



**BERKS COUNTY DISTRICT ATTORNEY**

633 COURT STREET  
READING, PENNSYLVANIA 19601-4317  
TELEPHONE: 610-478-6000  
FAX: 610-478-6002  
www.co.berks.pa.us/dept/da

**John T. Adams**  
District Attorney  
**Michael J. Gombar**  
Chief County Detective

**Dennis J. Skayhan**  
First Assistant District Attorney  
**Jonathan H. Kurland**  
Chief Deputy District Attorney

June 26, 2017

Bryan S. Johnson  
Amoachi & Johnson, PLLC  
1918 Union Boulevard  
Bay Shore, NY 11706

**RE: APPLICATION FOR PRIVATE PROSECUTION**

Dear Mr. Johnson:

You filed an application for private prosecution in this office against Thomas D. Homan, Jennifer Ritchey, John F. Kelly, Mark C. Scott, Kevin S. Barnhardt and Christian Y. Leinbach. After a review of your application it has been determined that your application does not have or present evidence of the required *mens rea* for the crime alleged. Additionally, your complaint does not and cannot allege any direct causal link between the accused and the alleged harm. Thomas D. Homan, Jennifer Ritchey and John F. Kelly do not supervise, employ, or supervise any employees that supervise the welfare of a child under 18 years of age at the Berks County Residential Center. Mark C. Scott, Kevin S. Barnhardt and Christian Y. Leinbach do not have direct supervision of any employee(s) at the Berks County Residential Center.

Therefore, due to the totality of circumstances and prosecutorial discretion, your application for a private complaint has been denied. This decision is based on the discretion of the prosecutor as well as office policy.

I have enclosed your disapproved private criminal complaints. If you have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Ellen R. West". The signature is written in a cursive style.

ELLEN R. WEST  
Assistant District Attorney

:js  
enclosure

COUNTY OF: \_\_\_\_\_



PRIVATE  
CRIMINAL COMPLAINT

Magisterial District Number: \_\_\_\_\_

MDJ Name: Hon. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT: \_\_\_\_\_  
NAME and ADDRESS

John F. Kelly  
Secretary  
U.S. Department of Homeland Security  
3801 Nebraska Avenue, NW  
Washington, DC 20528

Docket No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

OTN: \_\_\_\_\_

(Above to be completed by court personnel)

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B. 05/11/1950	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Sticker (MM/YY)		Defendant's Driver's License Number State

I, Bryan S. Johnson, Esq.

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1.  I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at Berks County Residential Center  
(Place-Political Subdivision)

1040 Berks Rd, Leesport, PA 19533

in Berks County County on or about 01/20/2017 to Present

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Thomas Homan; Jennifer Ritchey; Christian Y Leinbach; Kevin S. Barnhardt

Mark C. Scott.

Defendant's Name:
Docket Number:



**PRIVATE  
CRIMINAL COMPLAINT**

2. The acts committed by the accused were:  
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)

**§ 4304(a)(1) Endangering welfare of children.**

As Secretary of the U.S. Department of Homeland Security ("DHS"), Mr. Kelly (Hereafter referenced as "Defendant A") has custody and/or control of several children, including "child #1"; "child #2; & child #3, who are 7, 8, and 14-years-old, respectively. Defendant A has detained, or assumed detaining, child # 1; child # 2; and child # 3 for approximately 19 months, 18 months, and 22 months, respectively, at the Berks County Residential Center, a secure facility,

Mr. Kelly continues to knowingly detain child #1; child #2; and child # 3 in clear violation of 55 PA Code § 3800.283(7); 237 Pa. Code. 200.1(a); which, taken together, expressly prohibit placing non-delinquent children, non-dependent, or children under the age of 10 in a secure facility.

In doing so, Mr. Kelly has caused each child severe and potentially fatal harm, including but not limited to causing children to suffer from 309.81 Posttraumatic Stress Disorder, Delayed Onset, Chronic.; 309.81 Posttraumatic Stress Disorder, Chronic; 309.28 [F43.23] Adjustment Disorder with Mixed Anxiety and Depressed Mood; Suicidal Ideation; and Suicidal Gestures;

Mr. Kelly has and continues, through his agents in DHS and contracted staff at BCRC, to intentionally and unlawfully deprive children of sleep by flashing bright lights on their faces at 15 minute intervals from 8:30 pm to 6:30 am, a total of 40 interruptions in sleep per night, 280 interruptions in sleep per week; & 14,560 interruptions per year.

