. § 1182(d)(5) and Implementing Regulations**

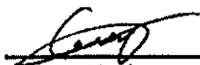
1. The allegations in the above paragraphs are realleged and incorporated herein.
2. Respondent's revocation of parole and prolonged detention of Petitioner are contrary to the humanitarian parole provisions of 8 U.S.C. § 1182(d)(5), which authorize parole "for urgent humanitarian reasons or significant public benefit" and require individual determinations.
3. For these reasons, Petitioner's detention violates 8 U.S.C. § 1182(d)(5).

**PRAYER FOR RELIEF**

Wherefore, Petitioner respectfully requests this Court to grant the following:

- (1) Assume jurisdiction over this matter;
- (2) Issue an Order to Show Cause ordering Respondents to show cause why this Petition should not be granted within three days;
- (3) Declare that Petitioner's detention violates the Due Process Clause of the Fifth Amendment, 8 U.S.C. § 1182(d)(5)(A), and/or 8 C.F.R. § 212.5(b);
- (4) Issue a Writ of Habeas Corpus ordering Respondents to release Petitioner immediately or schedule a bond hearing before an immigration judge and, at such hearing, afford Petitioner a meaningful opportunity to present evidence of eligibility for release, including humanitarian and medical considerations; and
- (5) Grant any further relief this Court deems just and proper.

Respectfully submitted,

  
\_\_\_\_\_  
Anton Smirnov  
*Petitioner (Pro se)*

Dated: November 12, 2025

### Addendum

My name is Anton Smirnov. I received a mail from ICE saying I need to appear to review my case. I received the letter on about August 22.

On August 29<sup>th</sup>, 2025, I appeared with my family and lawyer to the ICE office at 211 Varick St., New York, NY 10013. ICE Officer arrested me at the office with no warrant or explanations. Later they told me that they will be scheduling me a hearing within the next 10 days. Several hours later they took me to 26 Federal Plaza where I spent the night in a very cold room with no beds or shower. Next day, I was put in shackled along with other people and transported to Nassau County Jail in Long Island. Where I spent 4 days.

At Nassau County jail, I had no options to call my wife or my attorney., I was extremely worried about my family no knowing what is going or if they are safe. All that time I was in a small cell in isolation. It was very cold, loud and dirty. Instead of a blanket they gave me a rug which is used to clean floors. They gave me just one, single-use cup and a fork for 3 days. The meals were disgusting. I developed a depression and psychological issues. My throat started to hurt since the water in the cell was very cold. I developed a chronic throat issue. I didn't receive any medical or mental help in there.

On September 2<sup>nd</sup>, 2025, I was transferred to Delaney Hall Facility in New Jersey. Because of the psychological trauma from Nassau County Jail, I had to speak with a mental health professional at Delaney Hall. They prescribed me Buspirone 15 mg, twice a day, however I never received the medication.

On September 5<sup>th</sup>, 2025, I was shackled, put on the plane and transferred to Alexandria, Louisiana, La Sall Processing Center. The conditions at the facility were terrible. I had no option to contact my family from there to notify where I was.

On September 6<sup>th</sup>, 2025, I was pit in the shackles and transported to Camp Montana East Detention Center, El Paso, Texas. For the first 3 weeks I received absolutely no medical treatment despite my requests to see a doctor. I was given a pin number to use the table to call my family, however the pin didn't work till September 16. I had no ways to contact my family to notify where I was. Since I have chronic pain in my throat, there is no remedy from it. In order for me not to get sick, I need optimal conditions to keep my throat war and the facility is unable to provide those conditions. The water in the unit is extremely cold. I feel thirsty all the time because I couldn't drink the water. If I start drinking the cold water I start to get sick (swollen tonsils, runny nose, cough, high fever and fatigue).

Since the moment of my arrival, I have been telling everyone who works here about my problem. I wrote requests and grievances and added my name to the sick call list every day. The facility has continued to ignore my requests. First time I saw a doctor on September 28<sup>th</sup>. (See the medical record for details).

For several weeks I received wrong diet. I did not receive the diet prescribed by the doctor (warm liquids). Instead of the prescribed diet they provided me a pureed food, where on the label they wrote "liquid". The portion of the pureed food was very small and had no nutritious value. I lost a lot of weight and started to feel very weak. I notified Lt. D. Molina several times but he ignored me and refused to help. Lt. D. Molina also refused to allow me to receive medications on a several occasions without any logical explanations.

