



# USPS Tracking®



**Customer Service >**  
Have questions? We're here to help.



**Get Easy Tracking Updates >**  
Sign up for My USPS.

**Tracking Number: 9405803699300138561053**

**On Time**

**Expected Delivery Day: Friday, December 18, 2015**

## Product & Tracking Information

**Postal Product:**  
Priority Mail 2-Day™

**Features:**  
Insured

## Available Actions

[Text Updates](#)

[Email Updates](#)

### Confirmation

9405803699300138561053

Your request for all activity to-date will be processed within four hours. Any future activity will be processed whenever there is new delivery related event activity.

Your confirmation will be sent to the following:

[william@fricklawfirm.info](mailto:william@fricklawfirm.info)

DATE & TIME	STATUS OF ITEM	LOCATION
<b>December 17, 2015 , 10:46 am</b>	<b>Delivered</b>	<b>FALLS CHURCH, VA 22041</b>
Your item was delivered at 10:46 am on December 17, 2015 in FALLS CHURCH, VA 22041.		
December 17, 2015 , 10:42 am	Arrived at Unit	FALLS CHURCH, VA 22041
December 17, 2015 , 9:26 am	Out for Delivery	FALLS CHURCH, VA 22041
December 17, 2015 , 9:16 am	Sorting Complete	FALLS CHURCH, VA 22041
December 17, 2015 , 6:25 am	Departed USPS Facility	DULLES, VA 20101
December 17, 2015 , 2:54 am	Arrived at USPS Destination Facility	DULLES, VA 20101
December 16, 2015 , 7:16 am	Departed USPS Facility	SEATTLE, WA 98168
December 15, 2015 , 10:44 pm	Arrived at USPS Origin Facility	SEATTLE, WA 98168
December 15, 2015 , 9:29 pm	Accepted at USPS Origin Sort Facility	SEATTLE, WA 98104
December 14, 2015	Pre-Shipment Info Sent to USPS	

1 William Frick  
2 Law Office of William Frick  
3 701 Millennium Tower  
4 719 Second Avenue  
5 Seattle, WA 98104

6  
7  
8  
9 UNITED STATES DEPARTMENT OF JUSTICE  
10 EXECUTIVE OFFICE OF IMMIGRATION REVIEW  
11 BOARD OF IMMIGRATION APPEALS  
12 FALLS CHURCH, VIRGINIA

12 In the Matter of:

13 GURWINDER SINGH,  
14 *\Detained*

15 Respondent.

NO. A-206-889-049

RESPONDENT'S MOTION TO  
REOPEN AND REQUEST FOR  
STAY OF REMOVAL

**NO FILING FEE REQUIRED PER  
PROVISIONS OF  
8 C.F.R. § 1003.24(B)(2)**

16  
17  
18  
19  
20 **RESPONDENT'S MOTION TO REOPEN  
21 AND REQUEST FOR STAY OF REMOVAL**

22  
23  
24  
25  
RESPONDENT'S MOTION TO REOPEN AND REQUEST  
FOR STAY OF REMOVAL - 1

WILLIAM FRICK  
ATTORNEY AT LAW  
701 Millennium Tower  
719 Second Avenue  
Seattle, WA 98104  
206.286.0167 (voice)  
206.770.7215 (fax)  
william@fricklawfirm.info

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE OF IMMIGRATION REVIEW  
BOARD OF IMMIGRATION APPEALS  
FALLS CHURCH, VIRGINIA

In the Matter of:

GURWINDER SINGH, *Detained*

Respondent.

NO. A-206-889-049

RESPONDENT'S MOTION TO  
REOPEN AND REQUEST FOR  
STAY OF REMOVAL

**NO FILING FEE REQUIRED PER  
PROVISIONS OF  
8 C.F.R. § 1003.24(B)(2)**

**INTRODUCTION**

Petitioner, Gurwinder Singh, who is not now, nor ever been, subject to criminal proceedings, files this motion to reopen an order of removal pursuant to INA § 240(c)(7),

The purpose of a Motion to Reopen is to present new facts and evidence that will entitle Mr. Singh to relief from removal, pursuant to 8 U.S.C.S. § 1229a(c)(6)(B).

RESPONDENT'S MOTION TO REOPEN AND REQUEST  
FOR STAY OF REMOVAL - 2

**WILLIAM FRICK**  
**ATTORNEY AT LAW**  
701 Millennium Tower  
719 Second Avenue  
Seattle, WA 98104  
206.286.0167 (voice)  
206.770.7215 (fax)  
william@fricklawfirm.info

1 No filing fee is required per 8 C.F.R. §§ 1003.24(B)(2)(i) and (v), as this  
2 motion is based upon a prior application for asylum, which requires no filing fee.

3 The removal order was issued on April 13, 2015. (See Exhibit 1)

4 Mr. Singh's signed statement, submitted under oath indicates that he was  
5 not fully functioning, due to a later-diagnosed psychological affliction that  
6 prevented him from acting with full knowledge and intent at his hearing. (See  
7 Exhibit 2)

8 Mr. Singh is currently under treatment for severe depression. He was  
9 suffering from depression at the time of the hearing. (See Exhibit 3 – medical  
10 records)

11 Mr. Singh's statement further indicates that he was advised by previous  
12 counsel *not* to appeal the order of removal because the lack of an appeal would lead  
13 to his quick release from detention. (See Exhibit 2)

14 A copy of this motion is being provided to Mr. Singh's former attorney and  
15 we will provide the Board notice of, and a copy of, any response by prior counsel.

16 Additionally, Respondent was deprived of counsel 10 days after the hearing  
17 when ICE transferred him to the State of Washington – thousands of miles away  
18 from the attorney who had advised him on how to obtain his release, and who's  
19 advise Mr. Singh had followed.

20 Because Mr. Singh was separated from his legal counsel, he was without  
21 counsel during the appeal period and is entitled to per the settlement agreement in  
22 *Franco-Gonzales v. Holder*, 767 F. Supp. 2d 1034 (C.D. Cal. 2010).

23 Mr. Singh was found to have a credible fear of persecution during his initial  
24

25  
RESPONDENT'S MOTION TO REOPEN AND REQUEST  
FOR STAY OF REMOVAL - 3

WILLIAM FRICK  
ATTORNEY AT LAW  
701 Millennium Tower  
719 Second Avenue  
Seattle, WA 98104  
206.286.0167 (voice)  
206.770.7215 (fax)  
william@fricklawfirm.info

1 screening by USCIS officials in January 2015 (See Exhibit 4)

2 Mr. Singh's former counsel did not inform him that it is useful and  
3 necessary to obtain documentation of the injury and persecution he endured prior  
4 to fleeing India. (See Exhibit 2)

5 Current counsel requested that Mr. Singh obtain any evidence that is  
6 available regarding his past persecution. Once informed of this, Respondent has  
7 obtained previously-unavailable affidavits and medical records attesting to the  
8 events that occurred, which forced him to flee. (See Exhibit 5)

9 These documents were previously unavailable because prior counsel did not  
10 diligently inform Respondent of the necessity of providing such documentation.  
11 Respondent reasonably relied upon prior counsel's advice and direction – to his  
12 detriment.  
13

### 14 **ISSUES RAISED**

15 Respondent brings forth four issues in this motion:

- 16 1. Whether Respondent was deprived of his constitutional right to a full and fair  
17 asylum hearing due to the competence and effectiveness of his then attorney,  
18 wherein Respondent's evidence was not properly presented and his attorney  
19 waived appeal of the Immigration Judge's denial of Respondent's application  
20 for asylum and for withholding of removal.
- 21 2. Whether the Respondent's mental condition was properly vetted and whether  
22 Respondent's diagnosed clinical depression affected his ability to present his  
23 case and make knowing and informed decisions.  
24  
25

1 3. Whether the Immigration Judge's decision denying Respondent's application  
2 for asylum and for withholding of removal is manifestly contrary to the law,  
3 an abuse of discretion and not supported by the record.

4 4. Whether the Immigration Judge's decision denying Respondent's application  
5 for asylum and for withholding of removal is erroneous, an abuse of discretion  
6 and not supported by the record.

7  
8 Respondent also seeks a stay of removal while this matter is being  
9 adjudicated. Respondent is suffering from and being treated at the N.W.  
10 Immigration Detention Center for significant anxiety, depression and insomnia  
11 related to his fear of having to return to India and the stress of these proceedings  
12 and his prolonged detention.

13  
14 **PROCEDURAL HISTORY**

15 On or about March 12, 2015, Respondent filed Form I-589, Application for  
16 Asylum and for Withholding of Removal with the Immigration Court.

17 Immigration Judge Howard E. Achtsam denied Respondent's application  
18 for asylum and for withholding of removal, and ordered Respondent removed on  
19 April 13, 2015. Judge Achtsam also noted in his Order "Appeal: Waived".

20  
21 On April 24, 2015, Respondent received a *Detainee Transfer Notification*,  
22 advising him that U.S. Immigration & Customs Enforcement in Los Fresnos,  
23 Texas, where the Respondent was detained at the time, would be transferred to the  
24 N.W. Immigration Detention Center in Tacoma, Washington, which was several  
25

1 states away from his legal counsel at the time, thereby obstructing due process to  
2 the Respondent from having contact with his then attorney to further litigate his  
3 removal proceedings. Additionally, ICE accused Respondent of hampering  
4 removal efforts, yet Respondent has filed for asylum due to his fear of returning to  
5 India, thus the reason Respondent is not able to cooperate in his removal from the  
6 United States to his home country.

7 The Respondent is currently detained at the N.W. Immigration Detention  
8 Center in Tacoma, Washington, and has been detained by U.S. Immigration &  
9 Customs Enforcement since January 11, 2015.  
10

#### 11 **STATEMENT OF FACTS**

12 Respondent is a 30-year-old citizen of India (DOB: 09/21/1985), who fled  
13 India on August 3, 2014, to escape the harassment and beatings he suffered because  
14 of his membership and activities with the Simranjit Singh Mann Party (Mann  
15 Party). Respondent had joined the Mann Party in January 2013, as he wanted to  
16 help the party in its support of the Sikh community and devotion to helping the less  
17 fortunate ones in his village society. His membership and activities conflicted with  
18 those of the Badal Party, who then began to harass and threaten the Respondent to  
19 cease his efforts and, instead, join their political party and spread what Respondent  
20 believes to be social wrongdoings and harm to others, i.e., the Badal Party  
21 encourages the use of drugs and alcohol, commits physical harm on others, creates  
22 fear within the villagers, etc.  
23  
24  
25

1 After two significant and injurious beatings of the Respondent by members  
2 of the Badal Party, and constant and continuous telephonic threats, Respondent fled  
3 India to avoid further harm and fear of death, which had been threatened upon him  
4 during the two beatings and the numerous telephone threats.

5 After a treacherous and dangerous trek from India to the United States,  
6 Respondent presented himself to a U.S. Customs & Border Patrol Agent at Hidalgo,  
7 Texas, requesting asylum. His entry into the United States was on January 11, 2015  
8 at Hidalgo, Texas. After inspection and interview by the Customs & Patrol Agent,  
9 the Respondent was detained on January 12, 2015 at the Port Isabel Service  
10 Processing Center in Los Fresnos, Texas.

11 On January 21, 2015, Asylum Officer Laura Lepicovska gave Respondent  
12 a credible fear interview. Officer Lepicovska found Respondent to have a credible  
13 fear of persecution and that Respondent's assertions were credible. These findings  
14 were substantiated by Officer Lepicovska's supervisor, [name illegible on *Record*  
15 *of Determination/Credible Fear Worksheet*], ZNK 174. See Exhibit 4.

16 Respondent is not married; he has no biological or adopted children.

17 Respondent is currently detained at the N.W. Immigration Detention Center  
18 in Tacoma, Washington. He is suffering and being treated at the detention center  
19 for significant depression, anxiety and insomnia due to his prolonged detention, the  
20 stress of these proceedings, and his significant fear of being returned to India, where  
21 he has already suffered harm and likely to suffer additional harm, if not death,  
22 which he has already been threatened with.  
23  
24  
25

RESPONDENT'S MOTION TO REOPEN AND REQUEST  
FOR STAY OF REMOVAL - 7

LEGAL ARGUMENT

1  
2 **1. There is a strong public interest in ensuring that an attorney’s**  
3 **deficiencies do not affirmatively undermine the fairness and accuracy**  
4 **of removal proceedings.**

5 There is a strong public interest in the expeditiousness and finality of  
6 removal proceedings. On balance, these interests justify allowing the Board to  
7 reopen removal proceedings in the extraordinary case where a lawyer’s deficient  
8 performance likely changed the outcome of an alien’s initial removal proceedings.

9 In the instant case, Respondent is clear that he did not and would not have  
10 waived appeal of the immigration judge’s denial of his application for asylum and  
11 for withholding of removal. Respondent’s significant fear and current treatment  
12 for anxiety and depression related to this fear of having to be returned to his home  
13 country is evidence that Respondent certainly would not have knowingly waived  
14 appeal in this matter.  
15

16 In addition, these interests call for a set of standards and requirements that  
17 will allow the Board to resolve most claims expeditiously and on the basis of an  
18 alien’s Motion to Reopen and accompanying documents alone. Whether an alien  
19 has made a sufficient showing to warrant relief based on counsel’s alleged deficient  
20 performance is, in each case, committed to the discretion of the Board of the  
21 immigration judge.

22 An alien who seeks to reopen his removal proceedings based on deficient  
23 performance of counsel bears the burden of establishing (i) that his attorney’s  
24 failings were egregious; (ii) that in cases where the alien moves to reopen beyond  
25

1 the applicable time, he exercised due diligence in discovering and seeking to cure  
2 his attorney's alleged deficient performance; and (iii) that he suffered prejudice  
3 from the attorney's errors, namely, that but for the deficient performance, it is more  
4 likely than not that the alien would have been entitled to the ultimate relief he was  
5 seeking. *Matter of Sylla Bangaly*, 24 I&N Dec. 710 (A.G. 2009).

6 Respondent, Gurwinder Singh, was distraught at the hearing wherein the  
7 immigration judge denied his application for asylum and for withholding of  
8 removal. There is no sensible rationale that Respondent would have voluntarily  
9 and knowingly waived appeal of this denial during this hearing.

10 Further, it would be incongruous, and egregious, for an attorney to waive  
11 appeal of such an application without consulting with his/her client outside the  
12 scope of the individual hearing to properly consult with the client regarding all  
13 aspects of appeal. The Respondent could have made an informed decision and  
14 considered retaining alternative counsel, a second opinion, etc.

15 Additionally, in reviewing Respondent's file provided on FOIA request, it  
16 does not appear counsel provided a detailed, signed declaration of the Respondent,  
17 outlining the details of past persecution, fear of future persecution, relocations to  
18 flee from the persecution and harm he suffered.

19 Review of the FOIA response also indicates that Respondent's counsel  
20 failed to exercise due diligence in preparing, submitting and litigating Respondent's  
21 application for asylum and for withholding of removal. In addition to the lack of  
22 detailed declaration of the Respondent, there are no supporting witness statements  
23 from those who witnessed Respondent being tortured or saw the injuries of the  
24  
25

RESPONDENT'S MOTION TO REOPEN AND REQUEST  
FOR STAY OF REMOVAL - 9

1 Respondent after these torturous events. There is no evidence to show that  
2 Respondent's previous counsel exercised due diligence in obtaining the required  
3 objective evidence to show the court the plea of the Respondent in his request for  
4 asylum and withholding of removal.

5 The Board's discretion to reopen removal proceedings on the basis of an  
6 attorney's deficient performance is not limited to conduct that occurred during the  
7 agency proceedings. The Board may reopen on the basis of deficient performance  
8 that occurred subsequent to the entry of a final order of removal if the standards  
9 established for a deficient performance of counsel claim are satisfied.

10 **2. A removable alien must be able to meaningfully participate in his defense**  
11 **against removal.**

12 When determining whether a respondent is competent to represent him-or  
13 herself in an immigration proceeding, the Board must consider *both* the individual's  
14 ability to meaningfully participate in the proceeding as set forth in *Matter of M-A-*  
15 *M-*, 25 I. & N. Dec. 474 (BIA 2011), *and* (as in this case, due to Mr. Singh's  
16 involuntary separation from his legal counsel) the individual's ability to perform  
17 additional functions necessary for self representation.

18 Immigration Judges must consider the following when determining if a  
19 respondent is competent to represent him-or herself:  
20

21 *First*, the respondent must be able to meaningfully participate in the  
22 proceeding as set forth in *Matter of M-A-M-*. To meaningfully participate, the  
23 respondent must have a rational and factual understanding of:  
24

- 25 a. the nature and object of the proceeding;

- b. the privilege of representation by counsel;
- c. the right to present, examine, and object to evidence;
- d. the right to cross-examine witnesses; and
- e. the right to appeal.

*Second*, for an unrepresented respondent to be competent to represent him or herself in an immigration proceeding, he or she must also be able to perform additional functions necessary for self-representation. To represent him-or herself, the respondent must have sufficient present ability to:

- a. exercise the rights listed above;
- b. make informed decisions about whether to waive the rights listed above;
- c. respond to the allegations and charges in the proceeding;
- d. present information and evidence relevant to eligibility for relief; and
- e. act upon instructions and information presented by the Immigration Judge

and government counsel.

A respondent is incompetent to represent him-or herself in an immigration proceeding if he or she, because of a mental disorder (including Intellectual Disability), is unable to satisfy any of the provisions above. For purposes of this standard, “mental disorder” (including Intellectual Disability) is defined as a significant impairment of the cognitive, emotional, or behavioral functioning of a person.

The diagnosis of severe depression, as evidenced by the medical records and drug prescriptions set forth in Exhibit 3, indicate that Mr. Singh’s mental; state did not meet the required standard of having a meaningful ability to assist in his

1 removal defense, or in the decision about whether to appeal to the Board, at the  
2 time those matters confronted him.

3 **3. A removable alien is eligible to seek asylum at the discretion of the**  
4 **Attorney General upon proof of a “well-founded fear of persecution on**  
5 **account of race, religion, nationality, membership in a particular social**  
6 **group, or political opinion. 8 U.S.C. § 1158(b); 8 U.S.C. § 1101(a)(42)(A).**

7 A well-founded fear must be both subjectively genuine and objectively  
8 reasonable. *Mikhailevitch v. INS*, 146 F.3d 384, 389 (6<sup>th</sup> Cir. 1998) (stating that  
9 “[a]n application must therefore actually fear that he will be persecuted upon return  
10 to his country, and he must present evidence establishing an objective situation  
11 under which his fear can be deemed reasonable.”) (citations omitted).

12 The applicant need not, however, show “that he probably will be persecuted  
13 if he is deported; one can certainly have a well-founded fear of an event happening  
14 when there is less than a 50% chance of the occurrence taking place.” *Id.* (citations  
15 omitted).

16 “Persecution within the meaning of 8 U.S.C. § 1101(a)(42)(A) requires  
17 more than a few isolated incidents of verbal harassment or intimidation,  
18 unaccompanied by any physical punishment, infliction of harm, or significant  
19 deprivation of liberty.” *Id.* at 390.

20 Respondent argues that after two significant and injurious beatings by  
21 members of the opposite political party, establishes that he has, in fact, suffered  
22 past persecution, giving rise to the presumption under 8 C.F.R. §  
23 208.13(b)(1)(i)(A).  
24  
25

1 Human rights conditions in Punjab, India have continuously deteriorated,  
2 according to country reports published by the U.S. Department of State.  
3 Respondent's previous attorney did not provide, thereby did not punctuate the  
4 allegations of widespread human rights abuse by the India government, therefore,  
5 Respondent provides on appeal additional evidence to show a well-founded fear of  
6 persecution based on his political opinion. (See Exhibit 6)

7 **4. The United States Code provides that “[t]he Attorney General shall not**  
8 **deport any alien . . . to a country if the Attorney General determines that**  
9 **such alien’s life or freedom would be threatened in such country on**  
10 **account of race, religion, nationality, membership in a particular social**  
11 **group, or political opinion.” 8 U.S.C. § 1253(h)(1).**

12 Article 3 of the Convention Against Torture prohibits refoulement of an  
13 alien to a country where it is more likely than not that he will be subject to torture  
14 by a public official, or at the instigation or with the acquiescence of such an official.  
15 See 8 C.F.R. §§208.16(c)(4), 208.18(a) (2001); *Matter of S-V-*, Interim Decision  
16 3430 (BIA 2000). In determining whether an alien is entitled to protection under  
17 the Convention Against Torture

18 “An application seeking withholding of deportation faces a more stringent  
19 burden of proof than one for asylum.” *Mikhailevitch*, 146 F.3d at 391 (citing *INS*  
20 *v. Cardoza-Fonseca*, 480 U.S. 421, 431-32 (1987)).

21 Respondent provides on appeal evidence that was not previously available  
22 at his Individual Hearing that meets this burden of proof of his fear of being  
23 returned to his home country.  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**5. *Matter of Lozada* Factors.**

Current counsel is providing a copy of Mr. Singh's declaration to former counsel by email, fax and U.S. mail, at the address listed in the administrative file (PO Box 532248 Harlington Texas 78553).

Mr. Rocha has not yet replied. Mr. Singh will forward any reply to the Board. Mr. Singh's declaration laying out his agreement with Mr. Rocha is attached. (See Exhibit 2).

As the Board is aware, *Matter of Lozada* requires that a complaint be filed with a state licensing agency, or alternatively, that an explanation be provided regarding why a complaint is not filed.<sup>1</sup>

In this case, we have not yet filed a complaint with a state bar association for the following reasons.

1. Filing such a complaint is a serious matter that can affect the reputation and livelihood of an attorney. Because Mr. Rocha has not had a significant amount of time in which to reply to the allegation, current counsel does not believe that it is appropriate to file a complaint until all knowable facts have been gathered. To act otherwise would be irresponsible. Once Mr. Rocha responds (or fails to respond) the decision on whether to file the complaint will

---

<sup>1</sup> *Matter of Lozada*, 19 I&N Dec. 637 (BIA 1988) *aff'd* 857 F.2d 10 (1st Cir. 1988)

1 be made and a copy of the complaint or an explanation for why a  
2 complaint has not been filed, will be provided to the Board.

- 3 2. The ineffective assistance may be clear from the administrative  
4 record, once the transcript of the individual hearing is reviewed.

5 **6. Request for Transcript and Request to Supplement This Motion**

6 Current counsel requests that a transcript of the April 13, 2015 hearing be  
7 made available for the Board and for the parties.

8  
9 **CONCLUSION AND REQUEST FOR RELIEF**


10 Mr. Singh was suffering from mental disability during an asylum hearing.  
11 His competency should have been questioned by both his legal counsel and by the  
12 immigration court.

13 His declaration indicates that he received ineffective assistance of counsel,  
14 in that he was advised not to reserve appeal and in that he was advised that he did  
15 not need to seek corroborating evidence of his past persecution.

16 Respondent respectfully requests the Board reopen and remand this case to  
17 the Immigration Court to allow Mr. Singh to fully and knowingly present his  
18 application for asylum.  
19  
20  
21  
22  
23  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

RESPECTFULLY SUBMITTED this 7<sup>th</sup> day of December 2015.

  
\_\_\_\_\_  
WILLIAM FRICK  
State Bar # 26648 (WA); 65592 (PA)  
719 Second Avenue Suite 701  
Seattle, Wash. 98104

206 286 0167 (tel.)  
206 770 7215 (fax)  
william@fricklawfirm.info

Attorney for Respondent

RESPONDENT'S MOTION TO REOPEN AND REQUEST  
FOR STAY OF REMOVAL - 16

**WILLIAM FRICK**  
**ATTORNEY AT LAW**  
701 Millennium Tower  
719 Second Avenue  
Seattle, WA 98104  
206.286.0167 (voice)  
206.770.7215 (fax)  
william@fricklawfirm.info

CERTIFICATE OF SERVICE

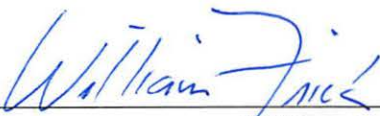
I, William Frick, hereby certify that on this date I caused to be delivered, by first class US Mail and/or by hand delivery, a true and correct copy of the attached

*Respondent's Motion to Reopen and Request for Stay of Removal* to:

Department of Homeland Security  
District Counsel  
27991 Buena Vista Blvd.  
Los Fresnos, TX 78556

Department of Homeland Security  
District Counsel  
1623 East J Street  
Suite 2  
Tacoma, Wash. 98421

DATED this 13th day of December 2015.