Mr. Kelly has and continues, through his agents in DHS as staff at BCRC, to place unrelated adult males in the same dormitory areas as mothers and children, where there are no locks on bedroom doors, and thus has and continues to expose children to an increased risk of sexual abuse.

In addition to the foregoing, numerous pediatricians; child mental health professionals, and medical studies; conclude that detaining children, especially in a secure facility, inflicts serious, often permanent damage to a child's mental & physical health. See attached evidence:

1. Redacted Psychological Evaluation of Child # 1; 2. Redacted Psychological Evaluation of Child # 2; 3. Redacted Psychological Evaluation of Child # 3; 4. Declaration of Pediatrician Dr. Alan Shapiro; 5. Declaration Dr. Luis Zayas, Dean of Social Work at University of Texas, Austin; 6. Berks County Residential Center Handbook.

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of 4304 and (a)(1)  
(Section) (Subsection)  
 of the Title 18. (Endangering the welfare of children)  
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.
4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

05/15/2017

Date

Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because:

Ellen R. West

Ellen R. West

6/26/2017

(Name of Attorney for Commonwealth-Please Print or Type)

(Signature of Attorney for Commonwealth)

(Date)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.

(Magisterial District)

(Issuing Authority)

**SEAL**

COUNTY OF: \_\_\_\_\_



**PRIVATE  
CRIMINAL COMPLAINT**

Magisterial District Number: \_\_\_\_\_

MDJ Name: Hon. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

**COMMONWEALTH OF PENNSYLVANIA  
VS.**

DEFENDANT: \_\_\_\_\_  
NAME and ADDRESS  
 Thomas D. Homan  
 Director, Immigration & Customs Enforcement  
 500 12th Street, SW  
 Washington D.C., 20536

Docket No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

OTN: \_\_\_\_\_

(Above to be completed by court personnel)

(Fill in defendant's name and address)

**Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.**

Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B. 11/28/1961	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Sticker (MM/YY)	Defendant's Driver's License Number State	

I, Bryan S. Johnson, Esq.

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1.  I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at 1040 Berks Rd, Leesport, PA 19533  
(Place-Political Subdivision)

in Berks County on or about 01/20/2017 to Present

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

John F. Kelly; Jennifer Ritchey; Christian Y Leinbach; Kevin S. Barnhardt; and Mark C. Scott.

Defendant's Name:
Docket Number:



**PRIVATE  
CRIMINAL COMPLAINT**

2. The acts committed by the accused were:  
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)  
**18 § 4304, Endangering welfare of children.**

As Director of Immigration and Customs Enforcement and former director ICE's Enforcement and Removal Operations, Mr. Homan ("Defendant C") had and has custody and/or control of several children, including "child #1"; "child #2; & child #3, who are 7, 8, and 14-years-old, respectively.

Defendant C has detained, or assumed detaining, child # 1; child # 2; and child # 3 for approximately 19 months, 18 months, and 22 months, respectively, at the Berks County Residential Center, a secure facility. Mr. Homan continues to knowingly detain child #1; child #2; and child # 3 in clear violation of 55 PA Code § 3800.283(7); 237 Pa. Code. 200.1(a); which, taken together, expressly prohibit placing non-delinquent children, non-dependent, or children under the age of 10 in a secure facility.

In doing so, Mr. Homan has caused each child severe and potentially fatal harm, including but not limited to causing children to suffer from 309.81 Posttraumatic Stress Disorder, Delayed Onset, Chronic.; 309.81 Posttraumatic Stress Disorder, Chronic; 309.28 [F43.23] Adjustment Disorder with Mixed Anxiety and Depressed Mood; Suicidal Ideation; and Suicidal Gestures;

Mr. Homan has and continues to--through her agents in DHS and contracted staff at BCRC--intentionally and unlawfully deprive children of sleep by flashing bright lights on their faces at 15 minute intervals from 8:30 pm to 6:30 am, a total of 40 interruptions in sleep per night, 280 interruptions in sleep per week; & 14,560 interruptions per year.

Mr. Homan has and continues--through her agents in DHS and staff at BCRC--to place unrelated adult males in the same dormitory areas as mothers and children, where there are no locks on bedroom doors, and thus has and continues to expose children to an increased risk of sexual abuse.

