26cv3168 JWB/DJF

PETITIONER'S REPLY IN SUPPORT OF PETITION FOR WRIT OF HABEAS CORPUS

Petitioner Ijeoma Miriam Chanthavong, proceeding pro se, respectfully submits this Reply to Respondents' Response, ECF No. 11.

Petitioner does not dispute that a final administrative removal order exists. The present question is whether her continued detention remains lawful under 8 U.S.C. § 1231 and *Zadvydas v. Davis*, 533 U.S. 678 (2001), given the expiration of the only travel document, the absence of any confirmed replacement or removal date, the disputed circumstances of July 2, 2026, and Petitioner's serious and continuing medical deterioration.

Respondents' account omits material facts. It treats a disputed oral disagreement on July 2 as deliberate physical obstruction, describes repeated losses of consciousness as a single "recent" episode, equates intermittent monitoring with effective treatment, and presents anticipated travel-document reissuance as though it had already occurred.

I. Preliminary Matter: Verification

Respondents argue that the original Petition should be dismissed because it was not signed or verified by Petitioner.

Petitioner retained counsel to prepare and file the Petition and reasonably relied upon counsel to comply with the applicable filing requirements. Counsel did not conduct an in-person interview with Petitioner and communicated with her only briefly by video. Petitioner was not informed that the Petition had been submitted without her signature or verification.

Any procedural defect should be cured by a signed declaration submitted with this Reply. Petitioner personally verifies the facts stated within her knowledge under penalty of perjury pursuant to 28 U.S.C. § 1746. Petitioner respectfully requests that the Court consider the merits rather than dismiss the matter because of an omission attributable to former counsel,

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particularly where Respondents have had notice of the claims and identify no resulting prejudice.

Petitioner does not rely on former counsel's conduct as an independent ground for habeas relief. She provides the circumstances to explain why the initial filing was not personally verified and why she believed on July 2 that a habeas petition had already been filed.

II. Relevant Facts

A. The Sentencing Court's Express Statement and Petitioner's Record

The criminal judgment expressly states:

"It is the Court's intention that given the sentence of probation imposed in this matter, Ijeoma Miriam Chanthavong will remain in the United States and retain her nursing license. Truly the interest of justice will be served if Ms. Chanthavong is not deported and does not lose her nursing license."

This statement is unusual and significant. It does not invalidate the removal order or restrict ICE's statutory authority. It does, however, reflect the sentencing court's assessment that imprisonment was unnecessary and that rehabilitation, continued employment and preservation of Petitioner's nursing career served the interests of justice.

Petitioner received probation rather than incarceration. Since sentencing, she has complied with probation, has not reoffended and has maintained strong community and family ties. She is the mother of a United States-citizen child and remains subject to a substantial restitution obligation. These facts weigh against any suggestion that she presents a danger requiring detention and support the availability of release under supervision.

Respondents do not allege that Petitioner has violated probation, reoffended or poses a present danger to the community. Nor do they explain why reporting requirements, electronic monitoring or other conditions would be insufficient to secure her availability if a valid travel document is eventually issued.

B. Respondents Understate Petitioner's Medical Condition

Respondents describe Petitioner as having "moderate anemia," chronic abnormal uterine bleeding, costochondritis and a "recent episode of loss of consciousness." They state that she is receiving continued monitoring, outpatient evaluation and pain management. That description does not reflect the full medical history.

Petitioner has suffered prolonged and excessive uterine bleeding associated with fibroids for approximately six months. The continued blood loss has caused weakness, dizziness, fatigue, shortness of breath and repeated episodes of fainting or collapse.

While detained, medical emergencies occurred on or about:

- May 28, 2026;
- June 1, 2026;
- June 7, 2026;
- June 29, 2026; and
- July 16.

On June 29, Petitioner was found collapsed on the floor. Her oxygen saturation was reported to be approximately 69–70 percent. Detention staff administered supplemental oxygen, and emergency medical personnel transported her to Mercy Hospital. She remained hospitalized from June 29 through July 1.

Petitioner was advised that the continuing blood loss and anemia required further gynecological treatment and that surgery was needed to address the underlying uterine fibroids. The hospital also requested that her blood level be improved before surgery could proceed.

Petitioner was prescribed tranexamic acid to control heavy bleeding and reduce further blood loss. The exact dosage and directions should be established through the prescription and medical records attached as an exhibit.