  
\_\_\_\_\_

William Frick  
719 Second Avenue  
Millennium Tower Suite 701  
Seattle, Wash. 98104

206 286 0167 (tel.)  
206 770 7215 (fax)  
william@fricklawfirm.info

## Table of Contents

Exhibit 1 . . . page 19

Exhibit 1 . . . page 22

Exhibit 3 . . . page 28

Exhibit 4 . . . page 112

Exhibit 5 . . . page 126

Exhibit 6 . . . page 133

# Exhibit 1

IMMIGRATION COURT  
27991 BUENA VISTA BLVD  
LOS FRESNOS, TX 78566

In the Matter of

Case No.: A206-889-049

SINGH, GURWINDER  
Respondent

IN REMOVAL PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE

This is a summary of the oral decision entered on April 13, 2015. This memorandum is solely for the convenience of the parties. If the proceedings should be appealed or reopened, the oral decision will become the official opinion in the case.

- The respondent was ordered removed from the United States to **INDIA** or in the alternative to .
- Respondent's application for voluntary departure was denied and respondent was ordered removed to **INDIA** or in the alternative to .
- Respondent's application for voluntary departure was granted until upon posting a bond in the amount of \$ \_\_\_\_\_ with an alternate order of removal to **INDIA**.

Respondent's application for:

- Asylum was ( ) granted (  ) denied ( ) withdrawn.
- Withholding of removal was ( ) granted (  ) denied ( ) withdrawn.
- A Waiver under Section \_\_\_\_\_ was ( ) granted ( ) denied ( ) withdrawn.
- Cancellation of removal under section 240A(a) was ( ) granted ( ) denied ( ) withdrawn.

Respondent's application for:

- Cancellation under section 240A(b)(1) was ( ) granted ( ) denied ( ) withdrawn. If granted, it is ordered that the respondent be issued all appropriate documents necessary to give effect to this order.
- Cancellation under section 240A(b)(2) was ( ) granted ( ) denied ( ) withdrawn. If granted it is ordered that the respondent be issued all appropriated documents necessary to give effect to this order.
- Adjustment of Status under Section \_\_\_\_\_ was ( ) granted ( ) denied ( ) withdrawn. If granted it is ordered that the respondent be issued all appropriated documents necessary to give effect to this order.
- Respondent's application of (  ) withholding of removal (  ) deferral of removal under Article III of the Convention Against Torture was ( ) granted (  ) denied ( ) withdrawn.
- Respondent's status was rescinded under section 246.
- Respondent is admitted to the United States as a \_\_\_\_\_ until \_\_\_\_\_.
- As a condition of admission, respondent is to post a \$ \_\_\_\_\_ bond.
- Respondent knowingly filed a frivolous asylum application after proper notice.
- Respondent was advised of the limitation on discretionary relief for failure to appear as ordered in the Immigration Judge's oral decision.
- Proceedings were terminated.
- Other: \_\_\_\_\_

Date: Apr 13, 2015

  
HOWARD E. ACHTSAM  
Immigration Judge

Appeal: Waived/~~Reserved~~ ~~Appeal Due By:~~

ALIEN NUMBER: 206-889-049

NAME: SINGH, GURWINDER

---

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)  
TO:  ALIEN  ALIEN c/o Custodial Officer  ALIEN'S ATT/REP  DHS  
DATE: 4/13/15 BY: COURT STAFF [Signature]  
Attachments:  EOIR-33  EOIR-28  Legal Services List  Other

---

Q6

# Exhibit 2

## DECLARATION OF GURWINDER SINGH

I, GURWINDER SINGH, declare under penalty of perjury according to the laws of the State of Washington that the following is true and correct to the best of my knowledge and ability:

1. I am a native and citizen of India.
2. I am fluent in Punjabi. I speak some Hindi. I am not fluent in reading, writing or speaking English.
3. I am currently detained at the N.W. Immigration Detention Center at 1623 East J Street, Tacoma, Washington 98421-1615.
4. My A-Number is: A-206-889-049.
5. I was born on September 21, 1985, in Bhudari, India.
6. I belong to a Jatt Sikh family.
7. My father's name is Nikka Singh. He lives in Jhammat, India.
8. My mother's name is Balbar Kaur. She lives with my father in Jhammat, India.
9. I have one sister; her name is Rubinder Kaur. Rubinder lives in Barkatbur Village, India.
10. In India, I owned a bus transport company in Punjab, India. The Mann Party would rent our busses to take people to and from political rallies. I would drive one of my buses to the rallies, would listen, but was not a member. I began to like and agree with the Mann Party's goals to support the rights of the Sikh community, are attentive to the poor, and are against political and community corruption.

11. In January 2013, I joined the Mann Party and offered my bus service to the Party for transportation of its members.
12. Members of the Badal Party eventually heard that I was now a supporter of the Mann Party. I began receiving threats from the Badal Party members; they would approach me and ask me why I joined the Mann Party. They pressed me not to be a member of the Mann Party; I told them I would remain a supporter of the Mann Party.
13. I then started receiving threatening phone calls; I do not know how members of the Badal Party got my phone number. Some of these messages said that if I did not stop helping the Mann Party I would be killed.
14. In October 2013, I was putting up posters for the Mann Party, when members of the Badal Party found me doing this. They approached me and started hitting me and then beating me with wooden sticks, threatening me to join their party. I was able to escape, but suffered internal injuries for which I received medical care.
15. My father and I went to the police station to file a report, but the police told us they would not accept my report; instead, I needed to stop my participation with the Mann Party.
16. I continued to receive threatening phone calls after the October 2013 attack on me.
17. In May 2014, members of the Badal Party beat me again. This time they told me that they would kill me if I did not quit the Mann Party. I did not quit the Mann Party and continued to receive threatening phone calls.

18. I then went to the India police station to report what happened to me and seek their help in protecting me, but was told the police would not take my report and that I had made a “big mistake” in joining the Mann Party.
19. I left India on September 3, 2014.
20. I traveled from New Delhi to Bombay, then Congo, Brazil, Bolivia, Peru, Ecuador, Columbia, Panama, Costa Rica, Nicaragua, El Salvador, Guatemala, Mexico and then to the United States.
21. I entered the United States on January 11, 2015 at Hidalgo, Texas. When I walked up to the U.S. Customs & Border Patrol, I requested asylum. I was immediately detained at Port Isabel Service Processing Center, 27991 Buena Vista Boulevard, Los Fresnos, Texas 78566.
22. When I was put into the detention center, I was very afraid. I was told that the immigration judge for this detention center “never granted bond” and “never granted asylum”. When I was told this, I thought to myself, “I left India to save my life”, but based on this information told to me, I thought I had no chance and would be returned to India and suffer further harm. I became very concerned and depressed.
23. I was given a credible fear interview. The asylum officer told me I “passed” and I would need to wait for a bond hearing.
24. I was assigned a bond hearing date. When I was advised of the judge that was assigned to my case, I was told that judge would not grant me bond; even the security persons in the detention center told me the judge would not grant me bond.

25. In January I retained attorney Pablo Rocha to represent me in seeking release from immigration detention and in my application for asylum. My agreement with him was that he would represent me and advise me as to all matters that would be in my best interest. He was and is aware of my extreme fear of being returned to India.
26. Mr. Rocha did not request that I obtain documents from India supporting my asylum claim. Even if he had done so, I would have needed time to obtain the documents. My current attorney has requested those documents and I have now obtained them.
27. During the time that I have been held by US Immigration authorities I now know that I have not been functioning, mentally and physically, in a proper manner. I did not realize that I was suffering from debilitating depression due to being incarcerated until after the hearing when Department of Homeland Security doctors diagnosed me, and began prescribing medication for me last Spring.
28. I don't recall much of the asylum or bond hearing other than that I was terrified that I would be sent back to India. All I remember is that at the end of the hearing the judge denied asylum and said that I could not be released.
29. When the judge said that my asylum was denied, I felt faint. My lawyer told me that if I did not appeal the denial, that I would be released from custody on a bond more quickly.
30. I now know that my lawyer did not reserve appeal. I now know that this meant that I would not be able to appeal the judge's denial of my asylum. At the time I was mentally debilitated due to, what I ~~know~~ <sup>now</sup> know, was extreme depression.

31. Shortly after the denial, ICE transferred me away from my attorney. I was unable to contact him to discuss my case and to get his advice on seeking reopening, or appealing the denial. I now know that I had approximately thirty days to do so and that removing me from legal counsel prevented me from receiving counsel on any options.
32. I have been detained since January 11, 2015. My depression has worsened. I have difficulty sleeping and racing thoughts that I will be returned to India and suffer further torture. I have dreams of the Badal Party beating me, like they actually did when I was living in India. I now require many medications to help me with depression, anxiety and sleep.
33. What I stated in the Credible Fear Interview is true.
34. What I state in this Declaration is true.
35. I cannot return to India; I am very scared and know that I cannot be safe any place in India. I have no family or connections in India except in Punjab, where I have already been tortured and received death threats.

DATED this 26<sup>th</sup> day of November 2015 at Tacoma, Washington

*Gurwinder Singh*

---

GURWINDER SINGH

# Exhibit 3

BI

**NYSID No:** 206889049 **B&C No:** 351950323

**SINGH, GURWINDER**

1623 E. J STREET, India, TACOMA, WA 98421

**DOB:** 09/21/1985 **Age:** 29 Y **Sex:** male

**Primary Insurance:**

**PCP:**

**Home:**

**Work:**

**Cell:**

**Email:**

**Advance Directive:**

**Allergies :** N.K.D.A

**Medical History**

Active Problem List					
Code	Name	Specify	Notes	Added On	Modified On Modified By
780.52	Insomnia, unspecified			06/05/2015	06/05/2015 Glenn-Reller, Anita

**Medications**

Name	strength	formulation,	Sig:	take	route	frequency
Vitamin B Complex with C	fixed dose compound	Tablet,	Sig: 1	Orally	daily	am
Start Date: 08/13/2015 KOP: Yes DrugSource:						
Cholecalciferol	5000 UNIT	Capsule,	Sig: 1	Orally	daily	am
Start Date: 08/13/2015 KOP: Yes DrugSource:						
DiphenhydrAMINE HCl	50 MG	Capsule,	Sig: 1 or 2	PRN	Orally	qhs
Start Date: 08/04/2015 KOP: Yes DrugSource: Pharmacy						
Omeprazole	20 MG	Capsule	Delayed Release,	Sig: 1	Orally	daily
am Start Date: 05/29/2015 KOP: Yes DrugSource: In House Pharmacy						
Acetaminophen	325 MG	Tablet,	Sig: 2-3	prn	Orally	qid
Start Date: 05/29/2015 KOP: Yes DrugSource: In House Pharmacy						



## U.S. Immigration and Customs Enforcement

# SINGH, GURWINDER

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

08/13/2015

Appointment Provider: Ashok Mallya, MD

### Reason for Appointment

1. Stress

### History of Present Illness

#### Narrative:

08/04/15: Patient was seen in sick call. Patient spoke in Hindi/Punjabi mix and provider is fluent in those languages: He was seen by Dr. Rice few days ago who had increased the Trazodone from 50mg to 150mg ha (for insomnia and depression.) Patient took medication only for two nights and feel - it to be too strong, gave him a hangover, restlessness and headache in the morning. We discussed the symptoms and issue that were the target of this medication. He has been in the detention now for 7 months. He feels his case is progressing very slowly. Initially his application for asylum was denied and he is in the process of appealing. He does not like the food and he feels sad about being away from the family. Few nights a week, he is able to sleep without medication but some nights he sleep couple of hours only.. He denies any nightmare, intrusive memories, hypervigilance, anxiety or panic attacks. He denies any loss of appetite or weight. He denies helplessness or hopelessness. He has strong faith in god and sees this experience as a test by god. He wants only mild medication and "someone to talk to". We discussed stress management techniques. Trazodone will be discontinued; I have ordered lab tests to rule out any physical issues and started on low dose of Diphenhydramine.

08/13/15: Patient spoke in Hindi/Punjabi mix and provider is fluent in those languages: Patient states he is sleeping better just on Diphenhydramine and with that his day time mood has improved. He denies any nightmare, intrusive memories, hypervigilance, and anxiety or panic attacks. He denies any loss of appetite or weight. He denies helplessness or hopelessness. He has strong faith in god and sees this experience as a test by god. He wants continue this "mild medication "and having someone who understands his culture is helping him. We reviewed the lab tests and discussed the role of nutrition, increased fluid intake and exercise in dealing with the stress. We discussed stress management techniques. Continue Diphenhydramine 50mg hs prn, start Vitamin D 5000 units and vitamin B complex with C.

### Current Medications

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 DiphenhydrAMINE HCl 50 MG Capsule 1 or 2 PRN qhs, stop date 11/02/2015, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

### Review of Systems

#### Psychiatric:

Anxiety denies. Auditory/visual hallucinations denies. Delusions denies. Depressed mood denies. Difficulty sleeping **admits**, that is falling asleep, that is waking frequently, that is waking early in the morning; poor sleep recovery. - **improved by 50%**. Eating disorder denies. Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits** stressors of Immigration detention. Substance abuse denies. Suicidal thoughts denies.

### Examination

#### Mental Status:

APPEARANCE: well-groomed, well-nourished.  
 RELATEDNESS: friendly.  
 ATTITUDE: cooperative.

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/13/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

SPEECH/LANGUAGE: appropriate pitch/modulation.  
AFFECT: appropriate.  
MOOD: uneasy/anxious.  
THOUGHT PROCESS: intact.  
THOUGHT CONTENT: unremarkable.  
PERCEPTUAL DISORDERS: no perceptual disorder noted.  
PSYCHOMOTOR ACTIVITY: within normal range.  
HALLUCINATIONS: no.  
DELUSIONS: no.  
DEGREE OF AWARENESS: within normal limits.  
ORIENTATION: person, place, time.  
CURRENT SUICIDAL POTENTIAL: no.  
CURRENT HOMICIDAL POTENTIAL: none.  
JUDGEMENT LEVEL: adequate.  
INSIGHT LEVEL: high.  
Lab Test of 08/05/15  
1. CMP and CBC - No significant abnormality.  
2. Vitamin B12 level - 253 (211 - 946); Folate level - 15.3 (>3)  
4. Vitamin D level - 20.1 (30-100).

**Assessments**

1. Insomnia, unspecified - 780.52 (Primary)

**Treatment****1. Insomnia, unspecified**

Continue Diphenhydramine 50mg hs prn.

**2. Others**

Start Cholecalciferol Capsule, 5000 UNIT, 1, Orally, daily am, 90 days, 1 bottle, KOP: Yes, Notes: Not required for travel  
Start Vitamin B Complex with C Tablet, fixed dose compound, 1, Orally, daily am, 90 days, 1 bottle, KOP: Yes, Notes: Not required for travel

**Follow Up**

4 Weeks

**Appointment Provider: Ashok Mallya, MD**

**Electronically signed by Ashok Mallya , MD on 08/13/2015 at 11:12 AM MST**

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/13/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: Rice, Donald

**Telephone  
Encounter**

**Answered by** Grayson, Limin W

Date: 08/06/2015

Time: 04:25 PM

**Reason** Refusing medication

**Action Taken** Grayson, Limin W 8/6/2015 4:28:33 PM > Currently the only medication on Pill Line for Mr. Singh is "Multivitamins". However, he has been refusing it since 8/1/15. Please advise.

**Refills** Stop Multiple Vitamin Tablet, Orally, 90, 1, qhs, 90 days

**Reason for Appointment**

1. Refusing medication

**Current Medications**

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Multiple Vitamin Tablet 1 qhs, stop date 10/28/2015, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

DiphenhydrAMINE HCl 50 MG Capsule 1 or 2 PRN qhs, stop date 11/02/2015, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

**Treatment**

**1. Others**

Stop Multiple Vitamin Tablet, 1, Orally, qhs, 90 days, 90, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: Rice, Donald 08/06/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



## U.S. Immigration and Customs Enforcement

## SINGH, GURWINDER

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

08/05/2015

Appointment Provider: Ashok Mallya, MD

### History of Present Illness

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Wrist Band, Verbally*Interpretation Provided? *Provider fluent in detainee's native language*Chaperone Present? *No*

#### Pain Assessment:

Pain

Are you currently in pain? *No*

#### Narrative:

Lab Collection

Blood drawn as ordered with: *21 gauge vacutainer needle*Blood drawn from: *Left antecubital*

### Current Medications

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Multiple Vitamin Tablet 1 qhs, stop date 10/28/2015, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

DiphenhydrAMINE HCl 50 MG Capsule 1 or 2 PRN qhs, stop date 11/02/2015, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

### Examination

#### General Examination:

GENERAL APPEARANCE: alert, oriented, in no acute distress.

### Assessments

1. Insomnia, unspecified - 780.52 (Primary)

Health Seeking Behaviors related to laboratory tests.

### Treatment

#### 1. Insomnia, unspecified

LAB: Vitamin D, 25-Hydroxy - 081950LAB: Vitamin B12 and Folate - 000810LAB: CMP12+Fe+CBC/D/Plt+TIBC+Fer

#### 2. Others

Specimen for the above ordered lab work was drawn without difficulty and patient tolerated procedure well. Patient instructed on care of blood draw site and results of testing to be provided at follow-up appointment with medical provider. Patient instructed to report to clinic PRN or via sick call for any medical problems/issues. Patient verbalized understanding of all instructions and voiced no other concerns or questions.

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/05/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Procedure Codes**

99195 PHLEBOTOMY

**Appointment Provider: Ashok Mallya, MD**

**Electronically signed by Kenneth Burmaz , LVN on 08/05/2015 at 03:48 AM MST**

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/05/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

08/04/2015

Appointment Provider: Ashok Mallya, MD

**Reason for Appointment**

1. Insomnia

**History of Present Illness**

Narrative:

08/04/15: Patient was seen in sick call. Patient spoke in Hindi/Punjabi mix and provider is fluent in those languages: He was seen by Dr. Rice few days ago who had increased the Trazodone from 50mg to 150mg hs ( for insomnia and depression.) Patient took medication only for two nights and feel - it to be too strong, gave him a hangover, restlessness and headache in the morning. We discussed the symptoms and issue that were the target of this medication. He has been in the detention now for 7 months. He feels his case is progressing very slowly. Initially his application for asylum was denied and he is in the process of appealing. He does not like the food and he feels sad about being away from the family. Few nights a week, he is able to sleep without medication but some nights he sleep couple of hours only.. He denies any nightmare, intrusive memories, hypervigilance, anxiety or panic attacks. He denies any loss of appetite or weight. He denies helplessness or hopelessness. He has strong faith in god and sees this experience as a test by god. He wants only mild medication and "some one to talk to". We discussed stress management techniques. Trazodone will be will be discontinued, I have ordered lab tests to rule out any physical issues and started on low dose of Diphenhydramine.

Pain Assessment:

Pain

Are you currently in pain? *No*

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Wrist Band, ID Badge*

Chaperone Present? *No*

Interpretation Provided? *Provider fluent in detainee's native language Patient spoke in Hindi/Punjabi mix*

**Current Medications**

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Multiple Vitamin Tablet 1 qhs, stop date 10/28/2015, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

Trazodone HCl 150 MG Tablet 1 qhs, stop date 10/28/2015, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

**Review of Systems**

Psychiatric:

Anxiety denies. Auditory/visual hallucinations denies. Delusions denies. Depressed mood denies. Difficulty sleeping **admits**, that is falling asleep, that is waking frequently, that is waking early in the morning; poor sleep recovery. . Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits** stressors of Immigration detention. Substance abuse denies. Suicidal thoughts denies.

**Vital Signs**

Pain scale
------------

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/04/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

0 out of 10	08/04/2015 01:31:17 PM	Ashok Mallya
<b>Temp</b>		
97.8 F	08/04/2015 01:31:17 PM	Ashok Mallya
<b>HR</b>		
98 /min	08/04/2015 01:31:17 PM	Ashok Mallya
<b>BP</b>		
123/70 mm Hg	08/04/2015 01:31:17 PM	Ashok Mallya
<b>RR</b>		
16 /min	08/04/2015 01:31:17 PM	Ashok Mallya
<b>Wt</b>		
192.2 lbs	08/04/2015 01:31:17 PM	Ashok Mallya
<b>Ht</b>		
70 in	08/04/2015 01:31:17 PM	Ashok Mallya
<b>BMI</b>		
27.57 Index	08/04/2015 01:31:17 PM	Ashok Mallya

**Examination****Mental Status:**

APPEARANCE: well-groomed, well-nourished.  
 RELATEDNESS: friendly.  
 ATTITUDE: cooperative.  
 SPEECH/LANGUAGE: appropriate pitch/modulation.  
 AFFECT: appropriate.  
 MOOD: uneasy/anxious.  
 THOUGHT PROCESS: intact.  
 THOUGHT CONTENT: unremarkable.  
 PERCEPTUAL DISORDERS: no perceptual disorder noted.  
 PSYCHOMOTOR ACTIVITY: within normal range.  
 HALLUCINATIONS: no.  
 DELUSIONS: no.  
 DEGREE OF AWARENESS: within normal limits.  
 ORIENTATION: person, place, time.  
 CURRENT SUICIDAL POTENTIAL: no.  
 CURRENT HOMICIDAL POTENTIAL: none.  
 JUDGEMENT LEVEL: adequate.  
 INSIGHT LEVEL: high.

**Assessments**

1. Insomnia, unspecified - 780.52 (Primary)

**Treatment****1. Insomnia, unspecified**

Stop Trazodone HCl Tablet, 150 MG, 1, Orally, qhs, 90 days, 90, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

Start DiphenhydrAMINE HCl Capsule, 50 MG, 1 or 2 PRN, Orally, qhs, 90 days, 1 bottle, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

LAB: CMP12+Fe+CBC/D/Plt+TIBC+Fer (Ordered for 08/05/2015)

LAB: Vitamin D, 25-Hydroxy - 081950 (Ordered for 08/05/2015)

LAB: Vitamin B12 and Folate - 000810 (Ordered for 08/05/2015)

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/04/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Follow Up**

1 Week

**Appointment Provider: Ashok Mallya, MD**

**Confirmatory sign off:**

Glenn-Reller, Anita 08/06/2015 02:56:55 PM

**Electronically signed by Ashok Mallya , MD on 08/04/2015 at 01:47 PM MST**

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ashok Mallya, MD 08/04/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



U.S. Immigration  
and Customs  
Enforcement

SINGH, GURWINDER

A: 206889049 SubID: 351950323  
Facility Code: CSCNWWA Housing Area: B  
29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: Nussbaum, Jennifer

Telephone  
Encounter

**Answered by** Brown, Amber

Date: 08/04/2015  
Time: 07:58 AM

**Reason** FOIA Request

**Action Taken** Brown,Amber 8/4/2015 7:58:29 AM > FOIA request received for entire record DOS: 4/24/2015-8/4/2015.

Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: Nussbaum, Jennifer 08/04/2015

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: Rice, Donald

**Telephone  
Encounter**

**Answered by** Grayson, Limin W

Date: 08/03/2015  
Time: 10:36 PM

**Reason** Refusing medication

**Action Taken** Grayson, Limin W 8/3/2015 10:37:51 PM > Dr. Rice, Mr. Singh has been refusing his Trazodone HCl 150 MG and Multiple Vitamin Tablet since 8/1/15. Please advise. Rice, Donald 8/10/2015 2:57:50 PM > Have stopped meds.