Any time I had a chance to speak with ICE officers (about 8 times) I notified them about the problems I'm experiencing and about the hardship my family is going through. In New York and New Jersey, I notified them that I have a hearing scheduled in New York Immigration Court on September 10<sup>th</sup>, 2025, and that they are making a mistake moving me to another state. I spoke with ICE officer about this issue in Louisiana and Texas and press the issue that they moved my case to another state illegally without notifying my attorney and family. In Texas and anywhere else, I asked officers to move me close to my family or release me but my requests were ignored. Sometime in the middle of October, Dr. Reyna (mental health) notified ICE supervisor that my mental health is drastically deteriorated and that I need to speak with them urgently. Two days later I was visited by 3 ICE officers. One of them told me that he is a supervisor. I told them about my and my family's problems, I told them that I can't stay here due to my problems, I told them that I can't stay here due to mental issues and serious health concerns. I also told them that my family has no income while I'm absent.

The ICE supervisor told me that he will try to help me, however, nothing has changed up to this day.

The law library is not working in the facility and there's no public notary at the facility to execute and notarize any documents.

Anton Smirnov

11.12.2025

A#



### Facility Violations – East Montana Camp

1. The facility is designed to hold people for 2 weeks; however, we have been here for 2 months.
2. Sick calls don't get answered. It takes 2-3 weeks to see a doctor after you add your name to the sick call list.
3. Prescription medication is not distributed as prescribed. They never arrive on time. Sometimes they don't arrive at all. Sometimes the morning medication arrive at 2-3 PM. The night medication arrives at 2-4 am.
4. There is a COVID outbreak in the facility, the facility doesn't provide masks.
5. We don't receive any sanitary supplies on a regular basis. We hardly receive soap. They usually bring 10-12 small soap bars for 72 people. There's always a shortage of toilet paper.
6. He facility doesn't supply disinfecting and proper cleaning supplies to stop transmission of bacteria and germs.
7. The showers and toilets are overflowing and flooding living and sleeping quarters with dirty waste water. We live with a dirty shower water under our feet and beds.
8. The room is full of fumes. It smells like a parking garage due to the diesel generators.
9. We don't have proper clothing. The air conditioner is very strong; the rooms are very cold.
10. We hardly get outdoor access. We are locked in a room with no windows for 2-4 hours per day. Sometimes we don't get outdoor access in 10-11 days.
11. The roof is leaking when it rains, flooding the rooms.
12. There are no phones in the rooms. The only way to make a phone call is by the tablet, however, the tablets don't work 50 % of the time.
13. Attorney calls are not honored on a regular basis.
14. Mail and packages are not delivered on time. It takes 2-3 weeks for the facility to deliver after they arrive.
15. Our requests don't get answered. The request forms we send never get answered or come back. The facility does nothing to improve the situation.
16. Food always arrives short. Food has no nutritious value. Officer usually brings 65 trays for 72 people.
17. The facility doesn't address the alterations between the detainees. They simply do nothing.
18. The facility doesn't follow the guidelines from the alien handbook.
19. Inhuman treatment during court dates. They take you the night before and you end up sleeping on the concrete ground with no blanket all night.
20. You can't get access to your property despite sending requests.
21. They keep you in the overcrowded bus, shackled for 3 hours to attend you court hearings. No toilets on the bus. They blast loud music while you are shackled on the bus. It seems like a torture.
22. Pin number for the table not working for the most of the time.



UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
EL PASO SPC IMMIGRATION COURT

Respondent Name:

SMIRNOV, ANTON

To:

Komogortsev, Sergey  
147 Prince St  
Brooklyn, NY 11201

A-Number:



Riders:

In Removal Proceedings

Date:

10/30/2025

ORDER OF THE IMMIGRATION JUDGE

Upon due consideration of  Respondent's  The Department of Homeland Security's motion for change of venue filed in this matter, and having been satisfied that the non-moving party was accorded notice and an opportunity to respond, for the following reason(s) the immigration court hereby orders that the motion for CHANGE OF VENUE is:

- GRANTED, as the requirements of 8 C.F.R. § 1003.20(b) have been met.  
Venue is changed to

Respondent's new address is:

SMIRNOV, ANTON  
8915 MONTANA AVE  
EL PASO, TX 79925

Respondent's new attorney/representative (if any) is

- DENIED, as no good cause shown has been shown. *See* 8 C.F.R. § 1003.20(b).  
 DENIED, as no fixed address including city, state, and zip code, where Respondent may be reached for further hearing notification was provided. *See* 8 C.F.R. § 1003.20(c).  
 Other / Further explanation



Immigration Judge: PLETERS, MICHAEL 10/30/2025

**Certificate of Service**

This document was served:

Via:  Mail |  Personal Service |  Electronic Service |  Address Unavailable

To:  Alien |  Alien c/o custodial officer |  Alien atty/rep. |  DHS

Respondent Name : SMIRNOV, ANTON | A-Number :



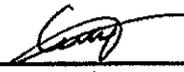
Riders:

Date: 10/30/2025 By: Martinez, Sandy, Court Staff

**VERIFICATION PURSUANT TO 28 U.S.C. § 2242**

I, Anton Smirnov, Petitioner, hereby verify that the factual statements made in the foregoing Petition for Writ of Habeas Corpus are true and correct to the best of my knowledge. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Dated this 12 day of 11, 2025.