After returning from the attempted removal on July 2, Petitioner repeatedly asked to resume iron supplementation for anemia. She was informed that approval from ICE had not yet been received. At the time of this Reply, she had not consistently received the requested iron treatment despite continued bleeding and anemia.

Her bleeding resumed on or about July 13 after only a short interval. During the resulting menstrual cycle, she again lost consciousness in front of detention personnel in mid-July, and a medical code was called.

Petitioner also continues to experience severe nighttime pain affecting her chest, abdomen, joints, bones and toes. Tylenol and ibuprofen have not adequately controlled the pain. On one nighttime visit she received Tylenol. On another, she was returned without additional treatment. She has been examined by a provider only once concerning this ongoing pain, and the principal response was to increase the ibuprofen dosage.

These are not speculative medical allegations. Mercy Hospital records, ambulance records, medication orders, laboratory results, detention medical records and incident or code records can confirm the hospital admissions, anemia, abnormal bleeding, oxygen desaturation, losses of consciousness and recommended treatment.

Respondents' declaration does not identify Petitioner's hemoglobin level, acknowledge the critically low oxygen saturation, address the multiple episodes of loss of consciousness, state when surgery will occur, or describe any concrete plan to treat the fibroids causing the bleeding. Respondents' assertion of "continued monitoring" does not establish that the underlying condition is being treated.

Monitoring is not the same as providing the prescribed medication, correcting the anemia or completing the recommended surgery. The continuing bleeding and subsequent fainting episode show that Petitioner's condition has not stabilized.

C. Petitioner Did Not Physically Resist Removal on July 2

Respondents state that Petitioner "physically resisted and failed to obey officer's commands." Petitioner disputes that characterization.

Petitioner did not strike, push, kick or physically attack any officer. The disagreement was verbal. She informed officers that she believed a habeas petition had already been filed and that the pending matter needed to be confirmed before removal.

Before her June 29 hospitalization, retained counsel had represented that the habeas petition would be filed. Counsel was aware before filing that ICE claimed to possess a travel document. Petitioner relied upon counsel's statement that the Petition would be submitted.

Petitioner was then hospitalized from June 29 through July 1. During that period, she had no meaningful ability to examine the docket, contact counsel freely or verify the filing herself. She returned to custody on July 1 while still weak from severe anemia, continuing blood loss and hospitalization. Removal processing began the next morning.

When Petitioner stated that a habeas petition was pending, she was repeating what she reasonably believed based on counsel's representation. An ICE officer indicated that removal could not proceed if a pending habeas matter were confirmed. ICE contacted counsel, and by approximately 10:00 a.m. the existence of the habeas filing was confirmed.

The timing of counsel's filing was outside Petitioner's knowledge and control. Her statement that a habeas action existed was ultimately confirmed. That sequence does not demonstrate an intention to prevent removal indefinitely. It demonstrates a medically compromised detainee seeking confirmation of a federal filing that counsel had said would be made.

Petitioner therefore disputes that her conduct amounted to physical resistance within the meaning asserted by Respondents or that it justified an open-ended extension of detention under 8 U.S.C. § 1231(a)(1)(C).

At minimum, the parties' materially different accounts create a factual dispute requiring further development rather than summary acceptance of the government's characterization.

D. No Replacement Travel Document or Definite Removal Date Has Been Established

The Nigerian travel document issued in April expired on July 14, 2026. ICE did not request a replacement until July 22.

Respondents state that ICE "expects" the Nigerian Consulate to reissue the document without delay. But the declaration identifies:

- no confirmation from the Consulate that a replacement will be issued;
- no expected issuance date;
- no pending flight itinerary;
- no scheduled removal date; and
- no explanation of the length of time Petitioner may remain detained while ICE waits.

A previous issuance is relevant, but it does not establish that a new document is forthcoming within a defined period. The government's expectation cannot by itself answer how long Petitioner will remain incarcerated, particularly where her medical condition continues to worsen.

III. Argument

A. Respondents Have Not Established That Continued Detention Remains Reasonably Related to Removal

Under *Zadvydas*, post-removal detention cannot continue indefinitely. Once detention exceeds the presumptively reasonable period, the relevant question is whether removal remains significantly likely in the reasonably foreseeable future.

Petitioner has identified facts calling that likelihood into question: the prior document has expired, no replacement has been issued, the Nigerian Consulate has supplied no confirmed timeline, and no new removal date exists.