In addition to the foregoing, numerous pediatricians; child mental health professionals, and medical studies; conclude that detaining children, especially in a secure facility, inflicts serious, often permanent damage to a child's mental & physical health.

See attached evidence:

1. Redacted Psychological Evaluation of Child # 1; 2. Redacted Psychological Evaluation of Child # 2; 3. Redacted Psychological Evaluation of Child # 3; 4. Declaration of Pediatrician Alan Shapiro; 5. Declaration of Dr. Luis Zayas, Dean of Social Work at University of Texas, Austin; 6. Berks County Residential Center Handbook.

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of   a   and   (a)(1)  (a)(3)    
(Section) (Subsection)  
 of the   18 § 4304, Endangering welfare of children.    
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

05/26/2017  
Date

[Signature]  
Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

Ellen R. West  
(Name of Attorney for Commonwealth-Please Print or Type)

Ellen R. West  
(Signature of Attorney for Commonwealth)

6/26/2017  
(Date)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.

\_\_\_\_\_  
(Magisterial District)

\_\_\_\_\_  
(Issuing Authority)

**SEAL**

COUNTY OF: \_\_\_\_\_



**PRIVATE  
CRIMINAL COMPLAINT**

Magisterial District Number:
MDJ Name: Hon.
Address:
Telephone: ( )
Docket No.:
Date Filed:
OTN:

**COMMONWEALTH OF PENNSYLVANIA  
VS.**

DEFENDANT: NAME and ADDRESS

Jennifer Ritchey  
Acting Field Office Director  
Immigration and Customs Enforcement  
1600 Callowhill St. 6th Floor  
Philadelphia, PA, 19130

(Above to be completed by court personnel)

(Fill in defendant's name and address)

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Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D.O.B. <b>Unknown</b>	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Sticker (MM/YY)	Defendant's Driver's License Number State	

I, Bryan S. Johnson, Esq.

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1.  I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at Berks County Residential Center,  
(Place Political Subdivision)  
1040 Berks Rd, Leesport, PA 19533

in Berks County County on or about On or about 07/2015 to Present

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Thomas Homan; John F. Kelly; Christian Y Leinbach; Kevin S. Barnhardt Mark C. Scott.

Defendant's Name:
Docket Number:



**PRIVATE  
CRIMINAL COMPLAINT**

2. **The acts committed by the accused were:**  
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)

**18 § 4304, Endangering welfare of children.**

As Acting Field Office Director of ICE's Philadelphia Field Office and as former assistant field office director, Ms. Ritchey ("Defendant B") had and has custody and/or control of several children, including "child #1"; "child #2; & child #3, who are 7, 8, and 14-years-old, respectively.

Defendant B has detained, or assumed detaining, child # 1; child # 2; and child # 3 for approximately 19 months, 18 months, and 22 months, respectively, at the Berks County Residential Center, a secure facility,

Ms. Ritchey continues to knowingly detain child #1; child #2; and child # 3 in clear violation of 55 PA Code § 3800.283(7); 237 Pa. Code. 200.1(a); which, taken together, expressly prohibit placing non-delinquent children, non-dependent, or children under the age of 10 in a secure facility.

In doing so, Ms. Ritchey has caused each child severe and potentially fatal harm, including but not limited to causing children to suffer from 309.81 Posttraumatic Stress Disorder, Delayed Onset, Chronic.; 309.81 Posttraumatic Stress Disorder, Chronic; 309.28 [F43.23] Adjustment Disorder with Mixed Anxiety and Depressed Mood; Suicidal Ideation; and Suicidal Gestures;

Ms. Ritchey has and continues to--through her agents in DHS and contracted staff at BCRC--intentionally and unlawfully deprive children of sleep by flashing bright lights on their faces at 15 minute intervals from 8:30 pm to 6:30 am, a total of 40 interruptions in sleep per night, 280 interruptions in sleep per week; & 14,560 interruptions per year.

Ms. Ritchey has and continues--through her agents in DHS and staff at BCRC--to place unrelated adult males in the same dormitory areas as mothers and children, where there are no locks on bedroom doors, and thus has and continues to expose children to an increased risk of sexual abuse.

In addition to the foregoing, numerous pediatricians; child mental health professionals, and medical studies; conclude that detaining children, especially in a secure facility, inflicts serious, often permanent damage to a child's mental & physical health.