  
\_\_\_\_\_  
Anton Smirnov



9/5/2025 9:22:04PM

LASALLE PROCESSING CENTER  
SUBJECT PROFILE

SMIRNOV, ANTON

SubjectId

	ANTON SMIRNOV		DOB: [REDACTED]	[REDACTED]
	RUSSIA	[REDACTED]		
	[REDACTED]	[REDACTED]		
[REDACTED]				SMIRNOV, ANTON RUSSIA

**GEO**  
The GEO Group, Inc.

LaSalle Detention Facility

[REDACTED]

**SMIRNOV, ANTON**

DOB: [REDACTED]

Country: RUSSIA

Level      Arrival Date  
                 9/ 5/2025

**GEO**  
The GEO Group, Inc.

LaSalle Detention Facility

[REDACTED]

**SMIRNOV, ANTON**

DOB: [REDACTED]

Country: RUSSIA

Level      Arrival Date  
                 9/ 5/2025

Anton Smirnov

DETAINEE GRIEVANCE FORM / FORMULARIO DE QUEJA DE RECLUSOS

FORMAL Grievance Appeals Board (GAB): Resolution is accepted by detainee: Yes/Sí  No/No   
Junta de Apelaciones de Quejas La resolución es aceptada por el detenido

Grievance has been assigned to the following Department for formal resolution:

- Deportation / Deportación
- Detention / Detención
- Administration / Administración
- Medical / Médico

Departmental findings/actions taken / Descubrimientos / acciones tomadas:  
Lt. D. Molina refused to help me to get medical and mental help when I needed.  
He ignored all requests and grievances. He made racist remarks against detainees.  
He refused to assist me with getting a proper food according to my diet. He abused his power and used force against the detainees I was afraid to notify the facility about this because I was worried for my life and well being.

\* Miembro(s) de Junta de Apelacion de queja (GAB)

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

Victor Gonzalez No  
Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

Date of findings/ Fecha de Descubrimientos: \_\_\_\_\_

\_\_\_\_\_  
Name, Title/Nombre, Título

Detainee signature: [Signature]  
Firma del Detenido:

Date/Time: 11.12.25 / 4:22 PM  
Fecha/ Hora:

Grievance appealed to the Assistant Field Office Director: \_\_\_\_\_  
Queja arrojó al Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

Grievance forwarded to the Assistant Field Office Director: \_\_\_\_\_  
Queja remitida a la Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

- I concur with the GAB response/ Estoy de acuerdo con la respuesta GAB
- I do not concur with the GAB response/ No estoy de acuerdo con la respuesta de GAB

Assistant's Field Office Director Findings / Actions Taken: hallazgos de el Assistant Field Office Director / acciones tomadas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFOD Signature/Firma: \_\_\_\_\_ Date/Time/Fecha/Hora: \_\_\_\_\_



Anton Smirnov

DETAINEE GRIEVANCE FORM / FORMULARIO DE QUEJA DE DETENIDO

FORMAL Grievance Appeals Board (GAB): Resolution is accepted by detainee: Yes/SI  No/No   
Junta de Apelaciones de Quejas La resolución es aceptada por el detenido

Grievance has been assigned to the following Department for formal resolution:

- Deportation / Deportación
- Detention / Detención
- Administration / Administración
- Medical / Médico

Departmental findings/actions taken / Descubrimientos / acciones tomadas:  
I still don't receive my medications on a regular basis as prescribed by the mental health professionals.  
I also don't receive the diet I'm prescribed on a regular basis.

