

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA
COLUMBUS DIVISION**

PREMANAND MOHAN SARANG

Case No. 4:26 cv 00925 CDL AGH

A 

Petitioner,

v.

**JASON STREEVAL, Warden, Stewart
Detention Center, et al.,**

Respondents,

**EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER BASED UPON
PETITIONER'S URGENT AND WORSENING MEDICAL CONDITION**

1. Petitioner Premanand Mohan Sarang ("Petitioner"), through undersigned counsel, respectfully moves this Court pursuant to Federal Rule of Civil Procedure 65 and, to the extent necessary to preserve the Court's jurisdiction over this pending action, 28 U.S.C. § 1651(a), for immediate and narrowly tailored emergency relief based upon Petitioner's serious and worsening medical condition while he remains in federal immigration custody.

2. This Motion is limited to Petitioner's present medical emergency. Petitioner does not ask the Court through this Motion to reconsider the Immigration Judge's bond determination or to decide the merits of the custody determination challenged in the pending habeas action. Rather, Petitioner asks the Court to prevent potentially irreversible medical harm while the Court considers the pending case.

3. Petitioner's medical problems predate his present detention. His treating physician, Jyotir Jani, M.D., of Piedmont Physicians of Jefferson, has documented that Petitioner suffers from hypertension, hyperlipidemia, acid reflux, and allergies and requires periodic laboratory work

and office visits. Dr. Jani further documented that Petitioner's hypertension was uncontrolled at his last visit and that follow-up was required. A copy of Dr. Jani's August 5, 2026 letter is attached as Exhibit A.

4. Petitioner's outpatient medical records also show that his cholesterol and triglyceride abnormalities were not isolated findings. On April 8, 2026, Dr. Jani advised Petitioner that his triglycerides and cholesterol were persistently high, [REDACTED]

[REDACTED] and advised dietary changes because of prediabetes. Relevant outpatient medical records are attached as Exhibits B.

5. While Petitioner was detained at Stewart Detention Center, [REDACTED]

[REDACTED] The detention record itself states that a chronic-care appointment had been scheduled. Those detention medical records are included with Petitioner's supporting medical materials and are referenced in his sworn statement attached as Exhibit C.

6. Petitioner states that, while at Stewart Detention Center, he developed heavy chest pain and sought medical attention. He reports that he was evaluated and advised that the pain could be related to his elevated triglycerides and that continued blood monitoring was necessary. Petitioner was later transferred to the Irwin County Detention Center on or about June 18, 2026. His handwritten statement describing the progression of his symptoms and his efforts to obtain medical attention is attached as Exhibit C.

7. According to Petitioner's statement, on July 3, 2026, he again requested to see a physician because of chest pain and continuing headaches. He was seen and was advised that the chest pain might be caused by anxiety. He was prescribed anxiety medication and was told that follow-up would occur. Petitioner reports that the medication did not resolve his symptoms.

8. Petitioner further states that approximately two weeks later his chest pain had increased. He again sought medical attention and received an ECG. He reports that the ECG was inconclusive and that additional chest imaging was recommended, but the additional diagnostic testing was not completed. He states that since July 3 he has not again been evaluated by a physician despite continuing and worsening symptoms.

9. Petitioner's symptoms have not remained static. He reports worsening chest pain and the development of numbness beginning in his fingers and extending into his arm. He also reports persistent headaches, weakness and deterioration in his overall condition. Petitioner states that he submitted multiple medical requests, including requests on August 13, August 15, and August 17, but continued to have difficulty obtaining a physician's evaluation.

10. Petitioner's wife, Rashmi Shet Tanavade, independently describes the same deterioration in a declaration made under penalty of perjury. She states that for approximately a month and a half Petitioner has repeatedly complained of chest pain that is particularly severe upon waking and continues throughout the day. She further reports arm numbness, extreme weakness, exhaustion, dizziness, body aches, and frequent headaches. Her declaration is attached as **Exhibit D**.