Petitioner recognizes that the previous issuance of a Nigerian travel document supports Respondents' position to some degree. But it does not give ICE unlimited time. The Court should require current evidence showing the status of the July 22 request and the reasonably anticipated date of issuance and removal.

The government's reliance on the July 2 incident also does not resolve the matter. Petitioner disputes that she physically resisted and has explained the circumstances surrounding the oral disagreement. Section 1231(a)(1)(C) should not be applied indefinitely on the basis of a disputed, isolated incident without examining intent, medical condition and subsequent cooperation.

B. The Government Has Not Shown That Detention Is Necessary

Respondents do not allege that Petitioner is currently dangerous. The criminal court imposed probation rather than imprisonment, expressly anticipated that she would remain in the United States and continue her nursing career, and imposed conditions designed to secure compliance and rehabilitation.

Petitioner has a minor United States-citizen child, community connections, probation obligations and restitution responsibilities. Respondents have not explained why supervised release, electronic monitoring, regular reporting, residence restrictions or other conditions would be inadequate while ICE seeks a replacement travel document.

C. The Medical Record Requires More Than a General Assertion of Monitoring

Petitioner does not argue that every medical deficiency automatically requires habeas release. Her medical condition is relevant because it bears directly on the reasonableness and practical consequences of continued detention while removal remains unscheduled.

The government's general statement that Petitioner is being monitored does not answer the documented pattern of recurrent bleeding, anemia, repeated loss of consciousness, emergency hospitalization, oxygen desaturation, delayed iron supplementation, unresolved surgery and uncontrolled pain.

If Respondents maintain that adequate treatment is occurring, the Court should require records showing:

1. current hemoglobin and iron levels;
2. the dates and results of gynecological evaluations;
3. the status and expected date of the recommended surgery;
4. current prescriptions, including iron and tranexamic acid;
5. the treatment plan for recurrent syncope and nighttime pain; and
6. records of the medical codes and hospital transfers.

D. An Evidentiary Hearing Is Warranted

Respondents contend there are no disputed material facts. The record shows otherwise.

Material disputes exist concerning:

- whether July 2 involved physical resistance or a verbal request to verify pending litigation;
- Petitioner's medical condition at the time;
- the frequency and severity of her losses of consciousness;
- the adequacy of treatment and status of recommended surgery;
- the present status of the travel-document request; and
- the feasibility of release under conditions.

These issues cannot be resolved simply by adopting the conclusory statements in the ICE declaration. If the Court does not order conditional release on the written record, it should permit limited discovery and conduct an evidentiary hearing.

IV. Requested Relief

Petitioner respectfully requests that the Court:

1. decline to dismiss the Petition solely because former counsel failed to obtain Petitioner's verification;
2. accept Petitioner's accompanying declaration under 28 U.S.C. § 1746;
3. order Respondents to provide updated evidence concerning the travel-document request and anticipated removal date;
4. order Petitioner's release under appropriate conditions of supervision;
5. alternatively, conduct an evidentiary hearing concerning the July 2 incident, the likelihood of removal and the adequacy of medical treatment;
6. direct Respondents to facilitate timely access to the prescribed medication, medical evaluations and recommended gynecological treatment; and
7. grant any other relief the Court deems just and proper.

Verification to add before filing

The Reply should not be filed without this:

DECLARATION UNDER PENALTY OF PERJURY

I, Ijeoma Miriam Chanthavong, declare under penalty of perjury under the laws of the United States of America that the factual statements in the foregoing Reply that are based upon my personal knowledge are true and correct.

Executed on: _____, 2026

At: Elk River, Minnesota

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

Ijeoma M. C.,

Petitioner,

v.

Todd Blanche, Acting United States Attorney General;
Markwayne Mullin, Secretary, U.S. Department of Homeland Security;
David J. Venturella, Acting Director, U.S. Immigration & Customs Enforcement;
Marco Charles, Acting Executive Associate Director, Enforcement and Removal Operations; and
Joel Brott, Sheriff, Sherburne County Jail,

Respondents.

Case No. 26-cv-3168 (JWB/DJF)

PETITIONER'S REPLY TO RESPONDENTS' RESPONSE TO PETITION FOR WRIT OF HABEAS CORPUS

Petitioner Ijeoma Miriam Chanthavong, proceeding pro se, respectfully submits this Reply to Respondents' Response, ECF No. 11.