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: Rice, Donald 08/03/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: McLean, Patricia

**Telephone  
Encounter**

**Answered by** McLean, Patricia

Date: 07/31/2015  
Time: 09:11 AM

**Reason** pill line verified

**Action Taken** McLean,Patricia 7/31/2015 9:12:19 AM > Trazodone HCl 150 MG Tablet, Multiple Vitamin Tablet

Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: McLean, Patricia 07/31/2015

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## U.S. Immigration and Customs Enforcement

## SINGH, GURWINDER

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

07/30/2015

Appointment Provider: Donald Rice, MD

### Reason for Appointment

1. Pt cannot sleep on Trazodone, 50 mg

### History of Present Illness

#### Narrative:

Pt arrived appropriately dressed and groomed.  Psychiatry  
 Reviewed MH/Medical Record   
 Pt spoke:  English  Spanish  Interpretalk #  
 Pt ID by Picture  A#   
 Observed by GEO Officer  
 History of MH treatment:  
 Yes/No  
  Current Depression  
  Current Anxiety/Panic  
  Current Manic Sxs  
  Current Psychotic Sxs: Auditory/Visual Hallucinations, Delusions  
  Current Thoughts of Suicide  
  Current Psychotropic Meds: Yes ; No ; Medication complaint   
  Current Impulse Control Problems/Urges  
  Current Sense of Hopelessness  
  Current Use or Intoxication from drugs / ETOH.  
 Pt reports: Still not sleeping, more irritable and depressed.

### Current Medications

Trazodone HCl 50 MG Tablet 1 qhs, stop date 10/21/2015, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

### Examination

#### General Examination:

Yes/No  
  Acute Suicide Risk  None  Low  Moderate  Severe  
  Suicide History:  
  Current Thoughts of Suicide  Intent  Plan  
  Hopelessness  
  Psychotropic Meds: Yes  No   
  Acute Distress-Tearful and Sad  
  Apparent Distress  
  Acting Out Behaviors:  
 Sleep Issues  
 Yes/No  
  Sleep Disturbances

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 07/30/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Eating

Yes/No

 / 

MENTAL STATUS:

APPEARANCE: adequately groomed, nourished. Dressed in clean uniform of the day.

RELATEDNESS: appropriate .

ATTITUDE: cooperative.

SPEECH/LANGUAGE: appropriate pitch/modulation.

AFFECT: appropriate.

THOUGHT PROCESS: linear, logical, goal directed .

THOUGHT CONTENT: unremarkable.

PERCEPTUAL DISORDERS: no perceptual disorder noted.

PSYCHOMOTOR ACTIVITY: within normal range.

**Assessments**

1. Insomnia, unspecified - 780.52 (Primary)

**Treatment****1. Others**

Stop Trazodone HCl Tablet, 50 MG, 1, Orally, qhs, 90 days, 90, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

Start Multiple Vitamin Tablet, 1, Orally, qhs, 90 days, 90, Refills 0, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

Start Trazodone HCl Tablet, 150 MG, 1, Orally, qhs, 90 days, 90, Refills 0, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

**Preventive Medicine**

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with Pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

 /  // ; Remain in General Population; //  Refer for psychiatric hospitalization /  Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms /  Alert ICE/Custody officer if MH issue is emergency for immediate access to MH services /  Psychiatry Services ;  Psychiatry Follow-up as scheduled;  Pt to take medication as prescribed and report any adverse side effects. /  Follow Treatment Plan developed with Primary Mental Health Provider /  Medication consent obtained. /  Benefits and side effects of the prescribed medication discussed. /  Patient was informed that they have a right not take the medication and should stop the medication if any side effects are uncomfortable.**Follow Up**

2 Weeks

**Appointment Provider: Donald Rice, MD****Electronically signed by Donald Rice , MD on 07/30/2015 at 04:14 PM MST****Sign off status: Completed****Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 07/30/2015***Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

---

**Northwest Detention Center**  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 07/30/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

07/29/2015

Appointment Provider: Anita Glenn-Reller, LCSW

**History of Present Illness**

Narrative:

Detainee seen for Mental Health Sick Call Assessment / Treatment

Yes  No: Record Reviewed

Yes  No: Pt has current / past MH treatment at this facility?

-Pt identified by A#, name, ID picture

-Pt spoke:  Fluent English;  Spanish;  Other Interpreter Used: Interpretalk #

INTERVIEW:

Yes  No: Are you in Pain

Yes  No: You have requested to be seen for Sick Call Mental Health, correct?

What is your mental health concern?

"I can't sleep." Reports Trazodone 50 mg is ineffective and pt still is not sleeping more than 1-2 hours [dark circles under eyes; looks tired]. Pt denied any concerns about side effects with this medication.

Acute High Risk Symptoms

Yes  No: Are you currently thinking about killing or harming yourself?

Yes  No: Are you currently thinking about killing or harming someone else?

Yes  No: Are you currently hearing voices that no one else can hear and are not your own thoughts?

Yes  No: Are you currently seeing things that no one else can see?

Yes  No: Have you experienced physical or sexual harassment or abuse while in custody?

Yes  No: Are you experiencing severe mood or anxiety problems?

Acute High Risk Substance Problems

Yes  No: Are you currently using alcohol (pruno/hooch) or drugs?

Yes  No: Are you currently intoxicated?.

**Current Medications**

Trazodone HCl 50 MG Tablet 1 qhs, stop date 10/21/2015, KOP: No, Drug Source: In House Pharmacy, Notes: Not required for travel

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

**Vital Signs**

Pain scale		
0 out of 10	07/29/2015 08:20:09 AM	Anita Glenn-Reller
Temp		
98.6 F	07/29/2015 08:20:09 AM	Anita Glenn-Reller
HR		

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 07/29/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

79 /min	07/29/2015 08:20:09 AM	Anita Glenn-Reller
<b>BP</b>		
108/63 mm Hg	07/29/2015 08:20:09 AM	Anita Glenn-Reller
<b>RR</b>		
16 /min	07/29/2015 08:20:09 AM	Anita Glenn-Reller
<b>Wt</b>		
194.4 lbs	07/29/2015 08:20:09 AM	Anita Glenn-Reller
<b>Ht</b>		
70 in	07/29/2015 08:20:09 AM	Anita Glenn-Reller
<b>BMI</b>		
27.89 Index	07/29/2015 08:20:09 AM	Anita Glenn-Reller

Vitals taken by Sick Call RN.

### Examination

#### General Examination:

##### MENTAL STATUS:

APPEARANCE: adequately groomed, nourished. Dressed in clean uniform of the day.

RELATEDNESS: appropriate .

ATTITUDE: cooperative.

SPEECH/LANGUAGE: appropriate pitch/modulation.

AFFECT: appropriate.

THOUGHT PROCESS: linear, logical, goal directed .

THOUGHT CONTENT: unremarkable.

PERCEPTUAL DISORDERS: no perceptual disorder noted.

PSYCHOMOTOR ACTIVITY: within normal range.

### Assessments

#### ASSESSMENT:

ETOH/Drug withdrawal potential  No to low risk;  Moderate Risk;  High Risk:

Acute suicide risk potential  No to low risk;  Moderate Risk;  High Risk

Acute sexual/physical assault victim potential  No to low risk;  Moderate Risk;  High Risk

Yes  No: Detainee appears to have active, unmanaged psychotic symptoms

Yes  No: Detainee appears to have severe mood symptoms of depression, mania

Yes  No: Detainee appears to have severe anxiety spectrum sx's (panic, PTSD, OCD, etc.)

Yes  No: Detainee appears to be impaired in cognitive functioning

Yes  No: Detainee appears to have acute symptoms requiring immediate intervention

Yes  No: Detainee appears to have minor issues that may warrant further assessment.

-Pharmacotherapy appt set for pt tomorrow re: sleep disturbance. No other mental health issues presenting.

### Treatment

#### 1. Others

TREATMENT / INTERVENTION Psychoeducation provided for: Discussed sleep hygiene and pt's good practices - still with no aid in sleep. Discussed psychiatric appt for medication review tomorrow.

Reiterated and reinforced pt's current Tx Plan with current MH provider.

### Preventive Medicine

#### PLAN:

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 07/29/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

Yes  No: ; Remain in General Population; //  Admit to MHU //  Refer for psychiatric hospitalization

Yes  No: Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms

Yes  No: Alert Medical/Custody officer if MH issue is emergency for immediate access to MH services

Yes  No: Detainee will follow-up with already scheduled MH provider, Dr Rice tomorrow.

Yes  No: Continue pt's current Tx Plan with current MH provider(s)

Yes  No: Engage in skills / education as provided today in treatment (noted above).

**Appointment Provider: Anita Glenn-Reller, LCSW**

**Confirmatory sign off:**

Van Meir, Robert E 07/29/2015 11:42:28 AM

**Electronically signed by Anita Glenn-Reller , LCSW on 07/29/2015 at 08:24 AM MST**

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 07/29/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: McLean, Patricia

**Telephone  
Encounter**

**Answered by** McLean, Patricia

Date: 07/24/2015  
Time: 10:46 AM

**Reason** pill line verified

**Action Taken** McLean,Patricia 7/24/2015 10:46:46 AM > Trazodone HCl 50 MG Tablet

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: McLean, Patricia 07/24/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## U.S. Immigration and Customs Enforcement

## SINGH, GURWINDER

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

07/23/2015

Appointment Provider: Donald Rice, MD

### Reason for Appointment

1. Sleeps 2.5 to 3 hours a night.

### History of Present Illness

#### Narrative:

Pt arrived appropriately dressed and groomed.  Psychiatry  
 Reviewed MH/Medical Record   
 Pt spoke:  English  Spanish  Interpretalk #  
 Pt ID by Picture  A#   
 Observed by GEO Officer  
 History of MH treatment:  
 Yes/No  
  Current Depression  
  Current Anxiety/Panic  
  Current Manic Sxs  
  Current Psychotic Sxs: Auditory/Visual Hallucinations, Delusions  
  Current Thoughts of Suicide  
  Current Psychotropic Meds: Yes ; No ; Medication complaint   
  Current Impulse Control Problems/Urges  
  Current Sense of Hopelessness  
  Current Use or Intoxication from drugs / ETOH.  
 Pt reports: Many minor somatic complaints.

### Current Medications

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

### Examination

#### General Examination:

Yes/No  
  Acute Suicide Risk  None  Low  Moderate  Severe  
  Suicide History:  
  Current Thoughts of Suicide  Intent  Plan  
  Hopelessness  
  Psychotropic Meds: Yes  No   
  Acute Distress-Tearful and Sad  
  Apparent Distress  
  Acting Out Behaviors:  
 Sleep Issues  
 Yes/No  
  Sleep Disturbances  
 Eating  
 Yes/No

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 07/23/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

[x]/[ ]

**MENTAL STATUS:**

APPEARANCE: adequately groomed, nourished. Dressed in clean uniform of the day.

RELATEDNESS: appropriate .

ATTITUDE: cooperative.

SPEECH/LANGUAGE: appropriate pitch/modulation.

AFFECT: appropriate.

THOUGHT PROCESS: linear, logical, goal directed .

THOUGHT CONTENT: unremarkable.

PERCEPTUAL DISORDERS: no perceptual disorder noted.

PSYCHOMOTOR ACTIVITY: within normal range.

**Treatment****1. Others**

Start Trazodone HCl Tablet, 50 MG, 1, Orally, qhs, 90 days, 90, Refills 0, KOP: No, Drug Source: In House Pharmacy,

Notes: Not required for travel

**Preventive Medicine**

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with Pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

[ X ] / [ ] // [ x ]; Remain in General Population; // [ ] Refer for psychiatric hospitalization

[ X ] / [ ] Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms

[ X ] / [ ] Alert ICE/Custody officer if MH issue is emergency for immediate access to MH services

[ X ] / [ ] Psychiatry Services [ x ]; [ ] Psychiatry Follow-up as scheduled; [ x ] Pt to take medication as prescribed and report any adverse side effects.

[x] / [ ] Follow Treatment Plan developed with Primary Mental Health Provider

[x] / [ ] Medication consent obtained.

[x] / [ ] Benefits and side effects of the prescribed medication discussed.

[x] / [ ] Patient was informed that they have a right not take the medication and should stop the medication if any side effects are uncomfortable.

**Follow Up**

2 Weeks

**Appointment Provider: Donald Rice, MD****Electronically signed by Donald Rice , MD on 07/23/2015 at 04:16 PM MST****Sign off status: Completed**


---

Northwest Detention Center

1623 E. J STREET

TACOMA, WA 98421

Tel: 253-779-6049

Fax:

---

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 07/23/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: Glenn-Reller, Anita

**Telephone  
Encounter**

**Answered by** Grayson, Limin W

Date: 07/03/2015  
Time: 09:10 PM

**Reason** FYI. Refusing medication

**Action Taken** Grayson, Limin W 7/3/2015 9:11:00 PM > FYI. This is not a referral. Dr. Rice, Mr. Singh has been refusing his Mirtazapine 30mg since 7/1/15. Refusal TE also sent to Dr. Rice. LeCompte, Thomas 7/6/2015 8:01:23 AM > Follow up with Dr. Rice.

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: Glenn-Reller, Anita 07/03/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: Rice, Donald

**Telephone  
Encounter**

**Answered by** Grayson, Limin W

Date: 07/03/2015  
Time: 09:07 PM

**Reason** Refusing medication

**Action Taken** Grayson, Limin W 7/3/2015 9:09:23 PM > Dr. Rice, Mr. Singh has been refusing his Mirtazapine 30mg since 7/1/15. Please advise.

**Refills** Stop Mirtazapine Tablet, 30 MG, Orally, 90, 1 tablet before bedtime in the evening, qhs, 90 days

**Reason for Appointment**

1. Refusing medication

**Current Medications**

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Mirtazapine 30 MG Tablet 1 tablet before bedtime in the evening qhs, stop date 09/06/2015, KOP: No, Drug Source: Pharmacy

**Treatment**

**1. Others**

Stop Mirtazapine Tablet, 30 MG, 1 tablet before bedtime in the evening, Orally, qhs, 90 days, 90, KOP: No, Drug Source: Pharmacy

Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: Rice, Donald 07/03/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: McLean, Patricia

**Telephone  
Encounter**

**Answered by** McLean, Patricia

Date: 07/02/2015  
Time: 09:53 AM

**Reason** refill verified

**Action Taken** McLean,Patricia 7/2/2015 9:54:35 AM > Mirtazapine 30 MG Tablet

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: McLean, Patricia 07/02/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## U.S. Immigration and Customs Enforcement

## SINGH, GURWINDER

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

06/22/2015

Appointment Provider: Donald Rice, MD

### Reason for Appointment

1. No present complaint

### History of Present Illness

#### Narrative:

Pt arrived appropriately dressed and groomed.  PsychiatryReviewed MH/Medical Record Pt spoke:  English  Spanish  Interpretalk #Pt ID by Picture  A# 

Observed by GEO Officer

History of Symptoms: Acute: Sleeping better.

History of MH treatment:

Yes/No

  Current Depression  Current Anxiety/Panic  Current Manic Sxs  Current Psychotic Sxs: Auditory/Visual Hallucinations, Delusions  Current Thoughts of Suicide  Current Psychotropic Meds: Yes ; No ; Medication complaint   Current Impulse Control Problems/Urges  Current Sense of Hopelessness  Current Use or Intoxication from drugs / ETOH.

Pt reports: Depression still present. Has started working in kitchen from 1000 to 1200 and finds himself feeling sleepy but when comes

back can't get to sleep.

### Current Medications

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Mirtazapine 30 MG Tablet 1 tablet before bedtime in the evening qhs, stop date 09/06/2015, KOP: No, Drug Source: Pharmacy

### Examination

#### General Examination:

Yes/No

  Acute Suicide Risk  None  Low  Moderate  Severe  Suicide History:  Current Thoughts of Suicide  Intent  Plan  Hopelessness  Psychotropic Meds: Yes  No .  Acute Distress-Tearful and Sad  Apparent Distress  Acting Out Behaviors:

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 06/22/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Sleep Issues**

Yes/No

  Sleep Disturbances +/-**Eating**

Yes/No

 **MENTAL STATUS:**

APPEARANCE: adequately groomed, nourished. Dressed in clean uniform of the day.

RELATEDNESS: appropriate .

ATTITUDE: cooperative.

SPEECH/LANGUAGE: appropriate pitch/modulation.

AFFECT: appropriate.

THOUGHT PROCESS: linear, logical, goal directed .

THOUGHT CONTENT: unremarkable.

PERCEPTUAL DISORDERS: no perceptual disorder noted.

PSYCHOMOTOR ACTIVITY: within normal range.

**Assessments**

1. Insomnia, unspecified - 780.52

**Treatment****1. Others**

Continue MIRTAZAPINE.

**Preventive Medicine**

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with Pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

  // ; Remain in General Population; //  Refer for psychiatric hospitalization  Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms  Alert ICE/Custody officer if MH issue is emergency for immediate access to MH services  Psychiatry Services ;  Psychiatry Follow-up as scheduled;  Pt to take medication as prescribed and report any adverse side effects.  Follow Treatment Plan developed with Primary Mental Health Provider  Medication consent obtained.  Benefits and side effects of the prescribed medication discussed.  Patient was informed that they have a right not take the medication and should stop the medication if any side effects are uncomfortable.**Follow Up**

4 Weeks

**Appointment Provider: Donald Rice, MD****Electronically signed by Donald Rice , MD on 06/22/2015 at 02:17 PM MST****Sign off status: Completed**


---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 06/22/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:

---

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 06/22/2015

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: McLean, Patricia

**Telephone  
Encounter**

**Answered by** McLean, Patricia

Date: 06/09/2015  
Time: 10:29 AM

**Reason** pill line

**Action Taken** McLean,Patricia 6/9/2015 10:31:58 AM > Mirtazapine 30 MG Tablet verified and opened to pill line

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: McLean, Patricia 06/09/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## U.S. Immigration and Customs Enforcement

## SINGH, GURWINDER

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

06/08/2015

Appointment Provider: Donald Rice, MD

### Reason for Appointment

1. Detainee with poorly treated Insomnia. He has engaged in full trial of sleep hygiene and Hydroxyzine gives poor aid and pt believes he has headache from meds. Please assess for better insomnia treatment. So far, no accompanied mental illness symptoms

### History of Present Illness

#### Narrative:

Pt arrived appropriately dressed and groomed.  Psychiatry  
 Reviewed MH/Medical Record   
 Pt spoke:  English  Spanish  Interpretalk #  
 Pt ID by Picture  A#   
 Observed by GEO Officer  
 History of Symptoms: Acute: Depressed and feeling discouraged and hopeless  
 History of MH treatment:  
 Yes/No  
  Current Depression  
  Current Anxiety/Panic  
  Current Manic Sxs  
  Current Psychotic Sxs: Auditory/Visual Hallucinations, Delusions  
  Current Thoughts of Suicide  
  Current Psychotropic Meds: Yes ; No ; Medication complaint   
  Current Impulse Control Problems/Urges  
  Current Sense of Hopelessness  
  Current Use or Intoxication from drugs / ETOH.  
 Pt reports:3 month history of worsening depression and sleeplessness.

### Current Medications

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 HydroXYZzine Pamoate 50 MG Capsule 1 prn qhs, stop date 07/04/2015, KOP: Yes, Notes: Not required for travel

### Examination

#### General Examination:

Yes/No  
  Acute Suicide Risk  None  Low  Moderate  Severe  
  Suicide History:  
  Current Thoughts of Suicide  Intent  Plan  
  Hopelessness  
  Psychotropic Meds: Yes  No .  
  Acute Distress-Tearful and Sad  
  Apparent Distress  
  Acting Out Behaviors:  
 Sleep Issues

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 06/08/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

## Patient Vaccine Administration Record

**Name :**

**DOB:**

**SEX:**

**Ins No:**

---

**No. Of Immunizations: 0**

<b>SI No.</b>	<b>Vaccine</b>	<b>Date Given</b>	<b>Dose</b>	<b>Location</b>	<b>Exp.Date</b>	<b>Given By</b>
---------------	----------------	-------------------	-------------	-----------------	-----------------	-----------------

<b>Northwest Detention Center</b>		<b>Ashok Mallya, MD</b>
<b>1623 E. J STREET TACOMA, WA 98421</b>		
<b>Tel: 253-779-6049 Fax:</b>		
<b>Patient:</b>	SINGH, GURWINDER	<b>08/20/2015</b>
<b>DOB:</b>	09/21/1985, Sex: Male	
<b>Address:</b>	1623 E. J STREET, India, TACOMA, WA 98421	
<b>Phone:</b>		
<b>Ordered Date:</b>	08/05/2015	
<b>Assessments:</b>	Insomnia, unspecified	
<b>Lab:</b>	Vitamin D, 25-Hydroxy - 081950	
<b>Fasting:</b>	No	
<b>Specimen:</b>	Collection Date:08/05/2015 Time:3:48 AM	
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
Please note		
Request Problem		
Vitamin D, 25-Hydroxy	20.1	30.0-100.0 ng/mL L
<b>Result:</b>		
<b>Received Date:</b>	08/06/2015	
<b>Notes:</b>		

Patient Name: SINGH, GURWINDER , DOB: 09/21/1985

<b>Northwest Detention Center</b>		<b>Ashok Mallya, MD</b>
<b>1623 E. J STREET TACOMA, WA 98421</b>		
<b>Tel: 253-779-6049 Fax:</b>		
<b>Patient:</b>	SINGH, GURWINDER	<b>08/20/2015</b>
<b>DOB:</b>	09/21/1985, Sex: Male	
<b>Address:</b>	1623 E. J STREET, India, TACOMA, WA 98421	
<b>Phone:</b>		
<b>Ordered Date:</b>	08/05/2015	
<b>Assessments:</b>	Insomnia, unspecified	
<b>Lab:</b>	Vitamin B12 and Folate - 000810	
<b>Fasting:</b>	No	
<b>Specimen:</b>	Collection Date:08/05/2015 Time:3:48 AM	
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
Folate (Folic Acid), Serum	15.3	>3.0 ng/mL
Vitamin B12	253	211-946 pg/mL
<b>Result:</b>		
<b>Received Date:</b>	08/06/2015	
<b>Notes:</b>		

Patient Name: SINGH, GURWINDER , DOB: 09/21/1985

<b>Northwest Detention Center</b>		<b>Ashok Mallya, MD</b>
<b>1623 E. J STREET TACOMA, WA 98421</b>		
<b>Tel: 253-779-6049 Fax:</b>		
<b>Patient:</b>	SINGH, GURWINDER	<b>08/20/2015</b>
<b>DOB:</b>	09/21/1985, Sex: Male	
<b>Address:</b>	1623 E. J STREET, India, TACOMA, WA 98421	
<b>Phone:</b>		
<b>Ordered Date:</b>	08/05/2015	
<b>Assessments:</b>	Insomnia, unspecified	
<b>Lab:</b>	CMP12+Fe+CBC/D/Plt+TIBC+Fer	
<b>Fasting:</b>	No	
<b>Specimen:</b>	Collection Date:08/05/2015 Time:3:48 AM	
<b>Clinical Info:</b>		
<b>Name</b>	<b>Value</b>	<b>Reference Range</b>
A/G Ratio	1.9	1.1-2.5
Albumin, Serum	4.8	3.5-5.5 g/dL
Alkaline Phosphatase, S	55	39-117 IU/L
AST (SGOT)	18	0-40 IU/L
Baso (Absolute)	0.0	0.0-0.2 x10E3/uL
Basos	1	%
Bilirubin, Total	0.4	0.0-1.2 mg/dL
BUN	16	6-20 mg/dL
BUN/Creatinine Ratio	15	8-19
Calcium, Serum	10.1	8.7-10.2 mg/dL
Chloride, Serum	102	97-108 mmol/L
Creatinine, Serum	1.07	0.76-1.27 mg/dL
eGFR If Africn Am	108	>59 mL/min/1.73
eGFR If NonAfricn Am	93	>59 mL/min/1.73
Eos	5	%
Eos (Absolute)	0.4	0.0-0.4 x10E3/uL
Ferritin, Serum	156	30-400 ng/mL
Globulin, Total	2.5	1.5-4.5 g/dL
Glucose, Serum	98	65-99 mg/dL
Hematocrit	43.3	37.5-51.0 %
Hematology Comments:		
Hemoglobin	14.2	12.6-17.7 g/dL
Immature Cells		
Immature Grans (Abs)	0.0	0.0-0.1 x10E3/uL
Immature Granulocytes	0	%
Iron Bind.Cap.(TIBC)	368	250-450 ug/dL
Iron Saturation	25	15-55 %
Iron, Serum	91	40-155 ug/dL
Lymphs	45	%
Lymphs (Absolute)	3.7	0.7-3.1 x10E3/uL H

