

1:26CV-5180-TLN-CKD(CHC)

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):

Richard Angel Cayetano

CALIFORNIA CITY IMMIGRATION
PROCESSING CENTER

22844 VIRGINIA BLVD

CALIFORNIA CITY, CA 93505

FILED

JUL 06 2026

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DK DEPUTY CLERK

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 California City ICE Processing Center (Location, City, State)
22844 Virginia Blvd., CA 93505

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 June 2, 2026.

☐ I am filing an appeal from the Immigration Judge's decision in *bond proceedings* dated
_____. (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.

I truly believe that the Judge made a mistake in evaluating my testimony and my brief evidence towards my case and I request an immediate review made by the Board of Immigration Appeals.

I, Richard Angel Cayetano  APPEAL the Immigration Judge's oral decision entered on June 2, 2026, putting in jeopardy my safety and separating me from all my family. Please! I belong with my family, my parents and my siblings need me, and I could not go through all this on my own, I am 19 years of age.

(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.

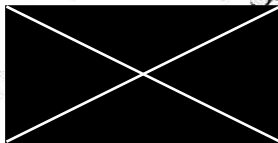
10.

Print Name:

Richard Angel Cayetano

11.

Sign Here: 

X 

June-18-2026

Signature of Person Appealing
(or attorney or representative)

Date

12.

Mailing Address of Respondent(s)/Applicant(s)	
Richard Angel Cayetano (Name)	
22844 Virginia Blvd (Street Address)	
J100 R#201 (Apartment or Room Number)	
California City, CA 93505 (City, State, Zip Code)	
 (Telephone Number)	

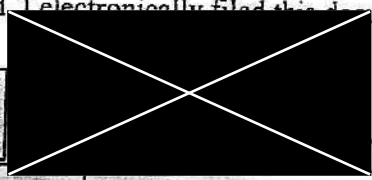
11.

Mailing Address of Attorney or Representative for the Respondent(s)/Applicant(s)	
N/A (Name)	
N/A (Street Address)	
N/A (Suite or Room Number)	
N/A (City, State, Zip Code)	
N/A (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 <u>Richard Angel Cayetano</u> (Name)	mailed or delivered a copy of this Notice of Appeal
on <u>June-18-2026</u> (Date)	to <u>Assistant Chief Counsel of ICE - DHS</u> (Opposing Party)
at <u>5107 Leesburg Pike, Ste 2000, Falls Church, VA 22041.</u> (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 	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. | ☒ Served a copy of this form and all attachments on the opposing party, if applicable. |
| ☒ Provided all of the requested information. | ☒ Completed and signed the Proof of Service |
| ☒ Completed this form in English. | ☐ Attached the required fee payment receipt, fee, or |
| ☐ Provided a certified English translation for all non-English attachments. | ☒ Fee Waiver Request. |
| ☒ Signed the form. | ☐ If represented by attorney or representative, attach a completed and signed EOIR-27 for each respondent or applicant. |