Petitioner does not dispute the existence of a final administrative removal order. She challenges whether her continued detention remains lawful and reasonably related to removal under 8 U.S.C. § 1231 and *Zadvydas v. Davis*, 533 U.S. 678 (2001), given the expiration of the only travel document, the absence of a confirmed replacement or removal date, the disputed circumstances of July 2, 2026, and her continuing medical deterioration.

Respondents present an incomplete account. They characterize a verbal disagreement concerning a believed-to-be-pending habeas petition as physical resistance, describe repeated episodes of unconsciousness as a single recent event, equate limited monitoring with effective treatment, and treat the anticipated reissuance of a travel document as though it were already confirmed.

I. PRELIMINARY MATTER: VERIFICATION OF THE PETITION

Respondents argue that the Petition should be dismissed because it was not signed or verified by Petitioner.

Petitioner retained licensed counsel to prepare and file the Petition and reasonably relied on counsel to comply with the applicable procedural requirements. Counsel did not visit Petitioner in person. The only direct consultation with Petitioner was a video call lasting less than approximately ten minutes. Petitioner was not informed that counsel intended to file an unsigned or unverified Petition and did not know that the filed document lacked her verification.

Counsel was also aware before filing that ICE claimed to possess a Nigerian travel document. Petitioner and her family repeatedly encouraged counsel to speak with Petitioner, review the available facts and obtain relevant documents. Counsel nevertheless maintained that sufficient information had already been obtained and that the Petition was ready to be filed.

Petitioner should not lose judicial review solely because retained counsel failed to obtain her signature or verification. Petitioner now personally verifies, under penalty of perjury, the factual statements in this Reply that are within her knowledge. Any technical deficiency can therefore be cured through this Reply and the accompanying declaration.

Petitioner respectfully asks the Court to decide the matter on its merits, particularly because Respondents have received notice of the claims and identify no prejudice caused by the original omission.

II. FACTUAL RECORD

A. The Sentencing Judge's Express Statement and Petitioner's Conduct Since Sentencing

The sentencing judge made an express written statement concerning Petitioner's sentence, nursing career and continued presence in the United States:

"It is the Court's intention that given the sentence of probation imposed in this matter, Ijeoma Miriam Chanthavong will remain in the United States and retain her nursing license. Truly the interest of justice will be served if Ms. Chanthavong is not deported and does not lose her nursing license."

This was not an ordinary character reference from a family member or friend. It was an express statement from the federal judge who reviewed the criminal case, considered Petitioner's conduct and level of responsibility, and imposed probation rather than incarceration.

Petitioner does not contend that this statement invalidates the administrative removal order or removes ICE's statutory authority. It is nevertheless significant evidence of the sentencing court's assessment that incarceration was unnecessary, rehabilitation was appropriate, and Petitioner's continued nursing career and contribution to the community served the interests of justice.

Since sentencing, Petitioner has:

1. complied with the conditions of federal probation;
2. committed no further offense;
3. maintained family and community ties;
4. continued to fulfil her responsibilities as the mother of a United States-citizen child;
5. maintained an otherwise positive record in the community; and

6. remained subject to a substantial restitution obligation.

Respondents do not allege that Petitioner violated probation, committed another offense or presently poses a danger to the community. These circumstances support the suitability of release under supervision, including reporting requirements, electronic monitoring or other conditions the Court considers appropriate.

B. Respondents Materially Understate Petitioner's Medical Condition

Respondents describe Petitioner as suffering from "moderate anemia secondary to chronic abnormal uterine bleeding from uterine fibroids," pain and a "recent episode of loss of consciousness." That description is incomplete.

The loss-of-consciousness episodes have not been recent or isolated. Petitioner has experienced repeated fainting or collapse while detained, including medical emergencies on or about:

- May 28, 2026;
- June 1, 2026;
- June 7, 2026;
- June 29, 2026; and
- July 15 or July 16, 2026.

Medical codes were called during several of these incidents.

Petitioner was treated at Mercy Hospital on or about May 20, 2026. She was transported to Mercy Hospital again following the June 29 incident and remained there until July 1, 2026.

During the June 29 emergency, Petitioner was found collapsed on the floor. Her oxygen saturation was approximately 69–70 percent. Detention personnel administered approximately seven liters of supplemental oxygen before emergency medical personnel transported her to the hospital.