See attached evidence:

1. Redacted Psychological Evaluation of Child # 1;
2. Redacted Psychological Evaluation of Child # 2;
3. Redacted Psychological Evaluation of Child # 3;
4. Declaration of Pediatrician Alan Shapiro;
5. Declaration Dr. Luis Zayas, Dean of Social Work at University of Texas, Austin,;
6. Berks County Residential Center Handbook.

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of (a) and (a)(1) and (a)(3)  
(Section) (Subsection)  
 of the 18 § 4304, Endangering welfare of children.  
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

05/25/2017

Date

Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because:

Ellen R West  
(Name of Attorney for Commonwealth-Please Print or Type)

Ellen R West  
(Signature of Attorney for Commonwealth)

6/26/17  
(Date)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.

\_\_\_\_\_  
(Magisterial District)

\_\_\_\_\_  
(Issuing Authority)

**SEAL**

COUNTY OF: \_\_\_\_\_



PRIVATE  
CRIMINAL COMPLAINT

Magisterial District Number:
MDJ Name: Hon.
Address:
Telephone: (    )

COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT: NAME and ADDRESS

Mark C Scott  
Commissioner  
Berks County Services Center  
633 Court Street, 13th Floor  
Reading, PA 19601

Docket No.:
Date Filed:
OTN:

(Above to be completed by court personnel)

(Fill in defendant's name and address)

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Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B. 02/14/1960	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Slicker (MM/YY)	Defendant's Driver's License Number State	

I, Bryan S. Johnson, Esq.

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

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 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at Berks County Residential Center  
(Place-Political Subdivision)

1040 Berks Rd, Leesport, PA 19533

in Berks County on or about July, 2015 to Present date

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Thomas Homan; Jennifer Ritchey; John F. Kelly; Christian Leinbach , and Kevin Barnhardt



Defendant's Name:
Docket Number:



**PRIVATE  
CRIMINAL COMPLAINT**

2. The acts committed by the accused were:  
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)

As a commissioner of Berks County, Mr. Scott had and has custody and/or control of several children, including "child #1"; "child #2; & child #3, who are 7, 8, and 14-years-old, respectively.

Mr. Scott has detained child # 1; child # 2; and child # 3 for approximately 19 months, 18 months, and 22 months, respectively, at the Berks County Residential Center, a secure facility.

Mr. Scott continues to knowingly detain child #1; child #2; and child # 3 in clear violation of 55 PA Code § 3800.283(7); 237 Pa. Code. 200.1(a); which, taken together, expressly prohibit placing non-delinquent children, non-dependent, or children under the age of 10 in a secure facility.

In doing so, Mr. Scott has caused each child severe and potentially fatal harm, including but not limited to causing children to suffer from 309.81 Posttraumatic Stress Disorder, Delayed Onset, Chronic.; 309.81 Posttraumatic Stress Disorder, Chronic; 309.28 [F43.23] Adjustment Disorder with Mixed Anxiety and Depressed Mood; Suicidal Ideation; and Suicidal Gestures;

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1. Redacted Psychological Evaluation of Child # 1
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All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of   a   and   (a)(1)  (a)(3)    
(Section) (Subsection)  
 of the   18 § 4304, Endangering welfare of children.    
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05/26/2017

Date

Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because:

Ellen R West  
(Name of Attorney for Commonwealth-Please Print or Type)

Ellen R West  
(Signature of Attorney for Commonwealth)

6/26/17  
(Date)

AND NOW, on this date \_\_\_\_\_ I certify that the complaint has been properly completed and verified.

\_\_\_\_\_  
(Magisterial District)

\_\_\_\_\_  
(Issuing Authority)

**SEAL**

COUNTY OF: \_\_\_\_\_



PRIVATE CRIMINAL COMPLAINT

Magisterial District Number: \_\_\_\_\_

MDJ Name: Hon. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA VS.

DEFENDANT: \_\_\_\_\_  
NAME and ADDRESS  
 Kevin S. Barnhardt  
 Commissioner  
 Berks County Services Center  
 633 Court Street, 13th Floor  
 Reading, PA 19601

Docket No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

OTN: \_\_\_\_\_

(Above to be completed by court personnel)

(Fill in defendant's name and address)

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Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Sticker (MM/YY)	Defendant's Driver's License Number State	

I, Bryan S. Johnson, Esq.