To this day the sick call list is not working, I can't see a doctor. Requests and grievances don't work, no one is answering

\* Miembro(s) de Junta de Apelacion de queja (OAB)

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

VICTOR GONZALEZ D/O  
Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

\_\_\_\_\_  
Name, Title/Nombre, Título

Date of findings/ Fecha de Descubrimientos: \_\_\_\_\_

Detainee signature: [Signature]  
Firma del Detenido:

Date/Time: 11.12.25 / 4:20 PM  
Fecha/Hora:

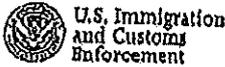
Grievance appealed to the Assistant Field Office Director: \_\_\_\_\_  
Queja atrajo al Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

Grievance forwarded to the Assistant Field Office Director: \_\_\_\_\_  
Queja remitida a la Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

- I concur with the GAB response/ Estoy de acuerdo con la respuesta GAB
- I do not concur with the GAB response/ No estoy de acuerdo con la respuesta de GAB

Assistant's Field Office Director Findings / Actions Taken: hallazgos de el Assistant Field Office Director / acciones tomadas:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFOD Signature/Firma: \_\_\_\_\_ Date/Time/Fecha/Hora: \_\_\_\_\_



Anton Smirnov

DETAINEE GRIEVANCE FORM / FORMULARIO DE QUEJA DE DETENIDO

FORMAL Grievance Appeals Board (GAB); Resolution is accepted by detainee.  YES/  NO/NO  
Junta de Apelaciones de Quejas La resolución es aceptada por el detenido

Grievance has been assigned to the following Department for formal resolution:

- Deportation  Detention  Administration  Medical
- Deportación Detención Administración Médico*

Departmental findings/actions taken / Descubrimientos / acciones tomadas:

I didn't receive my medications again today.  
I saw the nurse in the hallway however due to  
some issues with security and shift LT the nurse  
left without distributing medications to me and 5  
other detainees.  
This is not the first time this issue is happening.

\* Miembro(s) de Junta de Apelacion de queja (GAB)

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

VICTOR GONZALEZ D/O  
Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

\_\_\_\_\_  
Name, Title/Nombre, Título

Date of findings/ Fecha de Descubrimientos: \_\_\_\_\_

Detainee signature: [Signature]  
Firma del Detenido:

Date/Time: 10/30/25 / 2:45 PM  
Fecha/ Hora:

Grievance appealed to the Assistant Field Office Director: \_\_\_\_\_  
Queja atrajo al Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

Grievance forwarded to the Assistant Field Office Director: \_\_\_\_\_  
Queja remitida a la Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

- I concur with the GAB response/ Estoy de acuerdo con la respuesta GAB
- I do not concur with the GAB response/ No estoy de acuerdo con la respuesta de GAB

Assistant's Field Office Director Findings / Actions Taken: hallazgos de el Assistant Field Office Director / acciones tomadas:

AFOD Signature/Firma: \_\_\_\_\_ Date/Time/Fecha/Hora: \_\_\_\_\_



U.S. Immigration  
and Customs  
Enforcement

Enforcement and Removal Operations  
El Paso Processing Center  
8915 Montana Ave.  
El Paso, TX 79925

**Detainee Request to Staff Member**  
*Petición de el Detenido al Membro de Personal*

Staff Member/Officer's Name: <i>Nombre de el Oficial: P. Silva</i> <i>Approved</i>	Date: <i>Fecha: 10/28/25</i>
Detainee Name: <i>Nombre de el Detenido: Anton Smirnov</i>	Allen Number (A#): <i>Numero de Extranjero (A#)</i>
Country of Birth: <i>Pais de nacimiento: Russia</i>	Unit/Dormitory: <i>Unidad/Dormitorio:</i>

REQUEST: *I'm not receiving the diet I'm prescribed (Warm Liquids). Instead of warm liquids they are giving me pure. I also don't receive the medication I'm prescribed on regular bases.*

*If more space is needed to complete your request, please use the reverse side of this form. All requests will be addressed by priority.  
Si es necesario mas espacio para completar su petición, por favor use el lado reverso de esta forma. Todas las peticiones serán dirigidas por prioridad.*

Staff Comments (Comentarios del Personal):

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PROPERTY OFFICER: Date received: \_\_\_\_\_ Date filed: \_\_\_\_\_



**U.S. Immigration  
and Customs  
Enforcement**

**Enforcement and Removal Operations  
El Paso Processing Center  
8915 Montana Ave.  
El Paso, TX 79925**

**Detainee Request to Staff Member**  
*Petición de el Detenido al Miembro de Personal*

Staff Member/Officer's Name: <i>Nombre de el Oficial:</i> <u>TORRES, D</u>	Date: <i>Fecha:</i> <u>10/07/2025</u>
Detainee Name: <i>Nombre de el Detenido:</i> <u>Anton Smirnov</u>	Alien Number (A#): <i>Numero de Extranjero (A#):</i> [REDACTED]
Country of Birth: <i>Pais de nacimiento:</i> <u>Russia</u>	Unit/Dormitory: <i>Unidad/Dormitorio:</i> [REDACTED]

REQUEST: It's Tuesday 10/07 (1:30AM), I'm not to receive the food I'm prescribed, I also don't receive my medications on a daily bases as prescribed.