The June 29 incident was therefore not simply a vague or unsupported report of dizziness. It involved:

1. loss of consciousness;
2. critically abnormal oxygen saturation;
3. emergency oxygen administration;
4. ambulance transportation;
5. hospital admission; and
6. an inpatient stay extending through July 1.

Petitioner has experienced prolonged and excessive uterine bleeding for approximately six months. The continued blood loss has caused severe anemia, weakness, dizziness, fatigue, shortness of breath and repeated fainting.

Her bleeding stopped on or about July 2 but resumed on or about July 13, leaving only a short interval between cycles. Her symptoms have not resolved. The mid-July fainting episode occurred during the renewed bleeding and in the presence of detention officers, after which another medical code was called.

C. Prescribed Medication and Delayed Anemia Treatment

Petitioner has been prescribed tranexamic acid to reduce heavy menstrual bleeding and help prevent continuing blood loss. The prescription and medication administration records can verify the medication, dosage and frequency.

Petitioner has also repeatedly requested that her iron supplementation be restarted because of her continuing anemia. Since returning from the attempted removal on July 2, she has been told that the facility could not restart the iron medication because approval from ICE had not been received.

At the time of this Reply, Petitioner has continued to experience bleeding and symptoms of anemia without consistent access to the iron medication she requested.

This directly contradicts the impression created by Respondents' statement that her anemia is being actively managed through close monitoring and appropriate treatment. Monitoring a condition while delaying medication intended to address its consequences is not equivalent to providing an effective treatment plan.

D. Recommended Surgery Remains Pending

Medical providers have determined that Petitioner's bleeding is caused by uterine fibroids and will continue unless the underlying condition is treated.

Petitioner has a pending order or recommendation for surgery. The hospital has requested that her blood levels first be improved sufficiently for the procedure to be performed safely. Yet:

- the surgery has not occurred;
- no surgery date has been provided;
- the underlying fibroids remain untreated;
- the bleeding continues;
- the anemia continues; and
- the fainting episodes have continued.

Respondents state that Petitioner receives outpatient gynecological and neurological evaluation. They do not identify when surgery will occur, what steps are being taken to improve her blood levels, or how the underlying condition is being treated.

The government cannot reasonably rely on the word "monitoring" without confronting the central medical fact: definitive treatment has been recommended, but has not been provided, and Petitioner's symptoms continue to worsen.

E. Continuing and Inadequately Controlled Pain

Petitioner continues to experience severe pain, particularly at night. The pain affects her chest, abdomen, bones, joints and toes.

The primary medications provided have been Tylenol and ibuprofen, which have not adequately controlled the pain. Petitioner has sought nighttime medical assistance on multiple occasions.

On one occasion, she was given Tylenol. On another, a nurse sent her back without further treatment and stated that nothing additional could be done. Petitioner has been examined by a provider only once concerning the continuing pain, and the primary intervention was to increase the ibuprofen dosage.

Petitioner has continued to report severe nighttime pain without a clear diagnostic or treatment plan addressing its cause. This is inconsistent with Respondents' generalized assertion that her pain is being adequately managed.

F. The Medical Facts Are Verifiable

Petitioner's medical account is not speculative. It can be confirmed through objective records, including:

1. Mercy Hospital records from May 2026;
2. Mercy Hospital records covering June 29 through July 1;
3. ambulance and emergency-transport records;
4. laboratory reports concerning hemoglobin, iron levels and anemia;
5. hospital instructions concerning improvement of blood levels before surgery;
6. the surgery order or gynecological recommendation;
7. the tranexamic-acid prescription;
8. iron-medication requests and approval records;

9. detention medical-request forms;

10. medication-administration records;

11. records of medical codes called on May 28, June 1, June 7, June 29 and in mid-July; and

12. records concerning Petitioner's pain complaints and nighttime medical visits.

Petitioner has requested copies of her Mercy Hospital records but has not yet received them. She possesses evidence showing that the request was made and will supplement the record with the hospital records if they become available. Respondents characterize Petitioner's medical allegations as unsupported while relying primarily on a generalized declaration. The objective medical records identified above are capable of resolving any factual dispute concerning Petitioner's medical condition and treatment.

G. The July 2 Incident Did Not Involve Intentional Physical Resistance

Respondents state that Petitioner "physically resisted and failed to obey officer's commands." Petitioner disputes that description.