(Name of Complainant-Please Print or Type)

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with violating the penal laws of the Commonwealth of Pennsylvania at Berks County Residential Center

(Place-Political Subdivision)

1040 Berks Rd, Leesport, PA 19533

in Berks County on or about July, 2015 to Present date

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Thomas Homan; Jennifer Ritchey; John F. Kelly; Christian Leinbach, and Mark C. Scott.

Defendant's Name:
Docket Number:



**PRIVATE  
CRIMINAL COMPLAINT**

**2. The acts committed by the accused were:**

(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)

As a commissioner of Berks County, Mr. Barnhardt (Hereafter referenced as "Defendant D") has custody and/or control of several children, including "child #1"; "child #2; & child #3, who are 7, 8, and 14-years-old, respectively.

Defendant D has detained child # 1; child # 2; and child # 3 for approximately 19 months, 18 months, and 22 months, respectively, at the Berks County Residential Center, a secure facility.

Mr. Barnhardt continues to knowingly detain child #1; child #2; and child # 3 in clear violation of 55 PA Code § 3800.283(7); 237 Pa. Code. 200.1(a); which, taken together, expressly prohibit placing non-delinquent children, non-dependent, or children under the age of 10 in a secure facility.

In doing so, Mr. Barnhardt has caused each child severe and potentially fatal harm, including but not limited to causing children to suffer from 309.81 Posttraumatic Stress Disorder, Delayed Onset, Chronic.;

309.81 Posttraumatic Stress Disorder, Chronic; 309.28 [F43.23] Adjustment Disorder with Mixed Anxiety and Depressed Mood; Suicidal Ideation; and Suicidal Gestures;

Mr. Barnhardt has and continues, through his agents employed as staff at BCRC, to intentionally and unlawfully deprive children of sleep by flashing bright lights on their faces at 15 minute intervals from 8:30 pm to 6:30 am, a total of 40 interruptions in sleep per night, 280 interruptions in sleep per week; & 14,560

Mr. Barnhardt has and continues, through his agents employed as staff at BCRC place unrelated adult males in the same dormitory areas as mothers and children, where there are no locks on bedroom doors, and thus has and continues to expose children to an increased risk of sexual abuse.

In addition to the foregoing, numerous pediatricians; child mental health professionals, and medical studies; conclude that detaining children, especially in a secure facility, inflicts serious, often permanent damage to a child's mental & physical health.

See attached evidence:

1. Redacted Psychological Evaluation of Child # 1
2. Redacted Psychological Evaluation of Child # 2
3. Redacted Psychological Evaluation of Child # 3.
4. Declaration of Pediatrician Alan Shapiro;
5. Declaration of Dean Dr. Luis Zayas, Dean of Social Work at University of Texas, Austin,
6. Berks County Residential Center Handbook.

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of   a   and   (a)(1)  (a)(3)    
(Section) (Subsection)  
of the   18 § 4304, Endangering welfare of children.    
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

05/26/2017

Date

Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because:

*Ellen R. West*

(Name of Attorney for Commonwealth-Please Print or Type)

*Ellen R. West*

(Signature of Attorney for Commonwealth)

6/26/17

(Date)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.

(Magisterial District)

(Issuing Authority)

**SEAL**

COUNTY OF: \_\_\_\_\_



PRIVATE  
CRIMINAL COMPLAINT

Magisterial District Number:
MDJ Name: Hon.
Address:
Telephone: (    )

COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT: NAME and ADDRESS

Christian Y. Leinbach  
Commissioner  
Berks County Services Center  
633 Court Street, 13th Floor  
Reading, PA 19601

Docket No.:
Date Filed:
OTN:

(Above to be completed by court personnel)

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B. 03/01/1959	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Sticker (MM/YY)		Defendant's Driver's License Number State

I, Bryan S. Johnson, Esq.

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

- I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at Berks County Residential Center

(Place-Political Subdivision)

1040 Berks Rd, Leesport, PA 19533

in Berks County on or about 01/20/2017 to Present

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

---



---



---

Defendant's Name:
Docket Number:



**PRIVATE  
CRIMINAL COMPLAINT**

2. The acts committed by the accused were:  
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)

As a commissioner of Berks County, Mr. Leinbach (Hereafter referenced as "Defendant D") has custody and/or control of several children, including "child #1"; "child #2; & child #3, who are 7, 8, and 14-years-old, respectively.