Patient Name: SINGH, GURWINDER , DOB: 09/21/1985

MCH	28.2	26.6-33.0 pg
MCHC	32.8	31.5-35.7 g/dL
MCV	86	79-97 fL
Monocytes	7	%
Monocytes(Absolute)	0.6	0.1-0.9 x10E3/uL
Neutrophils	42	%
Neutrophils (Absolute)	3.5	1.4-7.0 x10E3/uL
NRBC		
Platelets	351	150-379 x10E3/uL
Please note		
Potassium, Serum	4.8	3.5-5.2 mmol/L
Protein, Total, Serum	7.3	6.0-8.5 g/dL
RBC	5.03	4.14-5.80 x10E6/uL
RDW	13.6	12.3-15.4 %
Request Problem		
Request Problem		
Sodium, Serum	145	134-144 mmol/L H
UIBC	277	150-375 ug/dL
WBC	8.2	3.4-10.8 x10E3/uL
<b>Result:</b>		
<b>Received Date:</b>	08/06/2015	
<b>Notes:</b>		

Patient Name: SINGH, GURWINDER , DOB: 09/21/1985



Date	Hour	Medication and Dosage/RT	Initials	Comment	Date	Hour	Medication and Dosage/RT	Initials	Comment		
8-15	2030	Mist Vitamin PO	HA	Refused							
		Maria Daniels Farley, Caryl, RN Kieu Ta	MD CF T	Bill KINAKIS			LT Thudac Howard, RN Sue Maria	HA RN 507			
		NURSE <u>Donna Fries</u> INITIALS <u>DF</u>		NURSE <u>Terry Kinakis</u> INITIALS <u>TK</u>			NURSE <u>C. Phillips Low</u> INITIALS <u>cjl</u>				
CAPT Johnny Broussard, RN CDR Kevin McDermott, RN CDR Victoria Vigil, RN CDR Troy Thompson, RN CDR Diana Liebner, RN LCDR Karen Yamane, RN LCDR Christian Meyer, RN LCDR Er... Vega, RN				LCDR Mun Vega, RN LCDR Brett Clark, RN LT Robert Kopec, RN LT Amanda Crowder, RN LT Ranay Yonkers, RN LT Amity Tucker, RN LT Debra Cooper, RN LT Lisa Ellison, RN				LT JG Hayden Cruz, RN LTJG Karen Riedl-Figueroa, RN Cheryl Anderson, RN Kenneth Burmaz, LVN Patricia McLean, RN Linn Grayson, RN LTSG Herb Peterson Nycole Thomas, RN			



Date	Hour	Medication and Dosage/RT	Initials	Comment	Date	Hour	Medication and Dosage/RT	Initials	Comment		
		Maria Daniels Farley, CAPT, RN Rica, TA	MDJ of T	LT Van Euren Bill Williams			LT Mydoc. Hamed, AN Sue Proctor C. Phillips LDC	MS AKT CJS			
NURSE		INITIALS		NURSE		INITIALS		NURSE		INITIALS	
CAPT Johnny Broussard, RN		[Signature]		LCDR Luis Vega, RN		[Signature]		LTJG Karen Riedl-Figueroa, RN		[Signature]	
CDR Kevin McDermott, RN		[Signature]		LCDR Brett Clark, RN		[Signature]		Cheryl Anderson, RN		[Signature]	
CDR Victoria Vigil, RN		W		LT Robert Kopeck, RN		[Signature]		Kannoth Durmaz, LVN		[Signature]	
CDR Troy Thompson, RN		[Signature]		LT Amanda Crowder, RN		[Signature]		Rudine McLean, RN		[Signature]	
CDR Diana Liebner, RN		[Signature]		LT Penny Yorks, RN		[Signature]		Lynn Grouton, RN		[Signature]	
CDR Karen Yamane, RN		[Signature]		LT Amy Tucker, RN		[Signature]		LSS Mary Berman		[Signature]	
LCDR Christian Meyer, RN		[Signature]		LT Dobra Cooper, RN		[Signature]		Niyate Thomas, RN		[Signature]	
LCDR E. Vooce, RN		[Signature]		LT Lisa Emsen, RN		[Signature]					



Date	Hour	Medication and Dosage/RT	Initials	Comment	Date	Hour	Medication and Dosage/RT	Initials	Comments		
		Maria Daniels Farley, Cory, RN Kien Ta	MD CF T	Bill Kilmanis			LT Hydro Thane, RN Sue Marie C. Phillips RN	HB RCE EM			
NURSE		INITIALS		NURSE		INITIALS		NURSE		INITIALS	
CAPT Johnny Broussard, RN				LCDR Van Veen, RN				LT Sgt. Stephen Cruz, RN			
CDR Kevin McDermott, RN				LCDR Brett Clark, RN				LT JG Karen Ricci-Figueroa, RN			
CDR Victoria Vigi, RN				LT Robert Kupus, RN				Cheryl Anderson, RN			
CDR Troy Thompson, RN				LT Amanda Crowder, RN				Kenneth Durmaz, LVN			
CDR Diana Liebner, RN				LT Raney Yankers, RN				Patricia McLean, RN			
LCDR Karen Yamano, RN				LT Amy Tucker, RN				Linda Gouffon, RN			
LCDR Christian Rippey, RN				LT Debra Glasgow, RN				Sibby Roben, RN			
LCDR E. Vige, RN				LT Lisa Ebyson, RN				Mycale Thomas, RN			





**ICE Health Service Corps  
Consent for Psychotropic Medications for Adults**

Detainee's Name: SINGH, GURWINDER Date: 7/23/15  
 Referral Provided?  Yes  No Name or INT#: \_\_\_\_\_ Detainee's A#: 206889049

Physician has prescribed the following medication(s) for the treatment of my psychiatric and/or behavioral problems:

Name of Medication(s):  
TRAZODONE

Indications for the use on the above medication(s) have been discussed with me. I have had an opportunity to ask questions, understand the changes that I might expect to see, and to discuss the possible risks, benefits, and precautions associated with this medication(s).

The effects of this/these medication(s) have also been discussed with me and additional information has been provided regarding the medication(s). I understand and accept the advantages and disadvantages of this treatment. Based on the information provided, I agree to comply with the instructions provided by my physician for giving the medication.

If I have further questions or concerns after I have started the medication, I understand that I should contact the prescribing physician as soon as possible.

[Signature]  
 Detainee's Signature

7/23/15  
 Date

[Signature]  
 Provider's Signature

7/23/15  
 Date

<u>Singh</u>	First Name: <u>Gurwinder</u>
<u>206889049</u>	Nationality: <u>India</u>
<u>4/24/15</u>	DOB: <u>9/21/85</u>
<u>NWOC</u>	Sex: <u>Male</u>

PHS MEDICINE (MAGNETRY) JUN 2015  
 Medication Administration Record  
 Month/Year

Patient Name: **ALVIN**  
 Room #: **20889093**  
 Unit: **20889093**  
 Date: **6/15/15**  
 Doctor: **DR. [Signature]**  
 Pharmacist: **[Signature]**  
 Nurse: **[Signature]**

Medication	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication 1																															
Medication 2																															
Medication 3																															
Medication 4																															
Medication 5																															
Medication 6																															
Medication 7																															
Medication 8																															
Medication 9																															
Medication 10																															
Medication 11																															
Medication 12																															
Medication 13																															
Medication 14																															
Medication 15																															
Medication 16																															
Medication 17																															
Medication 18																															
Medication 19																															
Medication 20																															
Medication 21																															
Medication 22																															
Medication 23																															
Medication 24																															
Medication 25																															
Medication 26																															
Medication 27																															
Medication 28																															
Medication 29																															
Medication 30																															
Medication 31																															

Date	Hour	Medication and Dosage/RT	Initials	Comment	Date	Hour	Medication and Dosage/RT	Initials	Comment		
07/30/05	200	antibiotic		retinal							
		Maria Daniels Farley, Cami, RN Kien, Tu Dawn, Fries	MW ef T AC	Bill Kilmakis for eye exam 1:00 jic			LT Hydris Aland, RN Sue Mink C. Phillips, LVN	MH JSC cjo			
NURSE		INITIALS		NURSE		INITIALS		NURSE		INITIALS	
CAPT Johnny Grossard, RN CDR Kevin McDermott, RN CDR Victoria Vogt, RN CDR Troy Thompson, RN CDR Diana Leibner, RN LCDR Karen Yamane, RN LCDR Christian Meyer, RN LCDR E. Vega, RN		W W W W W W W		LCDR Paul Vajo, RN LCDR Brett Clark, RN LT Robert Kosco, RN LT Amanda Crowder, RN LT Raney Yonkers, RN LT Andy Tucker, RN LT Debra Cooper, RN LT Lisa Ekson, RN		W W W W W W W		LTJG Haydee Cruz, RN LTJG Karen Reed-Fajardo, RN Cheryl Anderson, RN Kenneth Burnitz, LVN Rebecca McLean, LVN Lynn Gumpston, LVN Lisa May, RN Myrtle Thomas, RN		W W W W W W W	

**ICE Health Service Corps  
Consent for Psychotropic Medications for Adults**

Detainee's Name: SINGH, GURWINDER Date: 6/8/15  
 Informed Consent Provided?  Yes  No Name or I/N#: \_\_\_\_\_ Detainee's A#: 206889049

My physician has prescribed the following medication(s) for the treatment of my psychiatric and/or behavioral problems:

Name of Medication(s): MIRTAZAPINE

Indications for the use on the above medication(s) have been discussed with me. I have had an opportunity to ask questions about the changes that I might expect to see, and to discuss the possible risks, benefits, and precautions associated with this medication(s).

Side effects of this/these medication(s) have also been discussed with me and additional information has been provided about the medication(s). I understand and accept the advantages and disadvantages of this treatment. Based on the information provided, I agree to comply with the instructions provided by my physician for giving the medication.

Even if I have further questions or concerns after I have started the medication, I understand that I should contact the prescribing physician as soon as possible.

*Gurwinder Singh*  
 Detainee's Signature

6/8/15  
 Date

*Donald R. Reis*  
 Provider's Signature

6/8/15  
 Date

Last Name: <u>Singh</u>	First Name: <u>Gurwinder</u>
A#: <u>206889049</u>	Nationality: <u>India</u>
Arrest Date: <u>4/24/15</u>	DOB: <u>9/21/85</u>
Detention Facility: <u>NWOC</u>	Sex: <u>Male</u>

DIAN Associates TeleRadiology  
UNIVERSITY OF MARYLAND RADIOLOGY  
CHEST X-RAY TD SCREENING REPORT  
Phone: 410-321-2477 Fax: 410-321-2443

DIAN Associates INC.  
Sykes Park, MD 21116  
(410) 321-2477 Fax: (410) 321-2443

SITE: PORT\_ISABEL\_TX

NAME: SINGH, GURWINDER

ALIEN #: 206199049

DATE OF X-RAY: 01/12/2015

DATE OF BIRTH: 09/21/1963

STUDY TYPE:

FINDINGS: Negative.

SIGNED BY RADIOLOGIST: atazicr

SIGNED AT: 2015/01/12 14:54:33 EST

JAN 12 2015

  
CDR Troy Thompson, RN, USPHS  
1/12/15

  
LOUIS JIMENEZ  
RADIOLOGIC TECHNOLOGIST

**MEDICAL RECORD** CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: \_\_\_\_\_ SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION(S) per each entry

Pre-Screening/Medical Clearance Evaluation

APR 24 2015 Patient Identification:

Wichard, in ID #1234, in Section, of Facility, in Other

Chaperone Present?  Yes  No

Interpreter Provided?  Yes  No  Provider fluent in detainee's native language

Detainee speaks English  No

Pre-screening:

No  Yes Have you been to Liberia, Sierra Leone, Guinea or Mali in the last 21 days?

No  Yes Have you been in contact with anyone who traveled to these countries in the last 21 days and who is sick?

No  Yes In the last 21 days, have you been in close contact with anyone diagnosed with Ebola?

No  Yes Was the detainee transferred from another facility?

No  Yes Do you have any current illness or health problems?

No  Yes Are you taking any medications?

No  Yes Are you currently in pain?

No  Yes Are you afraid someone will hurt you?

No  Yes Do you want to hurt yourself?

No  Yes Do you think you may be pregnant (if applicable)?

No  Yes Were there any contraindications to entry?

Sign/ Observations of the Detainee:

Normal  Abnormal Appearance

Normal  Abnormal Orientation

Normal  Abnormal State of consciousness

Normal  Abnormal Rate of movement

Normal  Abnormal Breathing

Normal  Abnormal Skin

Disposition:

PRT-1 Priority Level 1 - Urgent, time sensitive medical needs. Immediate referral

PRT-2 Priority Level 2 - Non-urgent, non-time sensitive medical needs. Prioritized

Screening

PRT-1.1 Priority Screening - Language Barrier. Prioritized Screening

Routine Healthy, no medical needs.

*Amranda Crowder, RN* LCOR AMRANDA CROWDER, RN, BSN

HOSPITAL OR MEDICAL FACILITY: \_\_\_\_\_ CLINIC: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

PATIENT'S IDENTIFICATION: For official medical records, please Name - Last, First, Middle, ID No or SSN (Last) REGISTER NO. \_\_\_\_\_ WARD NO. \_\_\_\_\_

SINGH, GURWINDER **CXR-** CHRONOLOGICAL RECORD OF MEDICAL CARE

A206889049 DOB 9/21/1985 MALE INDIA

DCA 04/24/2015 NWDC / TACOMA

STANDARD FORM 608 REV. 6-97

FORM 111 OF 10/14/2011

**Non-Child Proof Medication Packaging Upon Release/Transfer**

When I am released/transfered from the NWDC, I authorize that my travel medications (if ordered) be placed in non-child-resistant packaging.

Cuando sea liberado o transferido de el NWDC, yo autorizo que mis medicinas (si son ordenadas) sean empaquetadas en contenedores sin resistencia para niños.

<u>Gurwinder S.M.A.</u> Name/Nombre	<u>APR 24 2015</u> Date/Fecha
<u>Troy Thompson, RN, IICDHC</u> Witness/Testigo	<u>APR 24 2015</u> Date/Fecha

SINGH, GURWINDER  
A206889049  
DOB 02/1/1985      MALE  
DCA 04/24/2015      INDIA  
NWDC / TACOMA

**ICE Health Service Corps  
Medical Consent Form**

**Health Care Program**

The major purpose of the clinic is to provide you with medical care. Medical information obtained will be kept in a confidential medical record. You will be expected to undergo a medical examination to determine your current health.

Singh Gurminder, hereby consent to medical screening and medical examination to determine my current health status. Other medical evaluations, diagnostic procedures, routine care and medical/dental treatments which the medical and professional staff of the clinic may deem necessary, advisable or appropriate.

I also consent to mental health care screening and mental health care which the medical and professional staff of the clinic may deem necessary, advisable or appropriate. With respect to a minor, this includes but is not limited to weekly well-child visits for mental health care purposes for the duration of the minor's residence at this facility.

I authorize disclosure of my medical records to a hospital, if hospitalization is deemed necessary, advisable or appropriate. I authorize disclosure of my medical records to a physical and/or mental health care provider who is not an employee of the clinic, if the medical and professional staff of the clinic deems care by such a provider to be necessary, advisable or appropriate. I authorize the disclosure of my medical information to federal and state reporting agencies for purposes of disease surveillance and control.

This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me regarding the results of treatments or examinations done in the clinic or outside the clinic by health care professionals to whom I may be referred.

**Programa De Cuidado De Salud**

El propósito de esta clínica es proveerle a usted un cuidado de salud de alta calidad. La información clínica que es obrante acerca de su caso, será mantenida de manera confidencial en su expediente médico. Usted será sometido a un examen médico para determinar su actual condición de salud.

Yo, Singh Gurminder, voluntariamente doy mi consentimiento al personal médico de esta clínica para que realice una evaluación física y un examen médico para determinar mi actual condición de salud. También consiento a otras evaluaciones físicas, procedimientos diagnósticos, cuidados de rutina y a tratamientos médicos/dentales que el personal médico y profesional de esta clínica considere necesario, recomendable e apropiado.

Yo también consiento a una evaluación de salud mental y a los cuidados de salud mental que el personal médico y profesional de esta clínica considere necesario, recomendable e apropiado. Con respecto a menores este proceso incluirá, pero no estará limitado, a entrevistas semanales de seguimiento del bienestar del menor. Estas serán efectuadas durante el tiempo que el menor permanezca en el Centro.

Yo autorizo a esta clínica a revelar la información en mi expediente médico a entidades hospitalarias, si una hospitalización es requerida o considerada. Yo también autorizo a esta clínica a permitir el acceso a mi expediente médico a proveedores de salud mental y/o física que no sean empleados de esta clínica, si el personal médico de esta clínica entiende que sea pertinente o necesario para mi cuidado de salud. También autorizo el acceso a mi expediente médico a instituciones federales y estatales para propósito público de vigilancia y control de enfermedades.

Este documento me ha sido explicado y entiendo e acepto el contenido del mismo. Reconozco que no se me ha dado ninguna garantía en relación a los resultados de exámenes o tratamientos médicos, realizados en esta clínica o fuera de esta, por profesionales de la salud a los cuales yo les he referido mi caso.

APR 24 2015

Singh Gurminder  
Signature of Patient, Parent or Guardian

Date

CDR Troy Thompson, DDC, USPHS  
Signature of Witness

APR 24 2015  
Date

Interpreter provided?  Yes  No INT # \_\_\_\_\_

last Name:	SINGH, GURMINDER		First Name:	
ID:	A200889049			
Date of Camp Arrival (DCA):	DOR 02/1/1985	MALE		
Medical Clinic:	DCA 04/24/2015	INDIA		
	NWDC / TACOMA			

ISC Form 793

10/2010

Page 1 of 1

## eMAR Record

**Name:** GURWINDER SINGH  
**DOB:** 09/21/1985 **Sex:** M  
**A:** 206889049  
**SubID:** 351950323

**Printed on:** 08/20/15 07:30 AM  
**Printed by:** Brown, Amber  
**Date range:** (8/20/2015 to 8/20/2015)

### Medications Ordered for Date Range: (8/20/2015 to 8/20/2015)

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
1	02/12/2015	Pena, Luis F	DiphenhydrAMINE1 HCl 25 MG	capsule as needed Orally TID for 1 day		DOT	02/12/2015	02/12/2015
2	05/06/2015	Faytong, Eduardo	HydrOXYzine Pamoate 25 mg	1 prn Orally QHS for		KOP	05/06/2015	06/05/2015
3	02/12/2015	Pena, Luis F	Permethrin 5 %	as directed Externally Daily PM for 1 day		DOT	02/12/2015	02/12/2015
4	05/06/2015	Faytong, Eduardo	Ibuprofen 400 MG	1 prn Orally TID for 30 days		KOP	05/06/2015	06/05/2015
5	05/29/2015	Vega, Enrique	Omeprazole 20 MG	1 Orally Daily AM for 90 days		KOP	05/29/2015	08/27/2015
6	02/12/2015	Pena, Luis F	Calamine 8-8 %	as directed Externally QID for 1 day		DOT	02/12/2015	02/12/2015
7	08/13/2015	Mallya, Ashok R	Vitamin B Complex with C fixed dose compound	1 Orally Daily AM for 90 days		KOP	08/13/2015	11/11/2015
8	06/04/2015	Faytong, Eduardo	HydrOXYzine Pamoate 50 MG	1 prn Orally QHS for 30 days		KOP	06/04/2015	07/04/2015
9	05/29/2015	Vega, Enrique	Acetaminophen 325 MG	2-3 prn Orally QID for 90 days		KOP	05/29/2015	08/27/2015
1008	08/13/2015	Mallya, Ashok R	Cholecalciferol 5000 UNIT	1 Orally Daily AM for 90 days		KOP	08/13/2015	11/11/2015

### Medications Administration Details

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
1	02/12/2015	Pena, Luis F	DiphenhydrAMINE1 HCl 25 MG	capsule as needed Orally TID for 1 day		DOT	02/12/2015	02/12/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes
----------	----------	--------	----------------	--------------

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
2	05/06/2015	Faytong, Eduardo	HydrOXYzine Pamoate 25 mg	1 prn Orally QHS for		KOP	05/06/2015	06/05/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes
----------	----------	--------	----------------	--------------

**Patient Name:** GURWINDER SINGH **DOB:** 09/21/1985 **SubID:** 351950323 **A:** 206889049

Powered By eClinicalWorks LLC.

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
3	02/12/2015	Pena, Luis F	Permethrin 5 %	as directed Externally Daily PM for 1 day		DOT	02/12/2015	02/12/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
4	05/06/2015	Faytong, Eduardo	Ibuprofen 400 MG	1 prn Orally TID for 30 days		KOP	05/06/2015	06/05/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
5	05/29/2015	Vega, Enrique	Omeprazole 20 MG	1 Orally Daily AM for 90 days		KOP	05/29/2015	08/27/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
6	02/12/2015	Pena, Luis F	Calamine 8-8 %	as directed Externally QID for 1 day		DOT	02/12/2015	02/12/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
7	08/13/2015	Mallya, Ashok R	Vitamin B Complex with C fixed dose compound	1 Orally Daily AM for 90 days		KOP	08/13/2015	11/11/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
8	06/04/2015	Faytong, Eduardo	HydroXYZine Pamoate 50 MG	1 prn Orally QHS for 30 days		KOP	06/04/2015	07/04/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
9	05/29/2015	Vega, Enrique	Acetaminophen 325 MG	2-3 prn Orally QID for 90 days		KOP	05/29/2015	08/27/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

#	Order Date	Ordered By	Medication	Sig	PRN	DOT/KOP	Start Date	End Date
1008	08/13/2015	Mallya, Ashok R	Cholecalciferol 5000 UNIT	1 Orally Daily AM for 90 days		KOP	08/13/2015	11/11/2015

Due Date	Due Time	Status	User/Date/Time	Reason/Notes

**Patient Name:** GURWINDER SINGH **DOB:** 09/21/1985 **SubID:** 351950323 **A:** 206889049

Powered By eClinicalWorks LLC.

Yes/No

  Sleep Disturbances

Eating

Yes/No

  Hungry, mostly at night.

MENTAL STATUS:

APPEARANCE: adequately groomed, nourished. Dressed in clean uniform of the day.

RELATEDNESS: appropriate .

ATTITUDE: cooperative.

SPEECH/LANGUAGE: appropriate pitch/modulation.

AFFECT: restricted.

MOOD:

THOUGHT PROCESS: linear, logical, goal directed .

THOUGHT CONTENT: unremarkable.

PERCEPTUAL DISORDERS: no perceptual disorder noted.

PSYCHOMOTOR ACTIVITY: within normal range.