11. Mrs. Tanavade also explains that Petitioner repeatedly requested sick-call attention and blood work because of his history of hypertension, hyperlipidemia, abnormal triglycerides, cholesterol, and glucose. According to her declaration, Petitioner was primarily seen by nursing staff; an ECG was performed; and he was told that additional testing, including an X-ray and MRI, could be considered if the ECG did not explain his symptoms. She states that the additional evaluation has not been completed and that the symptoms have persisted.

12. Mrs. Tanavade further states that Petitioner accepted and completed the medication provided for anxiety, but the chest pain, arm numbness, weakness, dizziness, exhaustion, and headaches

did not resolve. She also describes his increasing weakness, increased sleeping, inability to maintain the medically recommended diet he followed before detention, and his dependence upon the detention facility to arrange physician visits, laboratory testing, imaging, specialist consultations, and other medical care.

13. The urgency of Petitioner's condition is confirmed by his treating physician. On August 18, 2026, after being informed of Petitioner's continuing chest pain with left arm pain and headaches, Dr. Jani issued a second written medical opinion. Dr. Jani stated that Petitioner needs urgent medical attention and that these symptoms could represent a potentially life threatening condition requiring immediate evaluation and attention, especially because Petitioner is a male patient with preexisting hypertension. Dr. Jani's August 18, 2026, letter is attached as Exhibit A.

14. Petitioner is therefore not asking the Court to speculate whether routine medical follow-up might be useful. His treating physician has expressly identified the present combination of symptoms as potentially life-threatening and requiring immediate evaluation. Yet Petitioner remains unable to arrange an outside medical appointment, laboratory work, imaging, specialist consultation, or emergency hospital evaluation on his own because he is in custody.

15. Federal Rule of Civil Procedure 65 authorizes emergency injunctive relief where immediate and irreparable injury will occur before ordinary adjudication can provide meaningful protection. Fed. R. Civ. P. 65(b). The Eleventh Circuit applies four requirements to temporary restraining and preliminary injunctive relief: (1) a substantial likelihood of success on the merits; (2) irreparable injury unless relief issues; (3) the threatened injury outweighs the harm the requested relief may cause the opposing party; and (4) the requested relief is not adverse to the public interest. *Schiavo ex rel. Schindler v. Schiavo*, 403 F.3d 1223, 1225-26 (11th Cir. 2005); *Siegel v. LePore*, 234 F.3d 1163, 1176 (11th Cir. 2000) (en banc).

16. The purpose of temporary injunctive relief is to protect against irreparable injury and preserve the Court's ability to render meaningful relief. See *Canal Auth. of State of Fla. v. Callaway*, 489 F.2d 567, 572 (5th Cir. 1974). In *Schiavo*, the Eleventh Circuit recognized that threatened death constitutes irreparable injury of the highest order. 403 F.3d at 1225-26. Petitioner's evidence does not establish that a catastrophic event has already occurred, but it establishes something Rule 65 does not require the Court to ignore: an ongoing constellation of symptoms that Petitioner's own physician has characterized as potentially life-threatening and in need of immediate evaluation.

17. The medical risk is actual and ongoing. Petitioner has persistent chest pain, left-arm pain or numbness, headaches, dizziness, weakness, and exhaustion against a documented history of hypertension and significant lipid abnormalities. The injury feared is not economic and cannot be repaired by a later award. If a serious cardiac, vascular, or neurological condition progresses during continued delay, a later ruling cannot restore lost health or reverse permanent injury.

18. The requested relief is also narrowly tailored. Petitioner primarily requests temporary release, subject to reasonable conditions of supervision, so that he can immediately obtain outside medical evaluation and medically necessary treatment. If the Court declines temporary release, Petitioner requests the narrower alternative of an order requiring immediate transport to an appropriate outside hospital or medical facility capable of evaluating his persistent chest pain, left-arm symptoms, headaches, hypertension, dizziness, weakness, and related symptoms and providing all diagnostic testing and treatment determined medically necessary by qualified medical professionals.