Defendant D has detained child # 1; child # 2; and child # 3 for approximately 19 months, 18 months, and 22 months, respectively, at the Berks County Residential Center, a secure facility.

Mr. Leinbach continues to knowingly detain child #1; child #2; and child # 3 in clear violation of 55 PA Code § 3800.283(7); 237 Pa. Code. 200.1(a); which, taken together, expressly prohibit placing non-delinquent children, non-dependent, or children under the age of 10 in a secure facility.

In doing so, Mr. Leinbach has caused each child severe and potentially fatal harm, including but not limited to causing children to suffer from 309.81 Posttraumatic Stress Disorder, Delayed Onset, Chronic.;

309.81 Posttraumatic Stress Disorder, Chronic; 309.28 [F43.23] Adjustment Disorder with Mixed Anxiety and Depressed Mood; Suicidal Ideation; and Suicidal Gestures;

Mr. Leinbach has and continues, through his agents employed as staff at BCRC, to intentionally and unlawfully deprive children of sleep by flashing bright lights on their faces at 15 minute intervals from 8:30 pm to 6:30 am, a total of 40 interruptions in sleep per night, 280 interruptions in sleep per week; & 14,560

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In addition to the foregoing, numerous pediatricians; child mental health professionals, and medical studies; conclude that detaining children, especially in a secure facility, inflicts serious, often permanent damage to a child's mental & physical health.

See attached evidence:

1. Redacted Psychological Evaluation of Child # 1
2. Redacted Psychological Evaluation of Child # 2
3. Redacted Psychological Evaluation of Child # 3.
4. Declaration of Pediatrician Alan Shapiro;
5. Declaration of Dean of Psychology at University of Texas, Austin, Dr. Luis Zayas, Dean of Social Work at University of Texas, Austin,
6. Berks County Residential Center Handbook.

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of       a       and       (a)(1)      (a)(3)        
(Section) (Subsection)

of the       18 § 4304, Endangering welfare of children.        
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.
4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

05/26/2017

Date

Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because:

Ellen R West  
(Name of Attorney for Commonwealth-Please Print or Type)

Ellen R West  
(Signature of Attorney for Commonwealth)

6/26/2017  
(Date)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.

\_\_\_\_\_  
(Magisterial District)

\_\_\_\_\_  
(Issuing Authority)

**SEAL**

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

NOTICE TYPE <b>Receipt</b>		NOTICE DATE <b>June 29, 2017</b>
CASE TYPE <b>I-765, Application for Employment Authorization</b>		USCIS ALIEN NUMBER <b>A206488367</b>
RECEIPT NUMBER <b>LIN1790755598</b>	RECEIVED DATE <b>June 27, 2017</b>	PAGE <b>1 of 1</b>
		DATE OF BIRTH <b>February 25, 1987</b>

FRANKLIN G. OROZCO LUCERO  
C/O ALA AMOACHI AMOACHI AND JOHNSON, PLLC  
1918 UNION BLVD  
BAY SHORE, NY 11706

3 00000728



NAME AND MAILING ADDRESS

**PAYMENT INFORMATION:**

**Application/Petition Fee:** \$0.00  
**Biometrics Fee:** \$0.00  
**Total Amount Received:** \$0.00  
**Total Balance Due:** \$0.00

**Eligibility Category: C08**

The above case has been received by our office and is in process. Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at **1-800-375-5283**. If you are hearing impaired, please call the NCSC TDD at **1-800-767-1833**. Please also refer to the USCIS website: [www.uscis.gov](http://www.uscis.gov).

If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.

You will be notified separately about any other case you may have filed.

This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this case is still pending. However, if:

- You have timely filed to renew your current Form I-766 Employment Authorization Document (EAD); **and**
- Your EAD renewal is under a category that is eligible for an automatic 180-day extension (see [www.uscis.gov/I-765](http://www.uscis.gov/I-765) for a list of categories); **and**
- The Category on your current EAD matches the "Class Requested" listed on this Notice of Action; (Note: If you are a TPS beneficiary or applicant, your EAD and this Notice must contain either the A12 or C19 class, but they do not need to match each other.); **and**
- You do not receive your renewal EAD before your current EAD expires;
- **then** this Notice of Action automatically extends the validity of your EAD for up to 180 days from the expiration date printed on the face of the card. If all of the above conditions apply with respect to your EAD renewal application, you may present this Notice of Action with your expired EAD to your employer for employment eligibility verification (Form I-9) purposes. If your renewal application is denied, the automatic extension immediately terminates, and you may not provide this Notice of Action with your expired EAD for Form I-9 purposes. If your EAD is a combo card, the automatic extension does not apply to advance parole. For more information, please visit our website at [www.uscis.gov/I-765](http://www.uscis.gov/I-765).