There was a verbal disagreement concerning whether a habeas petition had been filed. Petitioner did not strike, push, kick or attack an officer. Her conduct arose from her genuine belief that counsel had already filed a federal habeas petition challenging her detention and removal.

Before Petitioner's June 29 hospitalization, retained counsel stated that the Petition would be filed. Counsel knew that time was limited and was fully aware that ICE claimed to possess a travel document.

Petitioner was then hospitalized from June 29 through July 1. During the hospitalization, she could not meaningfully monitor the federal docket, obtain court records or independently verify whether counsel had completed the filing.

Petitioner returned from Mercy Hospital on July 1. The following morning, July 2, ICE initiated removal processing while she remained weak, anemic and recovering from hospitalization.

Petitioner informed ICE officers that she believed a habeas petition was pending. An officer indicated that, if an existing habeas matter were confirmed, she could not be removed at that time. ICE contacted counsel, and by approximately 10:00 a.m. the habeas filing was confirmed.

Petitioner did not know precisely when counsel placed the document on the docket. That timing was outside her knowledge and control. Her statement that a habeas action existed was ultimately confirmed.

Petitioner therefore did not knowingly make a false statement or deliberately attempt to frustrate removal. She sought confirmation of a federal filing that counsel had represented would be made.

A verbal request to confirm pending federal litigation, made by a detainee who had returned from a serious hospitalization the previous day, should not be transformed into a finding of intentional physical obstruction without examination of the full circumstances.

H. The Expired Travel Document and Absence of a Definite Removal Date

The Nigerian travel document expired on July 14, 2026. ICE did not request a replacement until July 22.

Respondents state only that ICE "expects" the Nigerian Consulate to reissue the document without delay because a document was issued previously. Respondents provide:

- no confirmation from the Nigerian Consulate;
- no approval of the July 22 request;
- no anticipated issuance date;
- no current flight booking;

- no scheduled removal date; and
- no defined period within which removal is expected to occur.

The fact that a document was issued previously may be relevant, but it does not establish that another document has been approved or will be issued by a definite date.

Petitioner should not remain detained for an undefined period while ICE waits to learn whether and when a new travel document will be issued, particularly while she continues to experience uncontrolled bleeding, anemia, fainting and pain.

III. ARGUMENT

A. Respondents Have Not Shown a Significant Likelihood of Removal Within a Reasonably Foreseeable Period

Under *Zadvydas*, detention following a final removal order must remain reasonably related to the purpose of effecting removal. Once the presumptively reasonable detention period has passed and the detainee gives good reason to believe removal is not significantly likely in the reasonably foreseeable future, the government must rebut that showing with evidence. *Zadvydas*, 533 U.S. at 699–701.

The only travel document has expired. A replacement was requested on July 22, but there is no confirmation that the Nigerian Consulate has approved the request, no projected issuance date and no scheduled removal.

Respondents rely on an expectation of future reissuance rather than current evidence that removal will occur within a defined and reasonably foreseeable period.

Section 1231 allows the removal period to be extended where a person acts to prevent removal. But the statutory language requires conduct that actually constitutes a failure, refusal, conspiracy or act to prevent removal. Petitioner disputes that her verbal request to verify a believed-to-be-pending habeas action amounted to intentional obstruction.

B. The July 2 Dispute Does Not Justify Open-Ended Detention

Respondents treat the July 2 incident as conclusively establishing that Petitioner alone caused her continued detention.

That position ignores:

1. counsel's representation that the habeas petition would be filed;
2. counsel's knowledge of the existing travel document;
3. Petitioner's hospitalization from June 29 through July 1;
4. Petitioner's inability to monitor the docket while hospitalized;
5. her weakened medical condition on July 2;
6. the officer's statement that an existing habeas matter had to be confirmed;
7. ICE's subsequent confirmation that the habeas petition had been filed; and
8. Petitioner's denial that she physically attacked or physically resisted officers.

At minimum, the competing accounts create a material factual dispute. The Court should not resolve that dispute solely by accepting a brief and conclusory ICE declaration.

C. Release Under Supervision Is Available

Federal law expressly contemplates supervision after the removal period, including periodic reporting and reasonable written restrictions.

Petitioner has demonstrated that she can comply with structured supervision. She has complied with federal probation, has not reoffended, has strong family and community ties and has a United States-citizen child.