**Treatment****1. Others**

Stop HydrOXYzine Pamoate Capsule, 50 MG, 1 prn, Orally, qhs, 30 days, 1, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

Start Mirtazapine Tablet, 30 MG, 1 tablet before bedtime in the evening, Orally, qhs, 90 days, 90, Refills 0, KOP: No

**Preventive Medicine**

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with Pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

  // ; Remain in General Population; //  Refer for psychiatric hospitalization  Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms  Alert ICE/Custody officer if MH issue is emergency for immediate access to MH services  Psychiatry Services ;  Psychiatry Follow-up as scheduled;  Pt to take medication as prescribed and report any adverse side effects.  Follow Treatment Plan developed with Primary Mental Health Provider  Medication consent obtained.  Benefits and side effects of the prescribed medication discussed.  Patient was informed that they have a right not take the medication and should stop the medication if any side effects are uncomfortable.**Follow Up**

2 Weeks

**Appointment Provider: Donald Rice, MD****Electronically signed by Donald Rice , MD on 06/08/2015 at 03:52 PM MST****Sign off status: Completed**


---

 Northwest Detention Center
 

---

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 06/08/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Donald Rice, MD 06/08/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

06/05/2015

Appointment Provider: Anita Glenn-Reller, LCSW

**Reason for Appointment**

1. Follow-up Sick Call, Insomnia

**History of Present Illness**

Narrative:

-Pt seen for follow-up appt.  
 -Pt spoke: [x] English; [ ] Spanish; [ ] Other; Interpretalk #  
 -Reviewed Record [x]  
 -Pt identified by A#, name, ID picture  
 -Current complaint/progress: Mr Singh provided in depth information on his full engagement in sleep hygiene skills - getting poor results. Still has difficulty maintaining sleep, waking up tired. Denied mental health concerns. Denied Si. Reports he had Hydroxyzine increased lately with some minor benefit, but complains of associated headache in the a.m.

**Current Medications**

Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 HydrOXYzine Pamoate 50 MG Capsule 1 prn qhs, stop date 07/04/2015, KOP: Yes, Notes: Not required for travel

**Review of Systems**

Psychiatric:

Anxiety denies. Auditory/visual hallucinations denies. Delusions denies. Depressed mood denies. Difficulty sleeping **admits**, that is falling asleep, that is waking frequently, that is waking early in the morning; poor sleep recovery. . Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits** stressors of Immigration detention. Substance abuse denies. Suicidal thoughts denies.

**Vital Signs**

Pain scale		
0 out of 10	06/05/2015 09:23:23 AM	Anita Glenn-Reller
Ht		
70 in	06/05/2015 09:23:23 AM	Anita Glenn-Reller

**Examination**

General Examination:

MENTAL STATUS:  
 APPEARANCE: adequately groomed, nourished. Dark circles under eyes. Poor color in face. Looks very tired. Dressed in clean uniform of the day.  
 RELATEDNESS: appropriate .  
 ATTITUDE: cooperative.

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 06/05/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

SPEECH/LANGUAGE: appropriate pitch/modulation.  
AFFECT: appropriate.  
THOUGHT PROCESS: linear, logical, goal directed .  
THOUGHT CONTENT: unremarkable.  
PERCEPTUAL DISORDERS: no perceptual disorder noted.  
PSYCHOMOTOR ACTIVITY: within normal range.

**Assessments**

1. Insomnia, unspecified - 780.52 (Primary)

**Preventive Medicine**

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

/  //  ; Remain in General Population; //  Admit to MHU //  Refer for psychiatric hospitalization

/  Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms

/  Follow-up in  Weeks.  Scheduled Follow-up not indicated - Pt to go to Sick Call in future should s/he have future mental health concerns

/  Alert Medical/Custody officer if MH issue is emergency for immediate access to MH services

/  Psychiatry Referral  - for sleep issues

/  Continue daily routine: exercise, socialization, engage in social support network, engage in religious customs/rituals, pleasurable activities- all to aid in coping

/  Continue Sleep Hygiene Skills - Psychoeducation given, Handout provided in past in pt's language of choice: English.

**Appointment Provider: Anita Glenn-Reller, LCSW**

**Electronically signed by Anita Glenn-Reller , LCSW on 06/05/2015 at 09:26 AM MST**

**Sign off status: Completed**

---

Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 06/05/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

06/04/2015

Appointment Provider: Eduardo Faytong, PA

**Reason for Appointment**

1. SC: Pharmacy-medication refill

**History of Present Illness**

Narrative:

General HPI

No pain at this visit, request increase dose on Hydroxyzine, moderately controlled sleep disturbance.

Pain Assessment:

Pain Are you currently in pain? No.

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Picture, Verbally*

Chaperone Present? *No*

Interpretation Provided? *Detainee speaks English fluently*

**Current Medications**

HydrOXYzine Pamoate 25 mg Capsule 1 prn qhs, stop date 06/05/2015, KOP: Yes, Notes: Not required for travel  
 Acetaminophen 325 MG Tablet 2-3 prn qid, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Omeprazole 20 MG Capsule Delayed Release 1 daily am, stop date 08/27/2015, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel  
 Chlorpheniramine Maleate 4 MG Tablet 1 prn qid, stop date 06/04/2015, KOP: Yes, Drug Source: Stock, Notes: Not required for travel  
 Sodium Chloride 0.9 % Nasal Spray spray 1 pump to each nostril qid, stop date 06/04/2015, KOP: No, Drug Source: Stock, Notes: Not required for travel

**Allergies**

N.K.D.A.

**Review of Systems**

General/Constitutional:

Fatigue denies. Headache denies. Lightheadedness denies. Sleep disturbance **admits**, has trouble initiating sleep.

Psychiatric:

Anxiety denies. Auditory/visual hallucinations denies. Delusions denies. Depressed mood denies. Difficulty sleeping **admits**, that is falling asleep. Eating disorder denies. Loss of appetite denies. Mental or Physical abuse denies. Stressors denies. Suicidal thoughts denies.

**Vital Signs**

Pain scale		
0 out of 10	06/04/2015 08:11:59 AM	Eduardo Faytong

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Eduardo Faytong, PA 06/04/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Temp		
97.5 F	06/04/2015 08:11:59 AM	Eduardo Faytong
HR		
80 /min	06/04/2015 08:11:59 AM	Eduardo Faytong
BP		
119/86 mm Hg	06/04/2015 08:11:59 AM	Eduardo Faytong
RR		
16 /min	06/04/2015 08:11:59 AM	Eduardo Faytong
Wt		
187.4 lbs	06/04/2015 08:11:59 AM	Eduardo Faytong
Ht		
70 in	06/04/2015 08:11:59 AM	Eduardo Faytong
BMI		
26.89 Index	06/04/2015 08:11:59 AM	Eduardo Faytong

**Examination****General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished, comfortable, calm and relaxed, cooperative.

NEUROLOGIC: alert and oriented, cooperative with exam, motor strength normal upper and lower extremities, normal exam, normal strength, tone and reflexes, sensory exam intact.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, good eye contact, judgement and insight good, mood/affect full range, no auditory or visual hallucinations, speech clear, thought content without suicidal ideation, delusions, thought process logical, goal directed.

**Assessments**

1. Other sleep disturbances - 780.59 (Primary)

**Treatment****1. Other sleep disturbances**

Stop HydrOXYzine Pamoate Capsule, 25 mg, 1 prn, Orally, qhs, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

Start HydrOXYzine Pamoate Capsule, 50 MG, 1 prn, Orally, qhs, 30 days, 1, Refills 0, KOP: Yes, Notes: Not required for travel

**Follow Up**

1 day (Reason: MH)

Disposition: Medically cleared for custody, follow up visit scheduled

Notes: Discussed medication use and side effects with patient, Education provided on Medication and Treatment, Hand hygiene before and after encounter, Medication and Treatment Plan Reviewed, Oral hygiene instructions given, Patient advised to return to sick call if symptoms worsen prior to next appointment, Patient verbalized understanding of all instructions

**Appointment Provider: Eduardo Faytong, PA**

**Confirmatory sign off:**

Smith, David A 06/04/2015 11:13:17 AM Smith,David A 6/4/2015 11:13:16 AM > Notes reviewed

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Eduardo Faytong, PA 06/04/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Electronically signed by Eduardo Faytong , PA on 06/04/2015 at 08:15 AM MST**  
**Sign off status: Completed**

---

**Northwest Detention Center**  
**1623 E. J STREET**  
**TACOMA, WA 98421**  
**Tel: 253-779-6049**  
**Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Eduardo Faytong, PA 06/04/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

05/29/2015

Appointment Provider: Enrique Vega, NP

**Reason for Appointment**

1. URI/Insomnia/GERD/HA

**History of Present Illness**

Narrative:

States nasal congestion, runny nose x 3 days. Denies sore throat. Denies cough, chest pain. Denies medication allergies. Denies allergic rhinitis or asthma.

States he is having too much stress, mostly the length of detention. Wants to speak to psychiatrist about his stress and his sleep issue as well. Denies SI/HI.

Has hx of acid reflux for 2 weeks and heartburn. States this is not a new issue it started about 2 years ago. Denies bleeding or hx of IBS. Denies abdominal pain.

hx of migraines. States has been getting daily headaches and believes the lack of sleep may be contributing to it. Denies headache at this time. Denies hx of CVA/TIA.

Pain Assessment:

Pain Are you currently in pain? No.

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Wrist Band, Verbally*

Chaperone Present? *No*

Interpretation Provided? *Detainee speaks English fluently*

**Current Medications**

Ibuprofen 400 MG Tablet 1 prn tid, stop date 06/05/2015, KOP: Yes, Notes: Not required for travel

HydroXYZine Pamoate 25 mg Capsule 1 prn qhs, stop date 06/05/2015, KOP: Yes, Notes: Not required for travel

**Review of Systems**

General/Constitutional:

Fatigue denies. Headache **admits**, temporal. Lightheadedness denies. Sleep disturbance **admits**, every night, has trouble initiating sleep.

Allergy/Immunology:

Congestion **admits**, of the sinuses. Cough denies. Itching denies. Rash denies. Sneezing denies. Watery eyes denies. Wheezing denies.

Respiratory:

Chest pain denies. Cough denies. Pain with inspiration denies. Shortness of breath at rest denies. Shortness of breath with exertion denies. Sputum production denies. Wheezing denies.

Gastrointestinal:

Heartburn **admits**, aggravated by Ibuprofen. Nausea denies. Vomiting denies.

Psychiatric:

Anxiety denies. Depressed mood denies. Difficulty sleeping **admits**, that is falling asleep. Stressors **admits**, detention. Suicidal thoughts denies.

**Vital Signs**

Pain scale
------------

0 out of 10	05/29/2015 11:28:51 AM	Enrique Vega
<b>Temp</b>		
98.2 F	05/29/2015 11:28:51 AM	Enrique Vega
<b>HR</b>		
88 /min	05/29/2015 11:28:51 AM	Enrique Vega
<b>BP</b>		
115/65 mm Hg	05/29/2015 11:28:51 AM	Enrique Vega
<b>RR</b>		
16 /min	05/29/2015 11:28:51 AM	Enrique Vega
<b>Wt</b>		
188.8 lbs	05/29/2015 11:28:51 AM	Enrique Vega
<b>Ht</b>		
70 in	05/29/2015 11:28:51 AM	Enrique Vega
<b>BMI</b>		
27.09 Index	05/29/2015 11:28:51 AM	Enrique Vega

**Examination****General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: extraocular movement intact (EOMI), pupils equal, round, reactive to light and accommodation, upper eyelids normal, lower eyelids normal.

EARS: auditory canal clear, hearing intact to whispered voice, tympanic membrane intact, clear, light reflex present.

NOSE: nares patent but with clear rhinorrhea, sinuses nontender bilaterally.

ORAL CAVITY: mucosa moist, gums normal, no lesions.

THROAT: no exudate, no erythema.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: normal, clear to auscultation bilaterally, no wheezes, rales, rhonchi.

ABDOMEN: bowel sounds present, soft, nontender, nondistended, no hepatosplenomegaly, no guarding or rigidity, no hernias present, no masses palpable, no rebound tenderness.

NEUROLOGIC: alert and oriented, cognitive exam grossly normal, cooperative with exam, cranial nerves 2-12 grossly intact, gait normal, neck supple, no rigidity, no tremor.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, good eye contact, judgement and insight good, speech clear, thought content without suicidal ideation, delusions, thought process logical, goal directed.

**Assessments**

1. Headache - 784.0 (Primary)
2. Insomnia, unspecified - 780.52
3. Heartburn - 787.1
4. Acute nasopharyngitis (common cold) - 460

**Treatment****1. Headache**

Stop Ibuprofen Tablet, 400 MG, 1 prn, Orally, tid, 30 days, 1, KOP: Yes, Drug Source: Pharmacy, Notes: Not required for travel

Start Acetaminophen Tablet, 325 MG, 2-3 prn, Orally, qid, 90 days, 90, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Discussed new medications with detainee including dose, frequency and potential side effects. Sick call as needed. Detainee voiced understanding and agreement with plan.

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Enrique Vega, NP 05/29/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**2. Insomnia, unspecified**

Discussed patient's case with mental health provider. Detainee does not have diagnosed mental illness. Currently taking Hydroxyzine for sleep. MH provider will have further discussion with clinical director about this patient's case.

**3. Heartburn**

Start Omeprazole Capsule Delayed Release, 20 MG, 1, Orally, daily am, 90 days, 30, KOP: Yes, Drug Source: In House Pharmacy, Notes: Not required for travel

Discussed new medications with detainee including dose, frequency and potential side effects. Sick call as needed. Detainee voiced understanding and agreement with plan.

**4. Acute nasopharyngitis (common cold)**

Start Chlorpheniramine Maleate Tablet, 4 MG, 1 prn, Orally, qid, 6 days, 24, Refills 0, KOP: Yes, Drug Source: Stock, Notes: Not required for travel

Start Sodium Chloride Nasal Spray, 0.9 %, spray 1 pump to each nostril, Externally, qid, 6 days, 1, KOP: No, Drug Source: Stock, Notes: Not required for travel

Discussed new medications with detainee including dose, frequency and potential side effects. Sick call as needed. Detainee voiced understanding and agreement with plan.

**Follow Up**

prn

**Appointment Provider: Enrique Vega, NP**

**Confirmatory sign off:**

Durano, Giles D 05/29/2015 01:15:21 PM

**Electronically signed by Enrique Vega , NP on 05/29/2015 at 11:42 AM MST**

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Enrique Vega, NP 05/29/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

05/29/2015

Appointment Provider: Anita Glenn-Reller, LCSW

**Reason for Appointment**

1. Reported to RN too much stress, insomnia

**History of Present Illness**

Narrative:

Detainee seen for Mental Health Sick Call Assessment / Treatment

Yes  No: Record Reviewed

Yes  No: Pt has current / past MH treatment at this facility? Pt also denied during interview a history of mental illness.

-Pt identified by A#, name, ID picture

-Pt spoke:  English;  Spanish;  Other Interpreter Used: Interpretalk # Declined offer of Interpreter.

**INTERVIEW:**

Yes  No: Are you in Pain

Yes  No: You have requested to be seen for Sick Call Mental Health, correct?

What is your mental health concern?

-Pt reports he is not sleeping well, x 3 months. Reports ruminating about deportation at night, a lot of stress. Difficulties falling asleep and interrupted sleep multiple times. No naps. Reports 2 hrs/sleep/night. Current Medication, Hydroxyzine is not helpful. Caffeine: None. Keeps active busy by, reading, relaxing, running, playing connect 4, pray, Feels safe in dormitory; has friends there. Denied hx of physical/sexual abuse. No hx of head injury. No family mental illness. No drug/ETOH abuse.

**Acute High Risk Symptoms**

Yes  No: Are you currently thinking about killing or harming yourself?

Yes  No: Are you currently thinking about killing or harming someone else?

Yes  No: Are you currently hearing voices that no one else can hear and are not your own thoughts?

Yes  No: Are you currently seeing things that no one else can see?

Yes  No: Have you experienced physical or sexual harassment or abuse while in custody?

Yes  No: Are you experiencing severe mood or anxiety problems? Reports "normal" mood during day.

**Acute High Risk Substance Problems**

Yes  No: Are you currently using alcohol (pruno/hooch) or drugs?

Yes  No: Are you currently intoxicated? --Last use of drug(s) "no drugs" in hx --Last drink: beer, 9 mo. ago.

**Current Medications**

Ibuprofen 400 MG Tablet 1 prn tid, stop date 06/05/2015, KOP: Yes, Notes: Not required for travel

Hydroxyzine Pamoate 25 mg Capsule 1 prn qhs, stop date 06/05/2015, KOP: Yes, Notes: Not required for travel

**Vital Signs**

Pain scale		
0 out of 10	05/29/2015 08:27:44 AM	Anita Glenn-Reller
Temp		
98.2 F	05/29/2015 08:27:44 AM	Anita Glenn-

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 05/29/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

		Reller
<b>HR</b>		
88 /min	05/29/2015 08:27:44 AM	Anita Glenn-Reller
<b>BP</b>		
115/65 mm Hg	05/29/2015 08:27:44 AM	Anita Glenn-Reller
<b>RR</b>		
16 /min	05/29/2015 08:27:44 AM	Anita Glenn-Reller
<b>Wt</b>		
188.8 lbs	05/29/2015 08:27:44 AM	Anita Glenn-Reller
<b>Ht</b>		
70 in	05/29/2015 08:27:44 AM	Anita Glenn-Reller
<b>BMI</b>		
27.09 Index	05/29/2015 08:27:44 AM	Anita Glenn-Reller

Vitals taken by J Grable, MRT/MA.

**Examination**

General Examination:

**MENTAL STATUS:**

**APPEARANCE:** adequately groomed, nourished. Dressed in clean uniform of the day.

**RELATEDNESS:** appropriate .

**ATTITUDE:** cooperative.

**SPEECH/LANGUAGE:** appropriate pitch/modulation.

**AFFECT:** appropriate.

**THOUGHT PROCESS:** linear, logical, goal directed .

**THOUGHT CONTENT:** unremarkable.

**PERCEPTUAL DISORDERS:** no perceptual disorder noted.

**PSYCHOMOTOR ACTIVITY:** within normal range.

**Assessments**

1. Insomnia, unspecified - 780.52 (Primary)

**ASSESSMENT:**

ETOH/Drug withdrawal potential  No to low risk;  Moderate Risk;  High Risk:

Acute suicide risk potential  No to low risk;  Moderate Risk;  High Risk

Acute sexual/physical assault victim potential  No to low risk;  Moderate Risk;  High Risk

Yes  No: Detainee appears to have active, unmanaged psychotic symptoms

Yes  No: Detainee appears to have severe mood symptoms of depression, mania

Yes  No: Detainee appears to have severe anxiety spectrum sx's (panic, PTSD, OCD, etc.)

Yes  No: Detainee appears to be impaired in cognitive functioning

Yes  No: Detainee appears to have acute symptoms requiring immediate intervention

Yes  No: Detainee appears to have minor issues that may warrant further assessment.

--- **CONSULTATION:** Consulted with E. Vega, NP who related he has seen pt and is already on most effective sleep aid that he is able to prescribe currently. Pt however does not present with mental illness concerns other than normal stress for environment. Will engage sleep hygiene skills and stress mgt skills and see how he is coping in a week.

**Treatment**

**1. Others**

**TREATMENT / INTERVENTION** Psychoeducation provided for:

Sleep Hygiene, handout of skills provided in pt's preferred language:  English

- Stress Management, handout of skills provided in pt's preferred language:  English
- Breathing/Relaxation Skills, handout of skills provided in pt's preferred language:  English
- Sleep Log for Sleep Hygiene Implementation.

**Preventive Medicine**

**PLAN:**

Due to the unpredictable nature of the immigration process including length of detention stay, the purpose of psychological intervention will be the stabilization of presenting symptoms, acute crisis intervention, and brief supportive/solution-focused psychotherapy

Discussed following Plan with pt to address MH issues. Pt verbalized agreement with Plan:

Yes / No

Yes  No: ; Remain in General Population; //  Admit to MHU //  Refer for psychiatric hospitalization

Yes  No: Go to Sick Call if symptoms worsen and Plan below does not manage/address symptoms

Yes  No: Alert Medical/Custody officer if MH issue is emergency for immediate access to MH services

Yes  No: Detainee will follow-up with me in 1 week to assess gains

Yes  No: Engage in skills / education as provided today in treatment (noted above).

**Appointment Provider: Anita Glenn-Reller, LCSW**

**Confirmatory sign off:**

LeCompte, Thomas 05/29/2015 09:18:40 AM

**Electronically signed by Anita Glenn-Reller , LCSW on 05/29/2015 at 09:04 AM MST**

**Sign off status: Completed**

---

**Northwest Detention Center**  
 1623 E. J STREET  
 TACOMA, WA 98421  
 Tel: 253-779-6049  
 Fax:

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Anita Glenn-Reller, LCSW 05/29/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
 Facility Code: CSCNWWA Housing Area: B  
 29 Y old Male, DOB: 09/21/1985  
 1623 E. J STREET, India, TACOMA, WA-98421  
 Appointment Facility: Northwest Detention Center

05/06/2015

Appointment Provider: Eduardo Faytong, PA

**Reason for Appointment**

1. Sleep disturbance

**History of Present Illness**

Narrative:

General HPI sleep disturbance for 10 days since incarceration, no other acute MH issues. Headache for 10 days, moderately controlled Ibuprofen OTC..

Pain Assessment:

Pain Are you currently in pain? No.

Patient Identification:

Patient Identification  
 Patient properly identified by 2 sources including: *Picture, Verbally*  
 Chaperone Present? *No*  
 Interpretation Provided? *Detainee speaks English fluently*

**Current Medications**

Hydrocortisone 1 % Cream 1 application to affected area Twice a day, stop date 05/06/2015, KOP: Yes, Drug Source: Stock, Notes: Not required for travel

**Allergies**

N.K.D.A.

**Review of Systems**

General/Constitutional:

Change in appetite denies. Chills denies. Fatigue denies. Fever denies. Headache **admits**, bitemporal, is diffuse. Lightheadedness denies. Night sweats denies. Sleep disturbance **admits**, every night, has trouble initiating sleep. Weight gain denies. Weight loss denies.

Ophthalmologic:

Blurred vision denies. Diminished visual acuity denies.

Neurologic:

Balance difficulty denies. Coordination admits. Dizziness denies. Fainting denies. Headache **admits**, that is chronic. Memory loss denies. Seizures denies. Tics denies. Tingling/Numbness denies. Transient loss of vision denies.

Psychiatric:

Anxiety **denies**. Auditory/visual hallucinations denies. Delusions denies. Depressed mood denies. Difficulty sleeping **admits**, that is falling asleep. Eating disorder denies. Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits**, that is mild. Suicidal thoughts denies.

**Vital Signs**

<b>Pain scale</b>		
0 out of 10	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>Temp</b>		

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Eduardo Faytong, PA 05/06/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

98 F	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>HR</b>		
76 /min	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>BP</b>		
94/62 mm Hg	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>RR</b>		
16 /min	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>Wt</b>		
185.2 lbs	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>Ht</b>		
70 in	05/06/2015 08:22:55 AM	Eduardo Faytong
<b>BMI</b>		
26.57 Index	05/06/2015 08:22:55 AM	Eduardo Faytong

**Examination****General Examination:**

**GENERAL APPEARANCE:** in no acute distress, well developed, well nourished, comfortable, calm and relaxed, cooperative.

**HEAD:** normocephalic.

**NEUROLOGIC:** alert and oriented, cooperative with exam, motor strength normal upper and lower extremities, normal exam, normal strength, tone and reflexes, sensory exam intact.

**PSYCH:** alert, oriented, cognitive function intact, cooperative with exam, good eye contact, judgement and insight good, mood/affect full range, no auditory or visual hallucinations, speech clear, thought content without suicidal ideation, delusions, thought process logical, goal directed.