19. The balance of harms strongly favors this limited relief. Petitioner faces the possibility of severe and irreversible physical injury if evaluation is delayed. Respondents, by contrast, can

preserve legitimate custodial interests through reasonable conditions of supervision or, alternatively, secure transport and continued custody during outside medical evaluation. The requested relief therefore does not require the Court to disregard Respondents' custodial authority in order to protect Petitioner's health.

20. The public interest likewise favors prompt evaluation of potentially life threatening symptoms in a person who is wholly dependent upon the Government for access to medical care. Persons held in government custody retain constitutional protection against deliberate indifference to serious medical needs. See *Estelle v. Gamble*, 429 U.S. 97, 104 (1976); *Ancata v. Prison Health Servs., Inc.*, 769 F.2d 700, 704 (11th Cir. 1985). Delay in treatment may be constitutionally significant where the need is serious and the delay risks substantial harm. See *Harris v. Coweta Cnty.*, 21 F.3d 388, 393-94 (11th Cir. 1994).

21. Petitioner does not contend that negligence or a mere disagreement over treatment is enough. See *Swain v. Junior*, 961 F.3d 1276, 1285-88 (11th Cir. 2020). The evidence presented here is directed instead to the immediate need for evaluation: persistent and worsening symptoms, repeated requests for care, incomplete diagnostic follow-up, documented cardiovascular risk factors, and a treating physician's express warning that the condition may be life-threatening and requires immediate attention.

22. Because this federal action is already pending, the Court also possesses authority under the All Writs Act to issue orders necessary or appropriate in aid of its existing jurisdiction. 28 U.S.C. § 1651(a). The Eleventh Circuit has explained that the Act permits a federal court to safeguard an ongoing proceeding when unchecked conduct would have the practical effect of diminishing the Court's ability to bring the litigation to a meaningful conclusion. *Klay v. United Healthgroup, Inc.*, 376 F.3d 1092, 1099-1102 (11th Cir. 2004). Petitioner invokes that authority only as an

alternative and only to the extent necessary to preserve meaningful judicial review while his health is materially deteriorating.

23. The emergency medical relief requested here is temporary and protective. It does not ask the Court to decide the Immigration Judge's bond determination through this Motion. Rather, it seeks to prevent Petitioner's physical deterioration from defeating the practical ability of the Court to adjudicate the pending matter and to ensure that Petitioner remains medically capable of participating in his case.

24. The evidentiary record accompanying this Motion is substantial and specific. These records should be considered together in evaluating the immediacy and seriousness of the threatened harm.

25. No monetary security should be required under Rule 65(c). The requested relief is designed to prevent serious physical harm and is not expected to create compensable monetary injury to Respondents. The Eleventh Circuit recognizes the district court's discretion in setting security under Rule 65(c). See *BellSouth Telecomms., Inc. v. MCIMetro Access Transmission Servs., LLC*, 425 F.3d 964, 971 (11th Cir. 2005).

26. Time is material. Petitioner's treating physician issued the urgent medical warning on August 18, 2026, and Petitioner's statement describes continuing deterioration and repeated requests for medical attention thereafter. Each additional day of delay leaves unresolved symptoms that a licensed treating physician has specifically warned may be life-threatening.

27. WHEREFORE, Petitioner respectfully requests that the Court grant this Emergency Motion for Temporary Restraining Order and: (a) order Petitioner's immediate temporary release, subject to reasonable conditions of supervision, for prompt outside medical evaluation and medically necessary treatment; or, in the alternative, (b) order Respondents immediately to transport

Petitioner to an appropriate outside hospital or medical facility capable of evaluating his persistent chest pain, left-arm pain or numbness, headaches, hypertension, dizziness, weakness, and related symptoms and to facilitate all diagnostic testing and treatment determined medically necessary by qualified medical professionals; (c) waive security under Rule 65(c); and (d) grant such other narrowly tailored emergency relief as is necessary to prevent irreparable medical injury.

Respectfully submitted this 28th day of August, 2026.

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CERTIFICATE OF SERVICE

I, Ripal Patel, hereby certify that a copy of the foregoing was mailed First class postage prepaid to the office of the Attorney General at the below mentioned address:

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