*If more space is needed to complete your request, please use the reverse side of this form. All requests will be addressed by priority.  
Si es necesario mas espacio para completar su petición, por favor use el lado reverso de esta forma. Todas las peticiones serán dirigidas por prioridad.*

Staff Comments (Comentarios del Personal):

MEALS WERE DELIVERED LATE ON THIS DATE DUE TO EVENTS IN THE FACILITY.

JM  
10/15/25

PROPERTY OFFICER: Date received: \_\_\_\_\_ Date filed: \_\_\_\_\_



**U.S. Immigration  
and Customs  
Enforcement**

**Enforcement and Removal Operations  
El Paso Processing Center  
8915 Montana Ave.  
El Paso, TX 79925**

**Detainee Request to Staff Member**  
*Petición de el Detenido al Miembro de Personal*

Staff Member/Officer's Name: <i>Nombre de el Oficial:</i> <i>DO Mendez approve</i>	Date: <i>10.01.25,</i> <i>Fecha:</i>
Detainee Name: <i>Nombre de el Detenido:</i> <i>Anton Smirnov</i>	Allen Number (A#):  <i>Numero de Extranjero (A#):</i>
Country of Birth: <i>Pais de nacimiento:</i> <i>Russia</i>	Unit/Dormitory: <i>Unidad/Dormitorio:</i> 

REQUEST: *Today is October 1st, I still didn't receive the food (warm liquids) and medication prescribed by the doctor. I also didn't receive the warm clothing prescribed by the doctor. I'm sick again and not feeling well. Please advise when will I receive the food, medications and clothing prescribed by the doctor.*

*If more space is needed to complete your request, please use the reverse side of this form. All requests will be addressed by priority.  
Si es necesario mas espacio para completar su petición, por favor use el lado reverso de esta forma. Todas las peticiones serán dirigidas por prioridad.*

Staff Comments (Comentarios del Personal):

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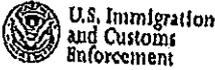
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PROPERTY OFFICER: Date received: \_\_\_\_\_ Date filed: \_\_\_\_\_



Anton Smirnov



DETAINEE GRIEVANCE FORM / FORMULARIO DE QUEJA DE DETENIDO

FORMAL Grievance Appeals Board (GAB): Resolution is accepted by detainee: Yes/SI  No/No   
Junta de Apelaciones de Quejas La resolución es aceptada por el detenido

Grievance has been assigned to the following Department for formal resolution:

- Deportation  Detention  Administration  Medical
- Deportación Detención Administración Médico*

Departmental findings/actions taken / Descubrimientos / acciones tomadas:

Today Sept 30<sup>th</sup> I'm yet to receive the food prescribed by the doctor (warm liquids). It has been 2 days now. Separately I didn't receive the medications (anti-biotics and ibuprofen) prescribed by the doctor.

N/D PUNOS APPROVED

\* Miembro(s) de Junta de Apelacion de queja (GAB)

GAB Member(s): \_\_\_\_\_  
 Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
 Name, Title/Nombre, Título

Date of findings/ Fecha de Descubrimientos: \_\_\_\_\_

Detainee signature: Anton Smirnov Date/Time: 09.30.25.  
 Firma del Detenido: Fecha/Hora:

Grievance appealed to the Assistant Field Office Director: \_\_\_\_\_  
 Queja atrajo al Assistant Field Office Director: Date/Fecha

Grievance forwarded to the Assistant Field Office Director: \_\_\_\_\_  
 Queja remitida a la Assistant Field Office Director: Date/Fecha

- I concur with the GAB response/ Estoy de acuerdo con la respuesta GAB
- I do not concur with the GAB response/ No estoy de acuerdo con la respuesta de GAB

Assistant's Field Office Director Findings / Actions Taken: hallazgos de el Assistant Field Office Director / acciones tomadas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

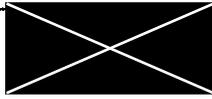
AFOD Signature/Firma: \_\_\_\_\_ Date/Time/Fecha/Hora: \_\_\_\_\_



U.S. Immigration  
and Customs  
Enforcement

Enforcement and Removal Operations  
El Paso Processing Center  
8915 Montana Ave.  
El Paso, TX 79925