**Assessments**

1. Headache - 784.0 (Primary), R/O migraines
2. Other sleep disturbances - 780.59

**Treatment****1. Headache**

Start Ibuprofen Tablet, 400 MG, 1 prn, Orally, tid, 30 days, 1, Refills 0, KOP: Yes, Notes: Not required for travel

**2. Other sleep disturbances**

Start HydrOXYzine Pamoate Capsule, 25 mg, 1 prn, Orally, qhs, 30 days, 1, Refills 0, KOP: Yes, Notes: Not required for travel

**Follow Up**

2 Weeks, prn

Disposition: Medically cleared for custody

Notes: Discussed medication use and side effects with patient, Education provided on Medication and Treatment, Medication and Treatment Plan Reviewed, Patient advised to return to sick call if symptoms worsen prior to next appointment, Patient verbalized understanding of all instructions

**Appointment Provider: Eduardo Faytong, PA**

**Electronically signed by Eduardo Faytong , PA on 05/06/2015 at 08:28 AM MST**

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Eduardo Faytong, PA 05/06/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Eduardo Faytong, PA 05/06/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



U.S. Immigration  
and Customs  
Enforcement

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
Facility Code: CSCNWWA Housing Area: B  
29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA-98421  
Appointment Facility: Northwest Detention Center

05/03/2015

Appointment Provider: Ranay Yonkers, RN  
Supervising Provider: Philip Farabaugh, MD

**Reason for Appointment**

1. Initial PE

**History of Present Illness**

Physical Exam:

Initial Assessment

Intake Screening was reviewed? *Yes*

Dental Screening

Do you have any significant dental problems? *no*

Do you have any dental prosthesis? *none*

Medical History

Do you have Asthma? *Denies*

Do you have Cancer? *Denies*

Do you have Cardiovascular disease? *Denies*

Do you have Hypertension? *Denies*

Do you have Hyperlipidemia? *Denies*

Do you have Diabetes? *Denies*

Have you had a stroke? *Denies*

Do you have seizure disorder? *Denies*

Do you have hepatitis? *Denies*

Do you have HIV? *Denies*

Do you now or have you ever had TB? *Denies*

Do you or have you had any STDs? *Denies*

Have you ever had or have you ever been vaccinated against Chicken Pox? *History denied at time of Physical Exam*

Mental Health History

Manic episodes? *Denies*

Depression? *Denies*

Severe Anxiety? *Denies*

Psychosis? *Denies*

History of Psychotropic medications? *Denies*

Suicide Attempts/Gestures? *Denies*

Violence towards others? *Denies*

Mental Health hospitalizations? *Denies*

Learning difficulties? *Denies*

Preventative/Screening Medicine History

Have you had a colonoscopy? *Denies*

Have you had a DRE? *Denies*

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *ID Badge, Picture, Verbally*

Chaperone Present? *No Chaperone offered, Detainee refused*

Interpretation Provided? *Detainee speaks English fluently*

Mental Health Classification:

Mental Health Classification Was the patient's mental health condition evaluated during this visit? *No.*

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ranay Yonkers, RN 05/03/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Medical Classification:**

Medical Classification

Were any of the Medical Classification issues addressed during this visit? *No*

**Pain Assessment:**

Pain

Are you currently in pain? *No*

**Narrative:**

C/O RASH TO BILAT FOREARMS X 1 MONTH.

**Current Medications**

None

**Social History**

**Tobacco Use:**

Tobacco Use

Do you now or have you ever used tobacco products? *No*

**Drugs/Alcohol:**

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Alcohol Screen

Do you drink alcohol? *No*

Have you ever been convicted for driving under the influence of alcohol? *No*

**Abuse History:**

Physical Abuse

Have you ever suffered from physical abuse? *No*

**Allergies**

N.K.D.A.

**Vital Signs**

<b>Pain scale</b>		
0 out of 10	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>Temp</b>		
97.1 F	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>HR</b>		
77 /min	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>BP</b>		
103/67 mm Hg	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>RR</b>		
16 /min	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>Wt</b>		
186 lbs	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>Ht</b>		
70 in	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>BMI</b>		
26.69 Index	05/03/2015 10:44:41 AM	Ranay Yonkers
<b>Vision</b>		
20/20	05/03/2015 10:45:25 AM	Ranay Yonkers

**Examination**

**General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, no scalp lesions, atraumatic.

EYES: normal, extraocular movement full and smooth, pupils equal, round, reactive to light.

EARS: auditory canal clear, tympanic membrane intact, clear.

NOSE: nares patent.

ORAL CAVITY: normal, non-erythematous.

THROAT: normal, no erythema, no exudate.

NECK/THYROID: neck supple, normal.

SKIN: Warm, Dry color normal, Intact. RASH, NON RAISED EYRETHEMA, 3 PATCHES NOTED TO BILAT FOREARMS. Turgor Good.

HEART: HRR, no clicks, no murmurs, S1, S2 normal.

LUNGS: normal, Resp even, unlabored, clear to auscultation bilaterally, clear anteriorly and posteriorly.

CHEST: normal shape and expansion.

ABDOMEN: normal, bowel sounds present all quads, soft, nontender, nondistended, no guarding or rigidity.

RECTAL: not examined, denied issues at this time.

BACK: normal, full range of motion.

MALE GENITOURINARY: Not examined, denies issues at this time.

MUSCULOSKELETAL: normal, normal gait, no deformities, good strength and equal bilaterally, good capillary refill in nail beds.

PERIPHERAL PULSES: normal.

EXTREMITIES: normal, full range of motion, no edema, no clubbing, cyanosis, or edema.

NEUROLOGIC: alert and oriented.

PSYCH: cooperative with exam, good eye contact, speech clear.

PE PSYCH: POSTURE -, normal, GAIT -, normal, GESTURE -, normal, ACTIVITY -, normal, FACIAL -, normal, BEHAVIOR -, normal, SPEECH QUALITY -, normal, EMOTIONAL STATE -, normal, THOUGHT CONTENT -, normal.

### Assessments

1. Routine general medical examination at health care facility - V70.0 (Primary)

WITH THE EXCEPTION OF RASH TO BILAT FOREARMS.

### Treatment

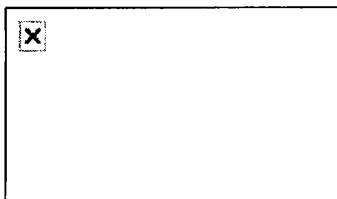
1. Routine general medical examination at health care facility

Start Hydrocortisone Cream, 1 %, 1 application to affected area, Externally, Twice a day, 3 days, 1, Refills 0, KOP: Yes, Drug Source: Stock, Notes: Not required for travel

Patient education provided on healthy lifestyle, dental and personal hygiene and disease prevention/transmission.

Discussed how to access medical, mental health and dental care via sick call.

Educated on assessment and plan; patient verbalized understanding., Per RN Guidelines for Allergies. Increase fluid intake (minimum of eight 8oz cups of fluids Instructed to f/u as needed or is signs/symptoms persist or worsen IDetainee verbalized understanding of instructions Detainee instructed to return to sick call if s/s do not improve or worsen.



**Appointment Provider: Ranay Yonkers, RN**

**Confirmatory sign off:**

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ranay Yonkers, RN 05/03/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

Farabaugh, Philip 05/06/2015 04:44:35 AM

**Electronically signed by Ranay Yonkers , RN on 05/03/2015 at 10:48 AM MST**

**Electronically co-signed by Philip Farabaugh on 05/06/2015 at 04:44 AM MST**

**Sign off status: Completed**

---

**Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:**

---

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Ranay Yonkers, RN 05/03/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, India, TACOMA, WA 98421  
Provider: Ellison, Lisa

**Telephone  
Encounter**

**Answered by** Ellison, Lisa

Date: 04/30/2015  
Time: 02:48 AM

**Reason** kitchen work clearance

**Action Taken** Ellison, Lisa 4/30/2015 2:49:20 AM > S: Not a patient encounter. Detainee requested via GEO to work in kitchen. O: Reviewed medical record. Completed PE on file. No contraindications to work in kitchen. A: Work Capable P: Cleared for Work Clearance form created and copy provided to GEO .

**Patient: SINGH, GURWINDER DOB: 09/21/1985 Provider: Ellison, Lisa 04/30/2015**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**U.S. Immigration  
and Customs  
Enforcement**

**SINGH, GURWINDER**

A: 206889049 SubID: 351950323  
Facility Code: CSCNWWA Housing Area: ,,  
29 Y old Male, DOB: 09/21/1985  
1623 E. J STREET, TACOMA, WA-98421

Appointment Facility: Northwest Detention Center

04/24/2015

Appointment Provider: Intake Provider

**History of Present Illness**

Intake:

Initial Assessment

Was the Pre-Screening Progress Note reviewed? *Yes*

Patient was identified by 2 sources: *Picture, Verbally*

If detainee was transferred from another facility, did a medical transfer summary accompany the detainee? *Yes*

What language do you speak? *English ALSO SPEAKS PUNJABI.*

Interpretation provided? *Provider fluent in patient's native language*

Do you have an e-mail address? *No*

Chaperone Present? *No*

Medical Screening

How do you feel today? .

Are you currently in pain? *No*

Do you have any current or past medical problems? *No*

Are you currently or have you ever taken any medication on a regular basis, including over the counter and herbal?

*No*

Do you have any allergies to include allergies to medication or food? *No*

Are you now or have you ever been treated by a doctor for a medical condition to include hospitalizations, surgeries, infectious or communicable diseases? *No*

Have you ever had a persistent cough for more than three weeks, coughed up blood, had a persistent fever, night sweats, or unexplained weight loss? *No*

Do you have previous hx of TB? *No*

Have you had any recent acute changes with your vision or hearing? *No*

Do you have any specific dietary needs? *No*

Are you a Transgender? *No*

Have you traveled outside of the United States within the past 21 days? *No*

Oral Screening

Are you having any significant dental problems? *No*

Mental Health Screening

Have you ever tried to kill or harm yourself? *No*

Are you currently thinking about killing or harming yourself? *No*

Do you have a history of assaulting or attacking others? *No*

Do you know of someone in this facility whom you wish to attack or harm? *No*

Have you ever had auditory or visual hallucinations? *No*

Have you ever received counseling, medication or hospitalization for mental health problems? *No*

Have you been a victim of physical or sexual abuse or engaged in behaviors that would put you at risk? *No*

Do you feel that you are currently in danger of being physically or sexually assaulted? *No*

Have you ever sexually assaulted anyone? *No*

Learning/Cultural/Religious Assessment

Is there anything important to know about your religious or cultural beliefs that are of concern to you while in detention? *No*

Have you ever had difficulties learning or understanding written information? *No*

Substance Use/Abuse Screening

Have you ever been treated for drug or alcohol problems or suffered withdrawal symptoms from drug use? *No*

Do you now or have you ever used tobacco products? *No*

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Intake Provider 04/24/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Do you now or have you ever drank alcohol? *No*  
Do you now or have you ever used drugs? *No*

**Current Medications**

None

**Allergies**

N.K.D.A.

**Vital Signs**

Pain scale		
0 out of 10	04/24/2015 08:33:53 PM	Troy Thompson
Temp		
98.4 F	04/24/2015 08:33:53 PM	Troy Thompson
HR		
83 /min	04/24/2015 08:33:53 PM	Troy Thompson
BP		
112/64 mm Hg	04/24/2015 08:33:53 PM	Troy Thompson
RR		
16 /min	04/24/2015 08:33:53 PM	Troy Thompson
Wt		
187 lbs	04/24/2015 08:33:53 PM	Troy Thompson
Ht		
70 in	04/24/2015 08:33:53 PM	Troy Thompson
BMI		
26.83 Index	04/24/2015 08:33:53 PM	Troy Thompson

**Examination****Intake Screening:**

## Intake Exam

Patient appears to have normal physical/emotional characteristics and no barriers to communication? *Yes*  
Is the patient oriented to person, place and time? *Yes*  
Bizarre or crazy behavior observed: *No*  
Skin Broken out in bumps/rash observed: *No*  
Excessive sweating observed: *No*  
Physical disabilities observed: *No*  
Agitation observed: *No*  
Malnourished appearance observed: *No*  
Cuts or bruises observed: *No*  
Developmental disabilities observed: *No*  
Inability to focus or concentrate observed: *No*  
Shaking/tremors observed: *No*  
Needle Tracks observed: *No*  
Does the patient wear glasses or contacts? *No*

**Assessments**

1. Normal Intake Screening - 00.2 (Primary)

**Treatment****1. Normal Intake Screening**

Physical exam scheduled for patient. Access to medical/dental/mental health care, grievance process explained to patient. Patient given the Medical Orientation and Health Information Brochure and Dealing with Stress Brochure based on the language spoken by the patient. Patient verbalized understanding of any teaching or instruction. Patient was asked if he

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Intake Provider 04/24/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

or she had any additional questions, and any questions were addressed.

Disposition: Medically cleared for custody

Notes: CXR NEGATIVE 1//12/15

**Addendum:**

04/29/2015 08:14 AM Thompson, Troy R > how do you feel today? Fine.

**Appointment Provider: Intake Provider**

**Confirmatory sign off:**

Partsch, Herbert P 04/24/2015 09:21:52 PM Partsch,Herbert P 4/24/2015 9:21:49 PM > concur

Electronically signed by Troy Thompson , RN on 04/24/2015 at 08:34 PM MST

Electronically co-signed by Herbert Partsch on 04/24/2015 at 09:21 PM MST

Sign off status: Completed

---

Northwest Detention Center  
1623 E. J STREET  
TACOMA, WA 98421  
Tel: 253-779-6049  
Fax:

---

Patient: SINGH, GURWINDER DOB: 09/21/1985 Progress Note: Intake Provider 04/24/2015

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*

## IBUPROFEN 400MG TAB

Rx 152985

GENERIC NAME: IBUPROFEN (eye-byoo-PROE-fen)

COMMON USES: This medicine is a nonsteroidal anti-inflammatory drug (NSAID) used to treat mild to moderate pain, osteoarthritis, and rheumatoid arthritis. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE: WARNING: THE RISK OF SERIOUS AND SOMETIMES FATAL HEART PROBLEMS, HEART ATTACK, AND STROKE** may be increased with the use of this medicine. This risk may be increased the longer you use this medicine. Risk may also be higher in patients who have heart problems or who are at risk for heart problems. **THIS MEDICINE SHOULD NOT BE USED** to treat pain before or after coronary artery heart bypass (CABG) surgery. **THE RISK OF SERIOUS AND SOMETIMES FATAL STOMACH AND BOWEL PROBLEMS**, including bleeding, ulcers, and holes in the stomach and bowel, is increased while using this medicine. These problems may occur at any time during therapy, with or without symptoms. Elderly patients are at higher risk for serious stomach problems. Ask your doctor or pharmacist for more information about this medicine and its side effects. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking heparins or tacrolimus. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking serotonin reuptake blocker medicines such as fluoxetine or citalopram, "blood thinners" such as warfarin, bisphosphonates such as alendronate or risedronate, cyclosporine, corticosteroids such as prednisone, high blood pressure medicines (including ACE inhibitors such as captopril, angiotensin II receptor antagonists such as losartan, and beta-blockers such as metoprolol), "water pills" (diuretics such as furosemide, hydrochlorothiazide, triamterene), lithium, methotrexate, or aspirin. **DO NOT START OR STOP ANY MEDICINE** without doctor or pharmacist approval. Inform your doctor of any other medical conditions including poorly controlled diabetes, dehydration, heart problems (such as heart failure or history of heart attack), swelling of the hands, feet, or ankles (edema), high blood pressure, history of stroke, blood clotting problems, stomach or bowel problems (such as bleeding or ulcers), history of tobacco use or alcohol use, kidney problems, liver problems, blood or bleeding problems (such as anemia), asthma, growths in the nose (nasal polyps), any allergies (especially history of angioedema with symptoms of lip, tongue, throat swelling), pregnancy, or breast-feeding. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a history of allergy to aspirin or other NSAIDs (e.g., naproxen, celecoxib). **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have history of severe kidney disease or if you are going to have or have recently had coronary artery heart bypass (CABG) surgery. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may come with a medication guide. *Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine.* **TAKE THIS MEDICINE with a full glass (8 oz./240 ml) of water. DO NOT lie down for 30 minutes after taking this medicine.** The dosage is based on your medical condition and response to therapy. If repeat doses are needed, they are usually given 6 or 8 hours apart, or as directed by your doctor. When used in children, the dose is based on your child's weight. Read the product instructions to find the appropriate dose for your child's weight. Consult the pharmacist or doctor if you have questions or if you need help in choosing the appropriate dosage form. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. Taking it with food may not decrease the risk of stomach or bowel problems (such as bleeding or ulcers) that may occur while taking this medicine. Talk with your doctor or pharmacist if you experience persistent stomach upset. **STORE THIS MEDICINE** at room temperature, away from heat and light. Do not store in the bathroom. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS: THIS MEDICINE INCREASES YOUR RISK OF SERIOUS STOMACH OR BOWEL PROBLEMS** (such as ulcers and bleeding). This risk is increased if you are elderly or are in poor health, if you have a history of smoking or drinking alcohol, if you take corticosteroid medicines (such as prednisone) or "blood thinners" (such as warfarin), or if you take this medicine for a long period of time. **THIS MEDICINE MAY ALSO INCREASE YOUR RISK** for certain serious heart and blood vessel problems (such as heart attack and stroke). **TAKE THIS MEDICINE EXACTLY AS PRESCRIBED BY YOUR DOCTOR**, at the lowest possible dose for the shortest time needed. Talk with your doctor or pharmacist for further information. **DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION** to aspirin or any medicine containing aspirin or to a nonsteroidal anti-inflammatory drug (such as Feldene, Motrin, Naprosyn, Clinoril). A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine is a nonsteroidal anti-inflammatory drug, contact your doctor or pharmacist. **DO NOT EXCEED THE RECOMMENDED DOSE** or take this medicine for longer than 10 days for pain or 3 days for fever, unless directed by your doctor. Laboratory and/or medical tests, including blood counts, liver function tests, and kidney function tests, may be performed to monitor your progress or to check for side effects, especially if you are taking this medicine for a long period of time. **KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS** while you are taking this medicine. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. **ALCOHOL WARNING:** If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take this medicine or other pain relievers/fever reducers. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. If you are also taking aspirin, as prescribed by your doctor for reasons such as heart attack or stroke prevention (usually these dosages are 81-325 mg per

**HYDROXYZINE PAMOATE 25MG CAP****Rx 152988****GENERIC NAME:** HYDROXYZINE (hye-DROX-i-zeen)**COMMON USES:** This medicine is an antihistamine used to treat anxiety, to relieve itching caused by allergic conditions, and to cause drowsiness. It may also be used to treat other conditions as determined by your doctor.**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are using it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.**CAUTIONS:** THIS MEDICINE WILL ADD TO THE EFFECTS of other depressants and alcohol. Ask your pharmacist if you have questions about which medicines are depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. Caution should be used in the elderly since they may be more sensitive to the effects of this drug. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS DRUG IS EXCRETED in breast milk. DO NOT BREAST-FEED while taking this medicine.**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include drowsiness or dry mouth. If they continue or are bothersome, check with your doctor. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include *unusual drowsiness and dizziness.***ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Database Edition 15.2 - Expires July 2015  
Copyright 2015 Clinical Drug Information, LLC  
All rights reserved.

**MIRTAZAPINE 30 MG TAB**

Rx 154748

GENERIC NAME: MIRTAZAPINE (mir-TAZ-a-peen)

**COMMON USES:** This medicine is a tetracyclic antidepressant used to treat depression. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE: WARNING:** Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Families and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. **THIS MEDICINE IS NOT APPROVED FOR USE IN CHILDREN.** Talk with the doctor. Some medicine or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking diazepam. Do not take this medicine if you are taking or have taken linezolid or a monoamine oxidase inhibitor (MAOI) (eg, phenelzine) within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are also taking lithium, selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine), serotonin 5-HT<sub>1</sub> receptor agonists (eg, sumatriptan), serotonin-norepinephrine reuptake inhibitors (SNRIs) (eg, venlafaxine), St. John's wort, tramadol, tricyclic antidepressants (eg, amitriptyline), tryptophan, azole antifungals (eg, ketoconazole), benzodiazepines (eg, alprazolam), cimetidine, protease inhibitors (eg, boceprevir, ritonavir), macrolide antibiotics (eg, erythromycin), nefazodone, carbamazepine, hydantoins (eg, phenytoin), rifampin, warfarin, or methylene blue. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including liver problems, high cholesterol or triglycerides, kidney problems, heart problems, blood vessel problems (eg, in the brain or heart), increased eye pressure or glaucoma, a low white blood cell count, low blood pressure, low blood volume, low blood sodium levels, dehydration, allergies, pregnancy, or breast-feeding. Tell your doctor if you have a history of dizziness or fainting, seizures, heart problems (eg, irregular heartbeat, heart attack), angina (chest pain), stroke, mental or mood problems (eg, bipolar disorder), suicidal thoughts or behaviors, or drug abuse or dependence. Tell your doctor if you take medicine to treat high blood pressure. Contact your doctor or pharmacist if you have any questions about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. This medicine comes with a **MEDICATION GUIDE** approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **TAKE THIS MEDICINE** in the evening before bedtime unless your doctor tells you otherwise. It may take 1 to 4 weeks before you notice improvement. **DO NOT STOP TAKING THIS MEDICINE** or change your dose without checking with your doctor. If you suddenly stop taking this medicine, side effects may occur. They may include abnormal dreams; burning, numbness, or tingling; confusion; dizziness; fatigue, mental or mood changes (eg, agitation, anxiety); headache; nausea; sweating; tremor; or vomiting. **IF YOU NEED TO STOP TAKING THIS MEDICINE**, your doctor will slowly lower your dose. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **KEEP THIS MEDICINE** out of the reach of children and away from pets. Continue to take this medicine even if you feel well. Do not miss any doses. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. **DO NOT** take 2 doses at once.

