

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS

FILED

APR 08 2026

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY [Signature]
DEPUTY CLERK

JESUS ROBERTO VILLEGAS AVILA,
Petitioner, Pro Se,

v.

**RENALDO CASTRO, Warden, South Texas ICE Processing Center;
[FIELD OFFICE DIRECTOR], ICE Enforcement and Removal Operations;
SECRETARY, U.S. DEPARTMENT OF HOMELAND SECURITY;
U.S. DEPARTMENT OF HOMELAND SECURITY;
ATTORNEY GENERAL OF THE UNITED STATES;
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW,
Respondents.**

Case No.: **SA-26-CV-00133-FB**

**NOTICE OF FILING OF APPEAL BEFORE THE BOARD OF IMMIGRATION
APPEALS**

Petitioner, **Jesus Roberto Villegas Avila**, proceeding pro se, respectfully files this Notice to inform the Court of a material development in his immigration proceedings.

On **March 27, 2026**, an Immigration Judge issued a decision **ordering removal**. Petitioner has timely filed a **Notice of Appeal (Form EOIR-26)** with the **Board of Immigration Appeals** challenging that decision. The appeal was filed within the statutory deadline, and the matter is now pending before the Board.

A true and correct copy of the filed **Notice of Appeal (Form EOIR-26)** and the accompanying **Fee Waiver Request (Form EOIR-26A)** are attached hereto as exhibits.

Petitioner respectfully notifies this Court that the underlying **removal order is currently under administrative appellate review**. As such, the immigration proceedings remain ongoing, and the **finality of the removal order is subject to the outcome of the BIA appeal**.

Petitioner submits this Notice so that the Court is fully informed of the current procedural posture of this case.

Respectfully submitted,

Jesus Villegas
Jesus Roberto Villegas Avila
A# 
Pro Se Petitioner

Date: **April 6, 2026**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this Notice was served on **Respondents**, through the **Office of the United States Attorney**, by mail, on this **6th day of April, 2026**.

Jesus Villegas
Jesus Roberto Villegas Avila

A# 

South Texas ICE Processing Center

566 Veterans Drive

Pearsall, Texas 78061

Pro Se Petitioner

Date: April 6, 2026

U.S. Department of Justice
Executive Office for Immigration Review
Board of Immigration Appeals

OMB# 1125-0002
**Notice of Appeal from a Decision of an
Immigration Judge**

Staple Check or Money Order Here. Include Name(s) and
"A" Number(s) on the face of the check or money order.

1. List Name(s) and "A" Number(s) of all Respondent(s)/Applicant(s):
Jesus Roberto Villegas Avila

For Official Use Only

! **WARNING:** Names and "A" Numbers of **everyone** appealing the Immigration Judge's decision must be written in item #1. The names and "A" numbers listed will be the only ones considered to be the subjects of the appeal.

2. I am ☒ the Respondent/Applicant ☐ DHS-ICE (Mark only one box.)
3. I am ☒ DETAINED ☐ NOT DETAINED (Mark only one box.)
4. My last hearing was at Pearsall Immigration Court, Pearsall, TX (Location, City, State)

5. What decision are you appealing?

Mark only one box below. If you want to appeal more than one decision, you must use more than one Notice of Appeal (Form EOIR-26).

- ☐ I am filing an appeal from the Immigration Judge's decision *in merits proceedings* (example: removal, deportation, exclusion, asylum, etc.) dated _____.
- ☒ I am filing an appeal from the Immigration Judge's decision *in bond proceedings* dated February 11, 2026. (For DHS use only: Did DHS invoke the automatic stay provision before the Immigration Court? ☐ Yes. ☐ No.)
- ☐ I am filing an appeal from the Immigration Judge's decision *denying a motion to reopen or a motion to reconsider* dated _____.

(Please attach a copy of the Immigration Judge's decision that you are appealing.)

6. State in detail the reason(s) for this appeal. Please refer to the General Instructions at item F for further guidance. You are not limited to the space provided below; use more sheets of paper if necessary. Write your name(s) and "A" number(s) on every sheet.