**Detainee Request to Staff Member**  
*Petición de el Detenido al Miembro de Personal*

Staff Member/Officer's Name: <i>Nombre de el Oficial:</i> <b>Puentes Anthony</b>	Date: <b>09.30.2025</b> <i>Fecha:</i>
Detainee Name: <i>Nombre de el Detenido:</i> <b>Anton Smirnov</b>	Alien Number (A#):  <i>Numero de Extranjero (A#):</i>
Country of Birth: <i>Pais de nacimiento:</i> <b>Russia</b>	Unit/Dormitory: <i>Unidad/Dormitorio:</i> 

REQUEST: Today Sept. 30<sup>th</sup> I'm yet to receive the food prescribed by the doctor (warm liquids). It has been 2 days now. Separately I didn't receive the medications (anti-biotics and Ibuprofen) prescribed by the doctor.

**D/O Puentes APPROVED**

*If more space is needed to complete your request, please use the reverse side of this form. All requests will be addressed by priority.  
Si es necesario mas espacio para completar su petición, por favor use el lado reverso de esta forma. Todas las peticiones serán dirigidas por prioridad.*

Staff Comments (Comentarios del Personal):

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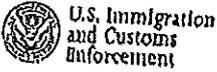
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PROPERTY OFFICER: Date received: \_\_\_\_\_ Date filed: \_\_\_\_\_



Anton Smirnov



DETAINEE GRIEVANCE FORM / FORMULARIO DE QUEJA DE DETENIDO

FORMAL Grievance Appeals Board (GAB): Resolution is accepted by detainee: Yes/Sí  No/No   
Junta de Apelaciones de Quejas La resolución es aceptada por el detenido

Grievance has been assigned to the following Department for formal resolution:

- Deportation  Detention  Administration  Medical
- Deportación Detención Administración Médico

Departmental findings/actions taken / Discubrimientos / acciones tomadas:

As per doctor's note I'm supposed to receive warm fluids for each meal.  
I didn't receive any warm fluids with my lunch sept 29.  
The drinking water in the facility is very cold.  
I also didn't get the warm clothing as noted by the doctor.  
Please advise. Thank you.  
I gave the copy of the doctor's note to the supervisor and showed it to the officer.  
Dis Darazak by APPROVED

\* Miembro(s) de Junta de Apelacion de queja (OAB)

GAB Member(s): \_\_\_\_\_  
 Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
 Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
 Name, Title/Nombre, Título

Date of findings/ Fecha de Discubrimientos: \_\_\_\_\_

Detainee signature: Anton Smirnov  
 Firma del Detenido:

Date/Time: 09.29.25 / lunch  
 Fecha/ Hora:

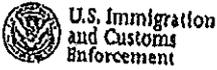
Grievance appealed to the Assistant Field Office Director: \_\_\_\_\_  
 Queja atrajo al Assistant Field Office Director: \_\_\_\_\_  
 Date/Fecha

Grievance forwarded to the Assistant Field Office Director: \_\_\_\_\_  
 Queja remitida a la Assistant Field Office Director: \_\_\_\_\_  
 Date/Fecha

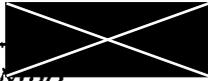
- I concur with the GAB response/ Estoy de acuerdo con la respuesta GAB
- I do not concur with the GAB response/ No estoy de acuerdo con la respuesta de GAB

Assistant's Field Office Director Findings / Actions Taken: hallazgos de el Assistant Field Office Director / acciones tomadas:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AFOD Signature/Firma: \_\_\_\_\_ Date/Time/Fecha/Hora: \_\_\_\_\_



Anton Smirnov



DETAINEE GRIEVANCE FORM / FORMULARIO DE QUEJA DE DETENIDO

FORMAL Grievance Appeals Board (GAB): Resolution is accepted by detainee: Yes/SI  No/No   
Junta de Apelaciones de Quejas La resolución es aceptada por el detenido

Grievance has been assigned to the following Department for formal resolution:

- Deportation / Deportación
- Detention / Detención
- Administration / Administración
- Medical / Médico

Departmental findings/actions taken / Discubrimientos / acciones tomadas:

As per doctor's note I'm supposed to receive warm fluids for each meal.  
I didn't receive any warm fluids with my breakfast today Sept 29.  
They gave me only cold milk. The drinking water in the facility is also very cold.  
I also didn't get the warm clothing as noted by the doctor.  
Please advise. Thank you.