Respondents do not explain why the following measures would be inadequate:

- electronic monitoring;
- regular ICE reporting;
- residence restrictions;

- surrender of travel or identity documents;
- telephone reporting;
- compliance with medical appointments; or
- any other condition the Court or ICE considers appropriate.

D. Petitioner's Medical Condition Supports Conditional Release

Petitioner does not contend that medical need alone automatically invalidates detention. Her condition is relevant because it affects the reasonableness and consequences of continuing to detain her while no replacement travel document or removal date exists.

Respondents' generalized assertion of ongoing monitoring does not answer:

- repeated medical codes;
- repeated fainting;
- oxygen saturation of approximately 69–70 percent;
- two Mercy Hospital visits;
- the June 29 through July 1 hospitalization;
- continuing uterine bleeding;
- delayed iron supplementation;
- prescribed tranexamic acid;
- a pending surgery order;
- the need to improve blood levels before surgery;
- severe nighttime pain; and
- the absence of a concrete treatment plan.

The record reflects continuing deterioration, not stabilization.

E. The Sentencing Judge's Statement and Petitioner's Record Support Release Conditions

The sentencing judge's written statement does not prevent removal. It does, however, directly undermine any implication that Petitioner must remain detained because she is dangerous or cannot comply with supervision.

The sentencing court-imposed probation, anticipated that Petitioner would remain in the United States, and expressed an interest in preserving her nursing license. Petitioner thereafter remained compliant and did not reoffend.

These facts support the conclusion that supervised release can protect the government's interest while allowing Petitioner to obtain treatment and care for her child.

F. An Evidentiary Hearing Is Required if Release Is Not Granted on the Written Record

Respondents contend that no material facts are disputed. That is incorrect.

Material disputes exist concerning:

1. whether Petitioner physically resisted on July 2;
2. what commands were issued and how Petitioner responded;
3. Petitioner's medical condition during the attempted removal;
4. the number and severity of her fainting episodes;
5. the adequacy of the current medical treatment;
6. the status of iron and tranexamic-acid treatment;
7. the status and timing of the recommended surgery;
8. the status of the replacement travel-document request; and
9. the suitability of release under conditions.

These matters can be addressed through medical records, detention records, counsel communications, witness testimony and, if available, incident reports or recordings.

IV. CONCLUSION

Respondents' Response presents Petitioner's detention as the simple consequence of deliberate noncompliance. The full record is materially different.

Petitioner had just returned from a serious hospitalization, believed in good faith that counsel had filed a habeas petition, sought confirmation of that filing, and did not intentionally physically resist removal. The habeas filing was subsequently confirmed.

Since then, the only travel document has expired. ICE has requested another but provides no confirmation, issuance date or scheduled removal.

Meanwhile, Petitioner continues to suffer prolonged uterine bleeding, anemia, repeated unconsciousness, severe pain and an untreated underlying condition for which surgery has been recommended. Limited monitoring, Tylenol, ibuprofen and delayed access to iron medication have not resolved the condition.

Petitioner respectfully requests that the Court:

1. reject Respondents' request to dismiss the Petition solely for lack of verification;
2. accept Petitioner's signed declaration under 28 U.S.C. § 1746;
3. order Petitioner's release under appropriate conditions of supervision pending removal;
4. require Respondents to provide current evidence concerning the replacement travel-document request and expected removal date;
5. alternatively, permit limited discovery and conduct an evidentiary hearing;
6. consider Petitioner's continuing medical deterioration when determining the reasonableness of further detention; and

7. grant any other relief the Court considers just and proper.

Dated: _____, 2026

Respectfully submitted,

Ijeoma Miriam Chanthavong

Petitioner, pro se

A# [redacted]

Sherburne County Jail

Elk River, Minnesota

DECLARATION UNDER PENALTY OF PERJURY

I, Ijeoma Miriam Chanthavong, declare under penalty of perjury under the laws of the United States of America that the factual statements contained in the foregoing Reply that are based upon my personal knowledge are true and correct.

Executed on: _____, 2026

Elk River, Minnesota

Ijeoma Miriam Chanthavong

A# [redacted]

CERTIFICATE OF SERVICE

I certify that on _____, 2026, I caused a true and correct copy of the foregoing Petitioner's Reply to Respondents' Response to Petition for Writ of Habeas Corpus to be served upon counsel for Respondents by United States Mail and by any other method permitted by the Court.

Ijeoma Miriam Chanthavong