Respondent appeals the Immigration Judge's oral decision denying bond on the sole ground that Respondent was found to be a flight risk. The Immigration Judge abused discretion in making this finding. Respondent entered the United States lawfully with a visa as a minor child and has resided in the United States for many years. Respondent has no criminal history, no prior failures to appear, and no history of noncompliance with court orders. At the bond hearing, Respondent presented evidence of lawful entry, United States citizen children, and significant family and community ties. The record does not reflect specific factual findings sufficient to support the conclusion that Respondent poses a flight risk. The decision therefore lacks adequate evidentiary support. Respondent has not yet received a written bond order and respectfully reserves the right to supplement this appeal upon receipt of the written decision. Respondent respectfully requests that the Board vacate the bond denial and remand for a new bond determination or set a reasonable bond.

(Attach additional sheets if necessary)

! WARNING: You must clearly explain the specific facts and law on which you base your appeal of the Immigration Judge's decision. The Board may summarily dismiss your appeal if it cannot tell from this Notice of Appeal, or any statements attached to this Notice of Appeal, why you are appealing.

7. Do you desire oral argument before the Board of Immigration Appeals? ☐ Yes ☒ No
8. Do you intend to file a separate written brief or statement after filing this Notice of Appeal? ☒ Yes ☐ No
9. If you are unrepresented, do you give consent to the BIA Pro Bono Project to have your case screened by the Project for potential placement with a free attorney or accredited representative, which may include sharing a summary of your case with potential attorneys and accredited representatives? ☐ Yes ☒ No
(There is no guarantee that your case will be accepted for placement or that an attorney or accredited representative will accept your case for representation)

! WARNING: If you mark "Yes" in item #7, you should also include in your statement above why you believe your case warrants review by a three-member panel. The Board ordinarily will not grant a request for oral argument unless you also file a brief.

If you mark "Yes" in item #8, you will be expected to file a written brief or statement after you receive a briefing schedule from the Board. The Board may summarily dismiss your appeal if you do not file a brief or statement within the time set in the briefing schedule.

10. **Print Name:** Jesus Roberto Villegas Avila

11. **Sign Here:**  X Jesus Villegas 02/20/2026

Signature of Person Appealing
(or attorney or representative)

Date

12. Mailing Address of Respondent(s)/Applicant(s)

Jesus Roberto Villegas Avila
(Name)

566 Veterans Dr.
(Street Address)

(Apartment or Room Number)
Pearsall, TX 78061

(City, State, Zip Code)

(Telephone Number)

11. Mailing Address of Attorney or Representative for the Respondent(s)/Applicant(s)

(Name)

(Street Address)

(Suite or Room Number)

(City, State, Zip Code)

(Telephone Number)

NOTE: You must notify the Board within five (5) working days if you move to a new address or change your telephone number. You must use the Change of Address Form/Board of Immigration Appeals (Form EOIR-33/BIA).

NOTE: If an attorney or representative signs this appeal for you, he or she must file *with this appeal*, a Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals (Form EOIR-27).

13. **PROOF OF SERVICE (You Must Complete This)**

I Jesus Roberto Villegas Avila mailed or delivered a copy of this Notice of Appeal
(Name)

on February 20, 2026 to Assistant Chief of Counsel - DHS/ICE
(Date) (Opposing Party)

at 566 Veterans Dr., Pearsall, TX 78061
(Number and Street, City, State, Zip Code)

☐ No service needed. I electronically filed this document, and the opposing party is participating in ECAS.

SIGN HERE  X Jesus Villegas
Signature

NOTE: If you are the Respondent or Applicant, the "Opposing Party" is the Assistant Chief Counsel of DHS - ICE.

WARNING: If you do not complete this section properly, your appeal will be rejected or dismissed.

WARNING: If you do not attach the fee payment receipt, fee, or a completed Fee Waiver Request (Form EOIR-26A) to this appeal, your appeal may be rejected or dismissed.

HAVE YOU?

- ☒ Read all of the General Instructions.
- ☒ Provided all of the requested information.
- ☒ Completed this form in English.
- ☐ Provided a certified English translation for all non-English attachments.
- ☒ Signed the form.

- ☒ Served a copy of this form and all attachments on the opposing party, if applicable.
- ☒ Completed and signed the Proof of Service
- ☐ Attached the required fee payment receipt, fee, or
- ☒ Fee Waiver Request.
- ☐ If represented by attorney or representative, attach a completed and signed EOIR-27 for each respondent or applicant.