**USCIS Office Address:**

USCIS  
Nebraska Service Center  
P.O. Box 82521  
Lincoln, NE 68501-2521

**USCIS Customer Service Number:**

(800)375-5283  
ATTORNEY COPY



**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

NOTICE TYPE <b>Receipt</b>		NOTICE DATE <b>June 29, 2017</b>
CASE TYPE <b>I-765, Application for Employment Authorization</b>		USCIS ALIEN NUMBER <b>A206719719</b>
RECEIPT NUMBER <b>LIN1790755145</b>	RECEIVED DATE <b>June 27, 2017</b>	PAGE <b>1 of 1</b>
		DATE OF BIRTH <b>September 01, 2011</b>

JOSE H. ZAVALA ACOSTA  
C/O ALA AMOACHI AMOACHI AND JOHNSON, PLLC  
1918 UNION BLVD  
BAY SHORE, NY 11706



NAME AND MAILING ADDRESS

**PAYMENT INFORMATION:**

**Application/Petition Fee:** \$0.00  
**Biometrics Fee:** \$0.00  
**Total Amount Received:** \$0.00  
**Total Balance Due:** \$0.00

**Eligibility Category: C08**

The above case has been received by our office and is in process. Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

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USCIS  
Nebraska Service Center  
P.O. Box 82521  
Lincoln, NE 68501-2521

**USCIS Customer Service Number:**  
(800)375-5283  
**ATTORNEY COPY**



**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

NOTICE TYPE <b>Receipt</b>		NOTICE DATE <b>June 29, 2017</b>
CASE TYPE <b>I-765, Application for Employment Authorization</b>		USCIS ALIEN NUMBER <b>A206481201</b>
RECEIPT NUMBER <b>LIN1790755153</b>	RECEIVED DATE <b>June 27, 2017</b>	PAGE <b>1 of 1</b>
		DATE OF BIRTH <b>October 20, 2000</b>

VICTOR M. CASTILLO GUDIEL  
C/O ALA AMOACHI AMOACHI AND JOHNSON, PLLC  
1918 UNION BLVD  
BAY SHORE, NY 11706

**PAYMENT INFORMATION:**  
Application/Petition Fee: \$410.00  
Biometrics Fee: \$0.00  
Total Amount Received: \$410.00  
Total Balance Due: \$0.00



NAME AND MAILING ADDRESS

**Eligibility Category: C08**

The above case has been received by our office and is in process. Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at **1-800-375-5283**. If you are hearing impaired, please call the NCSC TDD at **1-800-767-1833**. Please also refer to the USCIS website: [www.uscis.gov](http://www.uscis.gov).

If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.

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USCIS  
Nebraska Service Center  
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Lincoln, NE 68501-2521

**USCIS Customer Service Number:**  
(800)375-5283  
ATTORNEY COPY





**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

NOTICE TYPE <b>Receipt</b>		NOTICE DATE <b>June 29, 2017</b>
CASE TYPE <b>I-765, Application for Employment Authorization</b>		USCIS ALIEN NUMBER <b>A212925823</b>
RECEIPT NUMBER <b>LIN1790755152</b>	RECEIVED DATE <b>June 27, 2017</b>	PAGE <b>1 of 1</b>
		DATE OF BIRTH <b>February 11, 1987</b>

BRENDA M. VENTURA UMANZOR  
C/O ALA AMOACHI AMOACHI AND JOHNSON, PLLC  
1918 UNION BLVD  
BAY SHORE, NY 11706

**PAYMENT INFORMATION:**

**Application/Petition Fee:** \$0.00  
**Biometrics Fee:** \$0.00  
**Total Amount Received:** \$0.00  
**Total Balance Due:** \$0.00



**NAME AND MAILING ADDRESS**

**Eligibility Category: C08**

The above case has been received by our office and is in process. Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

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If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.

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