D/O Gonzalez APPROVED

\* Miembro(s) de Junta de Apelacion de queja (GAB)

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

\_\_\_\_\_  
Name, Title/Nombre, Título

GAB Member(s): \_\_\_\_\_  
Name, Title/Nombre, Título

\_\_\_\_\_  
Name, Title/Nombre, Título

Date of findings/ Fecha de Discubrimientos: \_\_\_\_\_

Detainee signature: Anton Smirnov  
Firma del Detenido:

Date/Time: 09.29.25/Break fast  
Fecha/ Hora:

Grievance appealed to the Assistant Field Office Director: \_\_\_\_\_  
Queja atrajo al Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

Grievance forwarded to the Assistant Field Office Director: \_\_\_\_\_  
Queja remitida a la Assistant Field Office Director: \_\_\_\_\_  
Date/Fecha

- I concur with the GAB response/ Estoy de acuerdo con la respuesta GAB
- I do not concur with the GAB response/ No estoy de acuerdo con la respuesta de GAB

Assistant's Field Office Director Findings / Actions Taken: hallazgos de el Assistant Field Office Director / acciones tomadas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFOD Signature/Firma: \_\_\_\_\_ Date/Time/Fecha/Hora: \_\_\_\_\_



**ALIEN NEEDS FORM / FORMA DE NECESIDADES PARA EXTRANJERO  
HOUSING UNIT OFFICER ONLY / OFICIAL DE DORMITORIO SOLAMENTE**

Instructions: Please submit one form per need / Instrucciones: Favor de someter una petition por pedido.  
Instructions: Complete the top portion of this form and submit to your unit Officer.  
Instrucciones: Escribir en la parte superior de esta forma entregue al Oficial del dormitorio.

Name/Nombre: ANTON SMIRNOV  
 Date/Fecha: 20 SEPTEMBER 2025  
 A-Number/Número de Expediente: [REDACTED]  
 Country/Pais: Russia  
 Housing Unit/ Unidad: [REDACTED]  
 Bed Number/Número de Cama: 4

Needing	Description/Description
	Shoes/Zapatos
	T-Shirts/Playera
	Briefs/Ropa Interior
	Socks/Calcetines
	Personal Property/Propiedad Personal

X		S/M/L/XL/2X/3X/4X
	Size/Talla	
	Size/Talla	
	Size/Talla	

Other Needs (Be Very Specific)/ Otra solicitud (Sea Muy Especifico)  
NEEDS BROWN BLANKET

Unit Officers Disposition: Nelson J. Noel (Approved) (Denied)  
 If denied please explain:

Unit Officers Name, Call Sign, and Signature:

Supervisor or Designated Official's Disposition: L. Nuñez (Approved) (Denied)  
 If denied please explain:  
detainee is given blanket NO special requests.

Supervisor/ Alien's Name, Signature, and Tango number:  
 Alien Signature acknowledging property received:

Property Staff Receipt number: \_\_\_\_\_ (This form is not valid without this number)  
 Name of Person Recording Alien Need:  
 Date Request Recorded: \_\_\_\_\_ Completed By Property Staff Yes or (No)

Effective 08/2025

**DENIED**  
 9/21



U.S. Immigration  
and Customs  
Enforcement

Enforcement and Removal Operations  
El Paso Processing Center  
8915 Montana Ave.  
El Paso, TX 79925

**Detainee Request to Staff Member**  
*Petición de el Detenido al Miembro de Personal*

Staff Member/Officer's Name: <i>Nombre de el Oficial:</i> Hernandez L	Date: <i>Fecha:</i> Sept. 11, 2021
Detainee Name: <i>Nombre de el Detenido:</i> Anton Smirnov	Alien Number (A#): <i>Numero de Extranjero (A#):</i> [REDACTED]
Country of Birth: <i>Pais de nacimiento:</i> Russia	Unit/Dormitory: <i>Unidad/Dormitorio:</i> [REDACTED]

REQUEST: Hi, I have two questions!  
1: Will it be possible to move my case back to NY?  
I have witnesses that need to appear during the hearing.

2: Can I ask for a bond hearing? I have two children, one of them US citizen. My family depends on me. I'm the sole provider. My wife can't work due to a medical condition. We have a letter from her doctor. My family desperately needs me to cope with the hardship. Thank you for consideration, Anton Smirnov

*If more space is needed to complete your request, please use the reverse side of this form. All requests will be addressed by priority.  
Si es necesario mas espacio para completar su petición, por favor use el lado reverso de esta forma. Todas las peticiones serán dirigidas por prioridad.*

Staff Comments (Comentarios del Personal):

for bonds, that is on the Judges decision. I can't change the location of the process. yAAYH

PROPERTY OFFICER: Date received: 9-11-25

Date filed: 9-11-25

of Immigration Health Services

Medical Consent Form

**HEALTH CARE PROGRAM**

The major purpose of the clinic is to provide you with medical care. Medical information obtained will be kept in a confidential medical record. You will be expected to undergo a medical examination to determine your current health status.