U.S. Department of Justice
Executive Office for Immigration Review

Fee Waiver Request

NAME AND ALIEN ("A") NUMBER

Answer all items in English. (Type or Print)

If more than one respondent is included in your application, motion, or appeal, only the lead respondent need file this form.

Villegas Avila, Jesus, Roberto



Name (Last, First, Middle)

Alien ("A") Number

AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST.

(This affidavit is to be signed by the respondent, not the respondent's attorney or representative of record.)

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person above and that I am unable to pay the filing fee. I believe that my application/motion/appeal is valid and not frivolous, and I declare that the following information is true and correct to the best of my knowledge.

Jesus Roberto Villegas Avila

(Print name of respondent filing the form)

Jesus Villegas

(Signature of respondent filing the form)

02/20/2026

(Date signed)

The Immigration Judge may grant your fee waiver request for an EOIR application or motion filed with the Immigration Court if you show that you are unable to pay the filing fee. The Board of Immigration Appeals (BIA) may grant your fee waiver request for an appeal or motion filed with the BIA if you show that you are unable to pay the filing fee. If this fee waiver request does not establish your inability to pay the required fee, your application, motion, application, or appeal will not be deemed properly filed. 8 C.F.R. §§ 1003.8 and 1003.24(d). You must answer all questions on the form even if the answer is "\$0.00".

1. Estimate your average monthly amount of money received from each of the following sources. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the average monthly rate. Use gross amounts, that is, amounts before any deductions for taxes and other state/federal payroll withholdings.

Income Sources	Monthly Average
Employment, including self-employment	\$ 0.00
Income from real property (such as rental income)	\$ 0.00
Interest from checking and/or saving account(s)	\$ 0.00
All other income, including but not limited to these and other sources: alimony, child support, interest, dividends, social security, annuities, unemployment, public assistance, etc.	\$ 0.00
1.A.: TOTAL AVERAGE MONTHLY INCOME	\$ 0

2. Estimate your average monthly expenses. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Expense Sources	Monthly Average
Rent or home-mortgage payment(s) (include lot rented for mobile home)	\$ 0.00
Utilities (electricity, heating fuel, water, sewer, telephone, internet, etc.)	\$ 0.00
Installment payments or outstanding debits (credit card(s), store credit card(s), vehicle payment, personal loan(s), etc., but not including rent or home-mortgage payments)	\$ 0.00
Living expenses (food, clothing, transportation, child care, tuition, etc.)	\$ 0.00
All other expenses, including but not limited to these and other sources: alimony, child support, insurance, medical, health, any state or federal taxes, attorney fees, etc.	\$ 0.00
2.B: TOTAL AVERAGE MONTHLY EXPENSES	\$ 0

3. Calculate ability to pay filing fee (total income minus total expenses):

TOTAL AVERAGE MONTHLY INCOME (1.A):	\$ 0
TOTAL AVERAGE MONTHLY EXPENSES (2.B):	- \$ 0
TOTAL:	\$ 0

4. Provide any other information that will help explain why you cannot pay the filing fees for your appeal, motion, or application. Include your name and "A" number on all pages of any additional document(s) or additional pages.

Respondent is currently detained and has no income. Respondent does not have employment authorization and is unable to work while in custody. Respondent has no access to funds sufficient to pay the filing fee. Respondent's family provides limited financial assistance for basic necessities, and those funds are used for commissary and communication expenses. Respondent has no assets or savings available to pay the appeal filing fee. For these reasons, Respondent respectfully requests that the Board grant this fee waiver request.

Attorney or Representative (if any):

(If an attorney or representative is submitting this form, the attorney or representative must complete, sign, and date below.)

I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith.

Signature of Attorney or Representative

Print Name

EOIR ID Number

Date

Paperwork Reduction Act Notice: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is one (1) hour. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

Privacy Act Notice: The information on this form is requested to determine if you have established eligibility for the fee waiver you are seeking. The legal right to ask for this information is located at 8 C.F.R. § 1003.8(a)(3). EOIR may provide this information to other Government agencies. Failure to provide this information may result in denial of your request.