**CAUTIONS: DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. **THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT** drive or perform other possibly unsafe tasks until you know how you react to it. **DO NOT DRINK ALCOHOL** while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are using this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause these effects. **THIS MEDICINE MAY CAUSE DIZZINESS, LIGHTEADEDNESS, OR FAINTING;** alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **CHILDREN AND TEENAGERS WHO TAKE THIS MEDICINE MAY BE AT INCREASED RISK FOR SUICIDAL THOUGHTS OR ACTIONS.** Adults may also be affected. The risk may be greater in patients who have had suicidal thoughts or actions in the past. Watch all patients who take this medicine closely. Contact the doctor at once if new, worsened, or sudden symptoms such as depressed mood, anxious, restless, or irritable behavior; panic attacks; or any unusual change in mood or behavior occur. Contact the doctor right away if any signs of suicidal thoughts or actions occur. **SEROTONIN SYNDROME** is a possibly fatal syndrome that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, antidepressants, "triptans", MAOIs). Symptoms may include agitation; confusion; hallucinations; coma; irritability; fever; fast or irregular heartbeat; tremor; excessive sweating; rigid muscles; severe headache or dizziness; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **SOME PEOPLE MAY BE AT RISK** for eye problems from this medicine. Your doctor may want you to have an eye exam to see if you are at risk

**TRAZODONE 50MG TAB****Rx 156896****GENERIC NAME:** TRAZODONE (TRAZ-oh-done)**COMMON USES:** This medicine is an antidepressant used to treat depression. It may also be used for relief of an anxiety disorder (e.g., sleeplessness, tension), chronic pain or to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** **WARNING:** Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Families and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. **THIS MEDICINE IS NOT APPROVED FOR USE IN CHILDREN.** Talk with the doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken linezolid or a monoamine oxidase inhibitor (MAOI) (eg, phenelzine) within the past 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, anticoagulants (eg, warfarin), antipsychotics (eg, olanzapine, haloperidol), aspirin, azole antifungals (eg, itraconazole, ketoconazole), barbiturates (eg, phenobarbital), buspirone, carbamazepine, delavirdine, digoxin, diuretics (eg, furosemide, hydrochlorothiazide), fentanyl, HIV protease inhibitors (eg, indinavir, ritonavir), hydantoin (eg, phenytoin), lithium, nefazodone, nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen), perampanel, phenothiazines (eg, thioridazine), selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine), serotonin-norepinephrine reuptake inhibitors (SNRIs) (eg, duloxetine, venlafaxine), St. John's wort, tramadol, tricyclic antidepressants (eg, amitriptyline), "triptans" (eg, sumatriptan), tryptophan, or medicine for high blood pressure. Tell your doctor if you are taking a medicine that contains methylene blue. Tell your doctor if you take any medicine that may increase the risk of a certain type of irregular heartbeat (prolonged QT interval). Check with your doctor or pharmacist if you are unsure if any of your medicines may increase the risk of this type of irregular heartbeat. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including heart problems; low blood pressure; increased eye pressure or glaucoma; liver problems; kidney problems; low blood sodium, potassium, or magnesium levels; sickle cell anemia; multiple myeloma; leukemia; dehydration; a deformed penis (eg, angulation, cavernosal fibrosis, Peyronie disease); allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems (eg, depression), suicidal thoughts or attempts, alcohol or substance abuse, or a certain type of irregular heartbeat (QT prolongation). Tell your doctor if you drink alcohol or are scheduled to have surgery. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have had a recent heart attack. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. This medicine comes with a **MEDICATION GUIDE** approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. Take this medicine shortly after a meal or light snack. It may take 1 to 4 weeks for this medicine to work. Do not stop taking this medicine without checking with your doctor. **STORE THIS MEDICINE** at room temperature, between 68 and 77 degrees F (20 and 25 degrees C) in a tight, light-resistant container. Store away from heat, moisture, and light. Protect from temperatures above 104 degrees F (40 degrees C). Do not store in the bathroom. **KEEP THIS MEDICINE** out of reach of children and pets. **IF YOU MISS A DOSE** of this medicine, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine or to nefazodone. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR BLURRED VISION.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. **CHECK WITH YOUR DOCTOR** before you drink alcohol or use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are using this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. **THIS MEDICINE MAY CAUSE DIZZINESS, LIGHTHEADEDNESS, OR FAINTING; alcohol, hot weather, exercise, or fever may increase these effects.** To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **CHILDREN, TEENAGERS, AND YOUNG ADULTS** who take this medicine may be at increased risk for suicidal thoughts or actions. Watch all patients who take this medicine closely. Contact the doctor at once if new, worsened, or sudden symptoms such as depressed mood; anxious, restless, or irritable behavior; panic attacks; or any unusual change in mood or behavior occur. Contact the doctor right away if any signs of suicidal thoughts or actions occur. **SEROTONIN SYNDROME** is a possibly fatal syndrome that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, "triptans", MAOIs). Symptoms may include agitation; confusion; hallucinations; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **CERTAIN ANTIDEPRESSANTS, INCLUDING THIS MEDICINE,** may increase the risk of bleeding. Sometimes, bleeding can be life-threatening. Discuss any questions or concerns with your doctor. **THIS**

**MULTIVITAMINS TAB**

Rx 157220

**GENERIC NAME:** VITAMINS (VYE-ta-mins)

**COMMON USES:** This medicine is a vitamin combination used to supplement the diet. This medicine may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Use this medicine exactly as directed on the package, unless instructed differently by your doctor. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. If taking a time-release capsule or tablet, **SWALLOW WHOLE**, do not break, crush, or chew before swallowing. **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat and light. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do **NOT** take 2 doses at once.

**CAUTIONS:** **DO NOT TAKE** this medicine if you have had an allergic reaction to it or are allergic to any ingredient in this product. **DO NOT TAKE** large doses of vitamins (megadoses or megavitamin therapy) unless directed to do so by your doctor. This medicine may interfere with certain lab test results. **IF YOU ARE TESTING FOR BLOOD IN YOUR STOOL**, this medicine may cause false test results. Check with your doctor if you are taking this medicine when using the test kit. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. **IF YOU HAVE DIABETES**, this medicine may cause false test results with some urine glucose tests. Check with your doctor before adjusting the dose of your diabetes medicine or changing your diet.

**POSSIBLE SIDE EFFECTS:** **NO COMMON SIDE EFFECTS HAVE BEEN REPORTED** with the proper use of this medicine. If you notice any unusual effects, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

Database Edition 15.2 - Expires July 2015  
Copyright 2015 Clinical Drug Information, LLC  
All rights reserved.

## TRAZODONE 150MG TAB

Rx 157221

GENERIC NAME: TRAZODONE (TRAZ-oh-done)

**COMMON USES:** This medicine is an antidepressant used to treat depression. It may also be used for relief of an anxiety disorder (e.g., sleeplessness, tension), chronic pain or to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE: WARNING:** Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Families and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. **THIS MEDICINE IS NOT APPROVED FOR USE IN CHILDREN.** Talk with the doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken linezolid or a monoamine oxidase inhibitor (MAOI) (eg, phenelzine) within the past 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, anticoagulants (eg, warfarin), antipsychotics (eg, olanzapine, haloperidol), aspirin, azole antifungals (eg, itraconazole, ketoconazole), barbiturates (eg, phenobarbital), buspirone, carbamazepine, delavirdine, digoxin, diuretics (eg, furosemide, hydrochlorothiazide), fentanyl, HIV protease inhibitors (eg, indinavir, ritonavir), hydantoin (eg, phenytoin), lithium, nefazodone, nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen), perampanel, phenothiazines (eg, thioridazine), selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine), serotonin-norepinephrine reuptake inhibitors (SNRIs) (eg, duloxetine, venlafaxine), St. John's wort, tramadol, tricyclic antidepressants (eg, amitriptyline), "triptans" (eg, sumatriptan), tryptophan, or medicine for high blood pressure. Tell your doctor if you are taking a medicine that contains methylene blue. Tell your doctor if you take any medicine that may increase the risk of a certain type of irregular heartbeat (prolonged QT interval). Check with your doctor or pharmacist if you are unsure if any of your medicines may increase the risk of this type of irregular heartbeat. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including heart problems; low blood pressure; increased eye pressure or glaucoma; liver problems; kidney problems; low blood sodium, potassium, or magnesium levels; sickle cell anemia; multiple myeloma; leukemia; dehydration; a deformed penis (eg, angulation, cavernosal fibrosis, Peyronie disease); allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems (eg, depression), suicidal thoughts or attempts, alcohol or substance abuse, or a certain type of irregular heartbeat (QT prolongation). Tell your doctor if you drink alcohol or are scheduled to have surgery. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have had a recent heart attack. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. This medicine comes with a **MEDICATION GUIDE** approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. Take this medicine shortly after a meal or light snack. It may take 1 to 4 weeks for this medicine to work. Do not stop taking this medicine without checking with your doctor. **STORE THIS MEDICINE** at room temperature, between 68 and 77 degrees F (20 and 25 degrees C) in a tight, light-resistant container. Store away from heat, moisture, and light. Protect from temperatures above 104 degrees F (40 degrees C). Do not store in the bathroom. **KEEP THIS MEDICINE** out of reach of children and pets. **IF YOU MISS A DOSE** of this medicine, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS: DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine or to nefazodone. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR BLURRED VISION.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. **CHECK WITH YOUR DOCTOR** before you drink alcohol or use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are using this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. **THIS MEDICINE MAY CAUSE DIZZINESS, LIGHtheadedness, OR FAINTING;** alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **CHILDREN, TEENAGERS, AND YOUNG ADULTS** who take this medicine may be at increased risk for suicidal thoughts or actions. Watch all patients who take this medicine closely. Contact the doctor at once if new, worsened, or sudden symptoms such as depressed mood; anxious, restless, or irritable behavior; panic attacks; or any unusual change in mood or behavior occur. Contact the doctor right away if any signs of suicidal thoughts or actions occur. **SEROTONIN SYNDROME** is a possibly fatal syndrome that can be caused by this medicine. Your risk may be *greater if you take this medicine* with certain other medicines (eg, "triptans", MAOIs). Symptoms may include agitation; confusion; hallucinations; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **CERTAIN ANTIDEPRESSANTS, INCLUDING THIS MEDICINE,** may increase the risk of bleeding. Sometimes, bleeding can be life-threatening. Discuss any questions or concerns with your doctor. **THIS**

## DIPHENHYDRAMINE 50MG CAP

Rx 157442

**GENERIC NAME:** DIPHENHYDRAMINE (dye-fen-HYE-dra-meen)

**COMMON USES:** This medicine is an antihistamine used to treat or prevent allergy symptoms, to treat Parkinson's disease, to prevent nausea or vomiting, or to cause sedation. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking sodium oxybate. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking beta-blockers (eg, metoprolol, carvedilol, propranolol, timolol). Inform your doctor of any other medical conditions including glaucoma, trouble urinating, prostate problems, sleep apnea, breathing problems (eg, asthma, emphysema, chronic bronchitis), allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. **THIS MEDICINE MAY BE TAKEN** with food if it upsets your stomach. **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat and light. **IF YOU MISS A DOSE OF THIS MEDICINE** and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** **DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it or are allergic to any ingredient in this product. **DO NOT EXCEED THE RECOMMENDED DOSE** or take this medicine for longer than prescribed without checking with your doctor. **AVOID ALCOHOL** while you are using this medicine. **THIS MEDICINE WILL ADD TO THE EFFECTS** of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. This medicine may cause drowsiness. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **DO NOT BECOME OVERHEATED** in hot weather or during exercise or other activities since heatstroke may occur. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. Check the labels on all your medicines because they may also contain diphenhydramine. This includes diphenhydramine either taken by mouth or applied to the skin (e.g., anti-itch cream, ointment, or spray) Ask your pharmacist about the safe use of those products. **FOR WOMEN: THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED** while taking this medicine.

**POSSIBLE SIDE EFFECTS:** **SIDE EFFECTS**, that may go away during treatment, include drowsiness; dizziness; dry mouth, throat, and nose; or thickening of mucus in nose or throat. If they continue or are bothersome, check with your doctor. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include unusual weakness, excitement, hallucinations, tremor, muscle twitching, loss of consciousness, and seizures. In children, symptoms may include abnormal eye movements, flushed face, excitation, agitation, irritability, bizarre behavior, confusion, restlessness, twitching, tiredness, abnormal tongue movement, trembling, slurred speech, loss of coordination, loss of consciousness, and seizures.

**ADDITIONAL INFORMATION:** **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children.

Database Edition 15.2 - Expires July 2015  
Copyright 2015 Clinical Drug Information, LLC  
All rights reserved.

# Exhibit 4



**SECTION II:**

**BIOGRAPHIC INFORMATION**

2.1 SINGH

Last Name/ Family Name [ALL CAPS]

2.2 Gurwinder 2.3 \_\_\_\_\_

First Name

Middle Name

2.4 9/21/1985 2.5 Male

Date of birth [MM/DD/YY]

Gender

2.6 None

Other names and dates of birth used

2.7 India 2.8 India

Country of birth

Country (countries) of citizenship (list all)

2.9 BHUTARI, PUNJAB, INDIA

Address prior to coming to the U.S. (List Address, City/Town, Province, State, Department and Country).

2.10 \_\_\_\_\_ 2.11 \_\_\_\_\_ 2.12 Punjabi

Applicant's race or ethnicity

Applicant's religion

All languages spoken by applicant

2.13 Marital status:  Single  Married  Legally separated  Divorced  Widowed

2.14 Did spouse arrive with applicant?  Yes  No

2.15 Is spouse included in applicant's claim?  Yes  No

2.16 If currently married (including common law marriage) list spouse's name, citizenship, and present location (if with applicant, provide A-Number):

2.17 Children:  Yes  No

2.18 List any children (Use the continuation section to list any additional children):

Date of birth (MM/DD/YY)	Name	Citizenship	Present location (if w/PA, list A-Numbers)	Did child arrive with PA?		Is child included in PA's claim?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.19 Does applicant claim to have a medical condition (physical or mental), or has the officer observed any indication(s) that a medical condition exists? If YES, answer questions 2.20 and 2.21 and explain below.  Yes  No

2.20 Has applicant notified the facility of medical condition?  Yes  No

2.21 Does applicant claim that the medical condition relates to torture?  Yes  No

2.22 Does the applicant have a relative, sponsor or other community ties, including spouse or child already listed above?  Yes  No

2.23 If YES, provide information on relative or sponsor (use continuation section, if necessary):

Inderjjeet SINGH Friend

Name Relationship

27A Bverly Street Carteret New Jersey 732-642-7137

Address Telephone Number

Citizen  Legal Permanent Resident  Other

**SECTION III: CREDIBLE FEAR INTERVIEW**  
**THE FOLLOWING NOTES ARE NOT A VERBATIM TRANSCRIPT OF THIS INTERVIEW. THESE NOTES ARE RECORDED TO ASSIST THE INDIVIDUAL OFFICER IN MAKING A CREDIBLE FEAR DETERMINATION AND THE SUPERVISORY ASYLUM OFFICER IN REVIEWING THE DETERMINATION. THERE MAY BE AREAS OF THE INDIVIDUAL'S CLAIM THAT WERE NOT EXPLORED OR DOCUMENTED FOR PURPOSES OF THIS THRESHOLD SCREENING.**

The asylum officer must elicit sufficient information related to both credible fear of persecution and credible fear of torture to determine whether the applicant meets the threshold screening. Even if the asylum officer determines in the course of the interview that the applicant has a credible fear of persecution, the asylum officer must still elicit any additional information relevant to a fear of torture. Asylum officers are to ask the following questions and may use the continuation sheet if additional space is required. If the applicant replies YES to any question, the asylum officer must ask follow-up questions to elicit sufficient details about the claim in order to make a credible fear determination.

3.1 a. Have you or any member of your family ever been mistreated or threatened by anyone in any country to which you may be returned?  Yes  No

See Q&A & Checklist

b. Do you have any reason to fear harm from anyone in any country to which you may be returned?  Yes  No

See Q&A & Checklist

c. If YES to questions a and/or b, was it or is it because of any of the following reasons? (Check each of the following boxes that apply).  Race  Religion  Nationality  Membership in a particular social group  Political Opinion

3.2  At the conclusion of the interview, the asylum officer must read the following to applicant:

If the Department of Homeland Security determines you have a credible fear of persecution or torture, your case will be referred to an immigration court, where you will be allowed to seek asylum or withholding of removal based on fear of persecution or withholding of removal under the Convention Against Torture. The Field Office Director in charge of this detention facility will also consider whether you may be released from detention while you are preparing for your hearing. *If the asylum officer determines that you do not have a credible fear of persecution or torture, you may ask an Immigration Judge to review the decision. If you are found not to have a credible fear of persecution or torture and you do not request review, you may be removed from the United States as soon as travel arrangements can be made. Do you have any questions?*  YES  NO

3.3  At the conclusion of the interview, the asylum officer must read a summary of the claim, consisting of the responses to Questions 3.1 a-c and information recorded in the Additional Information/Continuation section, to applicant.

\*\*\*\*Typed Question and Answer (Q&A) interview notes and a summary and analysis of the claim must be attached to this form for all negative credible fear decisions. These Q&A notes must reflect that the applicant was asked to explain any inconsistencies or lack of detail on material issues and that the applicant was given every opportunity to establish a credible fear.

**SECTION IV:**

**CREDIBLE FEAR FINDINGS**

**A. Credible Fear Determination:**

Credibility

- 4.1  There is a significant possibility that the assertions underlying the applicant's claim could be found credible in a full asylum or withholding of removal hearing.
- 4.2  Applicant found **not** credible because (check boxes 4.3-4.5, which apply):
  - 4.3  Testimony was internally inconsistent on material issues.
  - 4.4  Testimony lacked sufficient detail on material issues.
  - 4.5  Testimony was not consistent with country conditions on material issues.

Nexus

- 4.6  Race    4.7  Religion    4.8  Nationality    4.9  Membership in a Particular Social Group  
(Define the social group): \_\_\_\_\_
- 4.10  Political Opinion    4.11  Coercive Family Planning [CFP]    4.12  No Nexus

Credible Fear Finding

- 4.13  Credible fear of **persecution** established.
- OR**
- 4.14  Credible fear of **torture** established.
- OR**
- 4.15  Credible fear of persecution **NOT** established and there is not a significant possibility that the applicant could establish eligibility for withholding of removal or deferral of removal under the Convention against Torture.

**B. Possible Bars:**

- 4.16  Applicant could be subject to a bar(s) to asylum or withholding of removal (check the box(es) that applies and explain on the continuation sheet):
  - 4.17  Particularly Serious Crime    4.18  Security Risk    4.19  Aggravated Felon
  - 4.20  Persecutor    4.21  Terrorist    4.22  Firmly Resettled
  - 4.23  Serious Non-Political Crime Outside the United States
- 4.24  Applicant does **not** appear to be subject to a bar(s) to asylum or withholding of removal.

**C. Identity:**

- 4.25  Applicant's identity was determined with a reasonable degree of certainty (check the box(es) that applies):
  - 4.26  Applicant's own credible statements. (If testimony is credible overall, this will suffice to establish the applicant's identity with a reasonable degree of certainty).
  - 4.27  Passport which appears to be authentic.
  - 4.28  Other evidence presented by applicant or in applicant's file (List): \_\_\_\_\_
- 4.29  Applicant's identity was not determined with a reasonable degree of certainty. (Explain on the continuation sheet.)

**SECTION V: ASYLUM OFFICER / SUPERVISOR NAMES AND SIGNATURES**

5.1 Laura Lepicovska ZHN 326 5.2 [Signature] 5.3 1/21/2015  
Asylum officer name and ID CODE (print) Asylum Officer's Signature Decision date

5.4 Jared Nelson / 20K174 5.5 [Signature] 5.6 JAN 22 2015  
Supervisory asylum officer name Supervisor's Signature Date Supervisor Approved decision

**ADDITIONAL INFORMATION/CONTINUATION**

See Notes & Assessment

A Number: 206 889 049	Interview Date: 1/21, 15	
Name: SINGH, Gerwinder	Asylum Officer: ZHN326	
Country: India	LionBridge: 2905910	
Asylum Office: ZHN	Start: 11:01AM	Stop: 11:55AM

**QUESTIONS & ANSWERS**

**INTERVIEW INITIATED: 11:01AM**

Hello. My name is Officer Laura and I will be conducting your interview today through an interpreter. The interpreter has been sworn in earlier and promises keep everything we discuss confidential. We are having this interview today because you have expressed a fear of returning to your country at some point after you were detained, and today we will discuss what those fears may be.

Q: Do you still fear returning to your country?

A: Yes. I am.

**REPRESENTATION**

Q: Do you have a representative that you would like to be present with you during this interview?

A: No. I'll give the interview on my own.

Q: You have the right to have a representative present during this interview, however a representative is not required for this interview. Do you agree to proceed without one or do you need additional time in order to obtain one?

A: I will give the interview on my own.

**INTERVIEW PURPOSE**

Now, the interpreter will explain to you the purpose of this interview. Interpreter, please read Paragraph 1.28 to the Applicant.

Q. Do you have any questions about what was just read to you?

A. No

**OATH**

Very well. I will now place you under oath.

OATH ADMINISTERED- Please raise your right hand.

Do you swear to tell the truth, the whole truth and nothing but the truth?

Yes.

**NOTE: THE FOLLOWING NOTES ARE NOT A VERBATIM TRANSCRIPT OF THIS INTERVIEW. THESE NOTES ARE RECORDED TO ASSIST THE INDIVIDUAL OFFICER IN MAKING A CREDIBLE FEAR DETERMINATION AND THE SUPERVISORY ASYLUM OFFICER IN REVIEWING THE DETERMINATION. THERE MAY BE AREAS OF THE INDIVIDUAL'S CLAIM THAT WERE NOT EXPLORED OR DOCUMENTED FOR PURPOSES OF THIS THRESHOLD SCREENING**

**BACKGROUND/I-870**

See form above.

Q: Are you single, married, divorced, widowed or legally separated?

A: Single

Q: What is your sponsor's immigration status? Is your sponsor a U.S. citizen, a green card holder, or something else?

Exh # 2 el d 4/13/15 Ha

A: Citizen

ENTRY/ENCOUNTER ISSUES

Q. Was this the first time you entered the U.S.?

A. Yes.

**SUBSTANCE OF CLAIM:**

Q: In a sentence or two, why are you afraid to return to your country?

A: I am fearful of the Badal party.

Q. Have you ever been threatened or physically harmed or both in India?

A. Yes. They often threaten me, on two occasions they beat me up also.

Q: How many times were threatened in India?

A: The threats were consistently get over the phone.

Q: When did you first start receiving threats?

A: When I joined the party.

Q: Be more specific?

A: January of 2013 is when I joined the party. When they had found out that I joined the threatening to me.

Q: Was it in January 2013 that you started receiving the threats?

A: When they found, I don't think they found out. In February 2013 first week, they started threatening me.

Q: When did you receive your last threat?

A: October when they beat me up. That was the time they threatened me also.

Q: October of what year?

A: 2013

Q: The last threat you received was in October 2013, correct?

A: The threats since that time when I was beaten, till I came over, I repeatedly kept getting threats.

Q: You said your last threat was in October, is that correct?

A: No. They beat me up and since that time they kept threatening that's the reason I ran away.

Q: Why did you just indicate that the last threat you received was in October when they beat you up? Can you explain?

A: I got confused. About that time, I kept getting threats all the way till now. And that's the reason I ran away.

Q: When did you receive your last threat?

A: They kept up till May 2014.

Q: You received your last threat in May 2014 correct?

A: Yes. After May I did not get any threats.

Q: You indicated you were twice physically harmed in India, correct?

A: Yes.

Q: Apart from those two instances of harm, has any ever harmed you on any other occasion for any other reason?

A: No.

Q: When were you first harmed physically?

A: October 2013

Q: When was the second time?

A: May 2014

Q: Who harmed you in October 2013?

A: Those belonging to the Badal party

Q: Who harmed you in May 2014?

A: Members of the Badal party.

Q: Tell me step by step what happened in May 2014?

A: They told me not support Simrund Sij Singh man and they gave me many threats.

Q: You told me you were physically harmed in May 2014, describe how you were physically harmed step by step.

A: They beat me up with long and wooden sticks and pushes.

Q: How did they approach you?

A: I was coming from the city on my motorcycle. They stopped they beat me up, they surrounded me and they were in an automobile.

Q: What did they say when they beat you?

A: You have made the biggest mistake by joining the Man party and not coming to our party.

Q: Did they say anything else?

A: If you will not give up the party, we will kill you.

Q: Did they say anything else?

A: No

Q: Tell me step by step what happened in October 2013?

A: When we were putting posters in the month of October for the upcoming rally, and that's when they surrounded us and beat us up.

Q: Do you support the Man party?

A: Yes. I support the Simrund Sij Singh Man party.

Q: Why do you support this party as opposed to this other party?

A: This party helps the Sigks and keeps the sigks youth away from drugs and alcohol which no other party does.

Q Have you ever reported these instances of harm to the police?

A I went to the police, they pushed me and outseted from the police, they told me to join the Badal party other we will not listen to you.

Q: When did you make a police report?

A: I did not make a police report, they did not write the report.

Q: When did attempt to make the police report?

A: When they beat me up.

Q: Which time?

A: October also and in the month of May also I went to them.

Q: Can you describe your injuries after the May 2014 beating?

A: All internal injuries in such away that there are no markings.

Q: Was this a severe beating?

A: Yes.

Q: Can you describe your injuries after October 2013?

A: There were no visible injuries all internal injuries.

Q: Was this a severe beating?

A: Yes. They kicked me a lot.

#### INTERNAL RELOCATION

Q. Could you move to another part of your country and be safe?

A. No

Q. Why not?

A. It's there government prevailing. I have provide proof of myself and I will be identified and they will find me.

#### ADDITIONAL NEXUS QUESTIONS

Q. Have you ever been threatened or harmed by a family member?

A: No.

Q: Do you fear that a family member will harm you in the future?

A: No.

Q: You belong to the Signh family, correct?

A: Yes.

Q. Have you ever been threatened or harmed because of your membership in your family?

A: No.

Q. Have you ever been threatened or harmed because of your race or ethnicity?

A. No.

Q. Have you ever been threatened or harmed because of your religion or belief of any kind?

A. Yes. Because me being with the Man party.

Q: Where you threatened because your political party or religion?