I, Anton Smirnov, hereby consent to medical screening and medical examination to determine my current health status, other medical evaluations, diagnostic procedures, routine care, and medical/dental treatments which the medical and professional staff of the clinic may deem necessary, advisable, or appropriate.

I authorize disclosure of my medical records to a hospital, if hospitalization is deemed necessary, advisable, or appropriate. I authorize the disclosure of my medical information to federal and state reporting agencies for purposes of disease surveillance and control.

This form has been fully explained to me, and I understand it's contents. I further understand that no guarantees have been made to me regarding the result of treatments or examinations done in the clinic.

**PROGRAMA DE CUIDADO DE SALUD**

**SERVICIO DE INMIGRACION Y NATURALIZACION**

**FORMA DE CONSENTIMIENTO MEDICO**

El propósito mayor de la clínica es proveer a usted atención médica. Los informes médicos que se obtengan serán mantenidos en un expediente médico, confidencial. Se espera usted que se someta a un examen médico para determinar su estado de salud al presente.

Yo, \_\_\_\_\_, por la presente consiento o autorizo a una evaluación o examen médico para determinar mi estado salud presente. También consiento a cualquier otra evaluación o procedimiento médico, cuidado rutinario, y tratamiento médico o dental que el personal médico de la clínica considere necesario, aconsejable o apropiado.

Yo autorizo la divulgación de mi historial médico a cualquier hospital en caso de que hospitalización sea necesaria o recomendada. Yo autorizo la divulgación de mi información médica para el reporte a entidades federales y/o estatales para la vigilancia y control de enfermedades.

Esta forma se me ha explicado completamente y yo entiendo su contenido. También entiendo que no se me han hecho garantía con respecto al resultado de tratamientos o exámenes administrados en la clínica.

	9/16/25	Carm RN	9/16/25
<i>Signature of Detainee</i> <i>Firma del Detenido</i>	<i>Date</i> <i>Fecha</i>	<i>Signature of Witness</i> <i>Firma del Testigo</i>	<i>Date</i> <i>Fecha</i>

<b>IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:</b>				
1. Name:		(Last)	(First)	
		SMIRNOV	ANTON	
2. DOB:			3. A #	
4. Nationality:			5. Facility:	CEM

### Special Needs & Restrictions

Facility: CME

The patient whose name appears below has been diagnosed as having a medical condition that requires special attention. The following is therefor recommended:

- Limited Duty \_\_\_\_\_
- Non-Duty / No Work \_\_\_\_\_
- Confined to living quarters with bathroom privileges \_\_\_\_\_
- Athletic restrictions \_\_\_\_\_
- Special equipment \_\_\_\_\_

If special equipment is given patient signs \*Patient Medical Property Receipt Contract

Special diet: \_\_\_\_\_

Date diet entered into ODS - by \_\_\_\_\_

Other limitations/considerations Please provide WARM liquids with each meal

Effective date: 11/04/25

Expiration date: 12/04/25

Patient has an appointment to return to medical for follow-up care on: \_\_\_\_\_

Comments:

Please continue regular diet for client and ADD warm liquids with each meal.

Medical Staff Signature: Daphne Sharpe FNP-BC

Date/Time: 11/04/25 1925

Interpreter?  N Name: client speaks English

Patient Name Anton Smirnov

Patient # 

11/04/25 - Will continue request for warm liquids with meal as a courtesy because prior provider initially wrote the order. Educated client this is not a medical necessity for him and is not needed to provide him with adequate care. Educated client this maybe discontinued @ anytime - Daphne Sharpe

### Special Needs & Restrictions

Facility: CAMP EAST

The patient whose name appears below has been diagnosed as having a medical condition that requires special attention. The following is therefor recommended:

- Limited Duty \_\_\_\_\_
- Non-Duty / No Work \_\_\_\_\_
- Confined to living quarters with bathroom privileges \_\_\_\_\_
- Athletic restrictions \_\_\_\_\_
- Special equipment Please provide long sleeve sweaters + pants
  - If special equipment is given patient signs \*Patient Medical Property Receipt Contract
- Special diet: Warm fluids
  - Date diet entered into ODS - by 9/28/2025
- Other limitations/considerations \_\_\_\_\_

Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Patient has an appointment to return to medical for follow-up care on: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical Staff Signature: E. Anderson DNP Date/Time: 9/28/2025

Interpreter (R) Name: \_\_\_\_\_

Patient Name Smirnov Anton  
 Patient # 