A: Because I am with the political party. It is a Sikh party and the Badal party is mixed with the Hindu party.

Q. Do you fear you may be harmed in your country because you belong to a group that is perceived as different or special by the Indian society?

A. No.

#### CAT

Q. Have you ever experienced any mistreatment in the past by government officials, the police, or persons associated with the government?

A. Only Badal government fellows.

Q: What do you mean Badal government fellows?

A: The ones that were stopping me with Man party, they were threatening me.

Q: What is a government fellow?

A: Badal party is joined with the BJP party and the fellows work for the Badal party.

Q: Are they political party supporters or government officials?

A: They were of the political party.

Q. Do you fear you could be harmed in the future by the government, police or someone working for the government?

A. I do not understand. Please.

Q: Do you fear that the police harm you in the future?

A: If the Badal government, it is the prevailing government and they instruct the police anything can happen.

#### MANDATORY BARS

Q. Have you ever persecuted harmed anyone?

A. No.

Q. Have you been arrested/convicted of/or sentenced for a serious crime anywhere?

A. No.

Q. Have you ever committed a crime in any country and were not caught?

A. No.

Q. Apart from the Sigmund Sij Mann party, do you belong to any groups/organizations?

A. No.

Q. Have you ever been associated with a group that uses or has been accused of using violence or other illegal activities?

A. No.

Q. Has any country ever offered you to stay permanently?

A: No.

Q. Have you ever been a terrorist or participated in any terrorist related activities?

A. No.

Q. Have you ever served in the military or the police?

A. No.

#### REVIEW OF SUMMARY OF TESTIMONY

Q. You testified that you are a member of the Sigmund Sj Mann party and have been since January 2013. You started receiving threats in February 2013 from supporters of the Badal party, these telephonic threats continued until May 2014. You were physically harmed on two occasions by members of the Badal party first on October 2013, and then May 2014. On both occasion, Badal supporters severely beat you and left you with internal injuries. In May 2014, while they were beating you they questioned your party membership, indicated that it was the wrong choice and stated they would kill you. On both occasions, you attempted to report the harm to the police but they would not take your complaint.

Q: Is this correct a correct summary of your testimony?

A: Yes.

#### CONCLUSION

Q. Is there anything else that is important to your claim that we have not yet discussed?

A. No.

PARAGRAPH 3.2, FORM I-870, READ TO APPLICANT

Q: Any questions about the process going forward?

A: No

INTERVIEW CONCLUDED: 11:55AM

## CREDIBLE FEAR DETERMINATION CHECKLIST

<b>FILE #:</b> A206 889 049	<b>OFFICER:</b> LAURA LEPICOVSKA ZHN 326	<b>DATE:</b> 1/21/2015
<ul style="list-style-type: none"> <li>• <i>The factual summary (required by 8 CFR § 208.30) must be included at the end of the Q/A notes for each interview.</i></li> <li>• <i><u>Torture</u>: If there is a significant possibility of torture, complete Part A and Part C.</i></li> <li>• <i><u>Credibility</u>: If there is no significant possibility assertions could be found credible, complete Part A and Part D.</i></li> </ul>		
<b>A. Harm</b>		
<p>1. Has the applicant testified to past harm or mistreatment in his or her country?</p> <p><i>If yes, identify Persecutor / Torturer / Other Individual:</i>      Badal party supporters</p> <p style="margin-left: 40px;"><b>Past Harm:</b>      Beatings</p>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>2. Has the applicant testified that he or she fears future harm if returned to his or her country?</p> <p><i>If yes, identify Persecutor / Torturer / Other Individual:</i> Badal party supporters</p> <p style="margin-left: 40px;"><b>Feared Future Harm:</b>      Death</p>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>3. If no to A.1 and A.2, STOP HERE and complete Form I-870. If yes, continue.</p>		
<b>B. Persecution</b>		
<p>1. Is there a significant possibility that the applicant could establish in a full hearing that the claimed past or future harm is on account of one of the five protected grounds?</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Nationality <input checked="" type="checkbox"/> Political Opinion <input type="checkbox"/> Membership in a Particular Social Group</p> <p><i>If yes, check applicable ground(s) above and specify:</i></p> <p><i>If no, specify motive of alleged persecutor, explain why a protected ground does not apply, and move to Part C:</i></p>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>2. Is there a significant possibility that the applicant could establish in a full hearing that the claimed past or future harm did or would rise to the level of persecution?</p> <p><i>If no, explain, and move to Part C:</i></p>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>3. Is there a significant possibility that the applicant could establish in a full hearing that the entity that harmed or would harm the applicant is either an agent of the government or an entity that the government is unable or unwilling to control?</p> <p><i>If no, explain, and move to Part C:</i></p>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>4. Is there a significant possibility that the applicant could establish in a full hearing that the applicant was persecuted or that his or her fear of future persecution is well-founded?</p> <p><i>If no, explain, and move to Part C:</i></p>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

If yes, STOP HERE and complete Form I-870

**C. Torture**

1. Is there a significant possibility that the applicant could establish in a full hearing that s/he was or would be intentionally subject to serious physical or mental harm in a country of intended removal?

If no, STOP HERE, explain, and complete Form I-870:

Yes  No

2. Is there a significant possibility that the applicant could establish in a full hearing that the person he or she fears is:

- a public official acting in an official capacity?
- or
- an individual(s) who would act at the instigation of, or with the consent or acquiescence of, a public official or other person acting in an official capacity?

If no, STOP HERE, explain, and complete Form I-870:

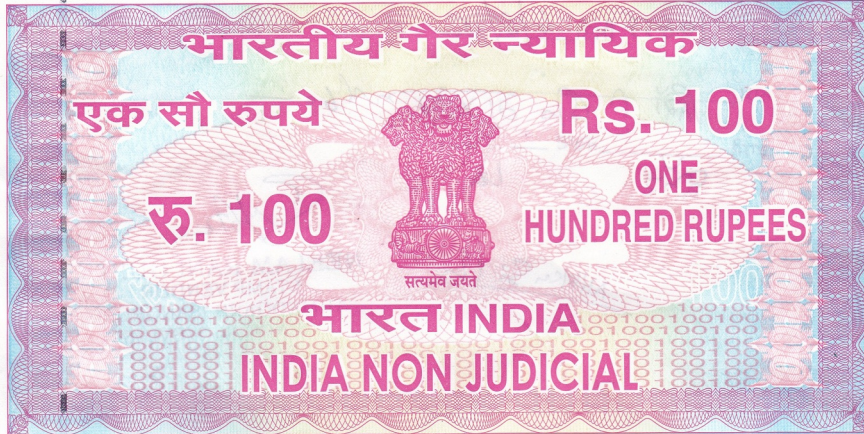
Yes  No

If yes, STOP HERE and complete Form I-870.

**D. Credibility**

- 1) Explain each credibility issue in detail:
- 2) Explain materiality of each issue:
- 3) Provide the applicant's response for each material credibility issue:
- 4) Assess the reasonableness of applicant's response as to each material credibility issue:

# Exhibit 5



ਪੰਜਾਬ ਪੰਜਾਬ PUNJAB  
RURAL (ਪਿੰਡ)

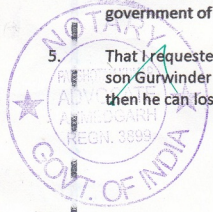
V 199868

**Affidavit**

I, Nikka Singh s/o. Gulzar Singh resident of Village Jhammat Tehsil Payal Distt. Ludhiana (Punjab) do hereby solemnly declare and affirm as under:

1. That I have only son named Gurwinder Singh s/o.S. Nikka Singh who is presently living in America.
2. That he was member of active members of Shiromani Akali Dal (Amritsar) which is a opposite party of Bhartiya Janta Party and Shiromani Akhali Dal (Badal).
3. That while he is in India, two time of attached and incidently he was narrow escaped.
4. That till now, he has life threat from opposite parties i.e. Shiromani Akali Dal (Badal) active government of Punjab, India and Bhartiya Janta Party, active government of India.
5. That I requested to American Government that poltical stay may please be provided to my son Gurwinder Singh s/o. Nikka Singh so that he can survive because if he visit will India, then he can lost his life.

NOTARY PUBLIC  
GOVT. OF INDIA  
TAKE EFFECT  
\* VALID \*  
In Side/Out Side India  
PARSHYAM KUMAR



Contents of this affidavit/declaration has been read over to the deponent/Executant Ho/She has consented thereto.

Nikka Singh  
Deponent.

**Verification:**

I, the above noted deponent, further declare and affirm that all statements made in this affidavit are true, complete and correct and nothing has been kept concealed therein.

Dated: 7/8/15

Attested as Identical

Nikka Singh  
Deponent.

I know deponent/Executant/Inde Personally and He/She has Signed through marked in my presence

NOTARY PUBLIC:  
AHMEDGARH (Ph)

7/8/15

ਨੰਬਰ 10855 ਮਿਤੀ 6/8/18

ਸਟੈਂਪ ਨਿੱਕੀ 1 ਡੀ. ਡੀ. ਡੀ. ਨੰ 60

ਦਾਸੀ ਕੁਮਾਰ ਲਾ

Neelam Rani

  
NEELAM RANI GUPTA  
STAMP VENDOR  
AHMEDNAGAR (SANGRUR)  
LICENCE No 1/SVL/84



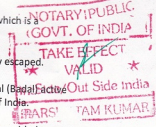
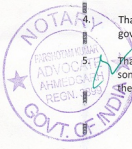
ਪੰਜਾਬ PUNJAB  
RURAL (13)

V 199869

**Affidavit**

I, Balvir Kaur wife of Nikka Singh s/o. Gulzar Singh resident of Village Jhammat Tehsil Payal Distt. Ludhiana (Punjab) do hereby solemnly declare and affirm as under:

1. That I have only son named Gurwinder Singh s/o.S. Nikka Singh who is presently living in America.
2. That he was member of active members of Shiromani Akali Dal (Amritsar) which is opposite party of Bhartiya Janta Party and Shiromani Akhali Dal (Badal).
3. That while he is in India, two time of attached and incidently he was narrow escaped.
4. That till now, he has life threat from opposite parties i.e. Shiromani Akali Dal (Badal) government of Punjab, India and Bhartiya Janta Party, active government of India.
5. That I requested to American Government that political stay may please be provided to my son Gurwinder Singh s/o. Nikka Singh so that he can survive because if he will visit India, then he can lost his life.



has been read over to the deponent  
Deponent. *ਬਲਵਿਰ ਕੌਰ*

Verification:  
I, the above noted deponent, further declare and affirm that all statements made in this affidavit are true, complete and correct and nothing has been kept concealed therein.

Dated: *12/11/15*  
*Nikka Singh*  
*(Husband of deponent)*  
 Deponent. *ਬਲਵਿਰ ਕੌਰ*  
 attested as identities  
 Notary Public  
 AHMEDGARH (PB) *7/11/15*





Stadium Road, MALEKOTLA  
Ph. : 01675-261615, 01675-630600

Drug Allergy if any :  not any	Name <u>Gurwinder Singh</u>	Age/Sex <u>29y</u>
	Add. <u>no</u>	Weight <u>78kg</u>
		Date <u>5 May 2014</u>

left leg injury.  
no fracture.  
muscle pain

this Sino  
- this Cyanocob  
- this Cyanocob  
- this Cyanocob

xndyz

Gur Singh



Stadium Road, MALEK OTLA  
Ph. : 01675-261615, 01675-630600

Drug Allergy if any :  <u>no</u>	Name <u>Quenimar Aris</u>	Age/Sex <u>28yr</u>
	Add.	Weight <u>80kg</u>
		Date <u>10 Oct 13</u>

Rtreatsilly  
no further  
Pm(A) Pm(A) S10  
d

Aris knew  
0 - 0 - 0  
Emp Pm(A) S10  
0 - 0 - 0  
This Address  
0 - 2 - 0

2 weekly

Quenimar Aris

renewal to Q2

Quenimar Aris

# Exhibit 6

## India

India elected a new government in May 2014 led by Narendra Modi of the Bharatiya Janata Party (BJP) as prime minister. After 10 years in opposition, the BJP won a decisive mandate with a significant majority in parliament. The BJP promised to revive growth, end corruption, and pursue development projects.

Modi has stressed protection of women from violence and other abuses, and access to healthcare and sanitation. He has urged members of parliament to establish model villages with better infrastructure and modern sanitation facilities in rural areas, and, in his first public speech, called for a decade-long moratorium on communal divisions and discrimination.

The new government has expressed a commitment to freedom of speech but has not ended state censorship or taken decisive action against ultranationalist and other religious militant groups that respond to views they do not like with threats of violence. In 2014, authorities tightened restrictions on nongovernmental organizations (NGOs). One reason for this has been that civil society groups have been highly critical of big development projects that they say will have a negative impact on the environment, and on the health and livelihoods of affected populations.

While Modi took office with a reputation for having overseen economic growth and improved governance as chief minister of Gujarat, his inability to protect Gujarati Muslims during religious riots in 2002 and promptly prosecute perpetrators continues to cause concern. Some inflammatory remarks by BJP politicians have added to a sense of insecurity among religious minorities.

Caste-based discrimination and neglect of tribal communities is also a continuing problem in India, as is sexual abuse and other violence against women and children. The awarding of the 2014 Nobel Peace Prize to activist Kailash Satyarthi spotlighted the fact that millions of children in India are still engaged in the worst forms of labor. Lack of accountability for security forces and public officials responsible for abuses perpetuates impunity and leads

to further abuses. Police reforms are urgently needed to make the force rights-respecting and accountable.

## **Treatment of Minorities**

Incidents of violence against religious minorities spiked in 2013 in the run-up to national elections; according to government sources 133 people were killed and 2,269 injured in 823 incidents.

More than a year after communal violence killed over 60 people, mostly Muslims, and displaced tens of thousands in Muzaffarnagar and Shamli districts of Uttar Pradesh state, both the central and the state governments had not provided proper relief or justice. The BJP even chose Sanjeev Balyan, charged with inciting violence during the riots, as their candidate in parliamentary elections and appointed him as a minister, intensifying Muslim insecurities. The state government forcibly closed down relief camps and failed to act on allegations that lack of adequate relief services caused the death of over 30 children in the camps.

In June 2014, an ultranationalist Hindu group organized violent protests in the western city of Pune against a social media post derogatory to some Hindu historical and political figures. Some members of the group, assuming that the anonymous post was the work of Muslims, arbitrarily beat and killed Mohsin Shaikh—who had no links to post—but was easily identified as Muslim because of his prayer cap.

Dalits (so-called Untouchables) and tribal groups continued to face discrimination and violence. The difficulties the Dalit community has in obtaining justice were highlighted by recent court verdicts in four cases in Bihar and one in Andhra Pradesh states. In each of the cases, the courts overturned convictions in high-profile incidents that took place between 1991 and 2000 involving killings of Dalits due to lack of evidence, highlighting the failure of prosecutorial authorities.

Despite numerous initiatives and laws prohibiting “manual scavenging”—the cleaning by hand of human waste by members of communities considered low-caste—the practice persists. Those who try to leave such work face retribution, including threats of violence or displacement. In March 2014, the Supreme Court held that India’s constitution requires state intervention to end the practice.

## **Impunity**

Members of India's security forces continue to enjoy impunity for serious human rights violations.

In a rare case in November 2014, the army reported that a military court had sentenced five soldiers, including two officers, to life in prison for a 2010 extrajudicial execution of three innocent villagers. The army ordered a military trial after using the draconian Armed Forces Special Powers Act (AFSPA) to block prosecution by civilian courts.

The army also chose a military trial for the alleged March 2000 extrajudicial killing of five civilians in Pathribal in northern Jammu and Kashmir state. However, in January, the army court of inquiry dismissed charges against five officers. AFSPA, which has been in force for decades in Jammu and Kashmir and India's northeastern states, has provided effective immunity to members of the armed forces for killings of civilians and other serious human rights violations. Numerous independent commissions in India have recommended repealing or amending the law but the government has failed to do so in the face of stiff opposition from the army.

Proposed police reforms have also languished even as police continue to commit human rights violations with impunity. These include arbitrary arrest and detention, torture, and extrajudicial killings. In several states, police are poorly trained and face huge caseloads.

Two separate reports—one by a think tank and another by three senior police officials—found a deficit of trust between Muslim communities and the police. Muslims perceive the police to be communal, biased, and insensitive in part because of the misconduct of some police personnel, especially during communal tensions.

## **Women's Rights**

In November 2014, more than a dozen women died and many others were critically ill after undergoing sterilization procedures in the central Indian state of Chhattisgarh. This led to an outcry against target-driven approaches to family planning programs.

Legal reforms were introduced in response to the 2012 Delhi gang-rape and murder, but at time of writing the Indian government had yet to introduce monitoring and reporting mechanisms to track their implementation. Reports of rape—including of Dalit women,

individuals with disabilities, and children—continued to make national news in 2014, leading to protests.

In early 2014, the government introduced guidelines for the medical treatment and examination of women and children who report rape, but failed to allocate resources necessary for their implementation. At time of writing only two states had adopted the guidelines.

Maternal mortality rates have declined in India but remain a concern because of weak referral systems and poor access to medical assistance in many parts of the country.

### **Children's Rights**

By awarding its peace prize to Kailash Satyarthi, the Nobel committee drew attention to the continuing employment of children in the worst of labor. The Right to Education Act and government schemes have resulted in near-universal enrollment of children in early grades. But millions of children, particularly from vulnerable Dalit, tribal, and Muslim communities, facing discrimination, inadequate support in government schools, and pressures to earn money, soon drop out and start working.

In August 2014, the government introduced amendments to the Juvenile Justice Act that, if adopted, would subject 16-18 year olds to prosecution in adult courts when charged with serious crimes such as rape and murder. Child rights activists and the National Commission for Protection of Child Rights strongly opposed the amendments.

In June 2014, the United Nations Committee on the Rights of the Child identified several areas in which the Indian government had failed to ensure protection of children from discrimination, harmful practices, sexual abuse, and child labor. It also raised concerns about Maoist militants recruiting children and attacking schools, and about government armed forces occupying schools in Maoist-affected areas despite Supreme Court rulings prohibiting the practice.

### **Protection of LGBT Rights**

The rights of Lesbian, Gay, Bisexual, and Transgender (LGBT) people suffered a setback in December 2013 when the Supreme Court reversed a landmark 2009 Delhi High Court decision striking down a colonial-era law criminalizing adult consensual same-sex

relations. At time of writing, a petition to review the decision was pending before the Supreme Court.

In April 2014, the Supreme Court recognized transgender individuals as a third gender and asked the government to treat them as a minority eligible for quotas in jobs and education.

## **Palliative Care**

In February 2014, India's parliament amended the country's drug laws to allow for better access to pain medicines including morphine. The crucial amendments to the Narcotic Drugs and Psychotropic Substances Act eliminated archaic rules that obligated hospitals and pharmacies to obtain four or five licenses, each from a different government agency, every time they wanted to purchase strong pain medicines. More than 7 million people in India require palliative care every year and the new revisions to the law will help spare them the indignity of suffering needlessly from severe pain.

## **Rights of Persons with Disabilities**

Mental health and support services are severely lacking in India. Fewer than 20 percent of the people who need mental health care have access to treatment. Due to stigma and the shortage of government community-based services, families find it difficult to cope and often end up abandoning or forcibly institutionalizing relatives with intellectual or psychosocial disabilities.

## **Restrictions on Free Speech**

Vaguely worded laws that criminalize free speech continue to be misused. Police in various states have filed charges under the Indian Penal Code or the Information Technology Act for online comments critical of important political figures, including the prime minister. In one instance, five young men were questioned by the police for sharing anti-Modi comments over the phone. The police also targeted student magazines in two instances for critical comments on some political figures, including Modi.

Despite commitments to protect freedom of speech, the government has not taken decisive action against militant groups that threaten and attack people over views they do not like. In the face of weak government responses and threats of lawsuits from Hindu ultranationalist groups, a few publishers withdrew or cancelled books being prepared for publication.

## **Civil Society and Freedom of Association**

Authorities have tightened restrictions on civil society organizations. Officials use the Foreign Contribution Regulation Act (FCRA), which tracks grants from foreign donors, to harass organizations that question or criticize government policies, to stymie their activities, and to cut off funds from abroad.

The impact on Indian civil society has been severe. When the Indian Home Ministry conducts an investigation pursuant to the FCRA, it often freezes the accounts of the NGO being investigated, cutting its source of funding, and forcing it to stop its activities. Such tactics have a wider chilling effect on the work of other groups.

In 2014, the Modi government asked the country's central bank to seek prior permission before moving foreign funds into Greenpeace India's accounts, intensifying concerns that the government would be less tolerant of organizations that questioned the government's development and infrastructure projects.

## **Death Penalty**

While there were no executions in 2014, death sentences continued to be handed down. This was despite a Supreme Court decision in November 2012 stating that the "rarest of rare" case standard had not been applied uniformly over the years and needed review.

In a landmark judgment in January 2014, India's Supreme Court commuted the death sentences of 15 prisoners. It ruled that death penalty can be commuted where the defendants are mentally ill or where there are inexplicable government delays in deciding mercy pleas. It also set forth guidelines to safeguard the rights of prisoners on death row and their families.

## **Foreign Policy**

The new government intensified engagement with world leaders to promote trade and investment and revive the Indian economy. Modi invited to his inauguration all neighboring heads of state, including Pakistan's, signifying his commitment to build stronger ties in the region.

Despite repeated militant attacks on Indian assets, including a May 2014 attack on the consulate in Herat, India continued to provide significant assistance to reconstruction efforts in Afghanistan and some training for Afghan security personnel. It has also provided assistance for reconstruction efforts in Sri Lanka.

Both the prior prime minister, Manmohan Singh, and now Modi's government have been reticent on many regional and global human rights issues where their voice could make a difference. The Modi government has focused on foreign policy to revive trade and investment, and called for international cooperation to counter terrorism threats and money laundering. However, it has not made any significant announcements suggesting greater commitment to protecting human rights even in countries like Bangladesh, Nepal, Sri Lanka, or Burma where it has considerable influence. It has abstained on key UN resolutions, including on North Korea in November 2014.

After supporting two resolutions at the UN Human Rights Council on Sri Lanka in 2012 and 2013, in March 2014 India abstained on a resolution requesting the Office of the High Commissioner for Human Rights to investigate serious violations during the conflict between the Sri Lankan government and the Liberation Tigers of Tamil Eelam that ended in May 2009. India said that Sri Lanka should instead be supported in addressing these concerns through wholly domestic efforts.

Human rights did not feature very strongly in public statements when Indian leaders met with counterparts from the United States, Australia, China, and Japan, although they agreed to cooperate on regional issues.

Although it has not ratified the UN refugee conventions, India continued to accept refugees from Tibet, Burma, and, in recent years, Afghanistan.

However, India failed to publicly condemn efforts by Australia to return Sri Lanka refugees without properly evaluating the risk of torture. Nor did India speak up to call for the protection of ethnic Rohingya Muslims in Burma.

### **Key International Actors**

The US, United Kingdom, Japan, China, and Australia, among others, saw the election of Modi as an opportunity to strengthen trade ties with India. With the focus on investment and trade, and given longstanding Indian sensitivity to perceived intervention in its

domestic affairs, these countries maintained a low-key approach to human rights, choosing to ignore concerns about protection of religious minorities.

India's record on children's rights and women's rights were reviewed in 2014 by the UN Committee on the Rights of the Child and the UN Committee on the Elimination of Discrimination against Women. Both committees raised concerns about India's failure to implement relevant laws and policies and ensure non-discrimination.



## India: Punjab Case Shows Need for Anti-Torture Law <sup>[1]</sup>

### Torture and Ill-Treatment Raises Bar to Extraditions

September 27, 2012

(New Delhi) – The alleged mistreatment of a suspected Sikh separatist in Punjab highlights the widespread use of torture by Indian security forces, which may prevent foreign extraditions to India, Human Rights Watch said today. The Indian parliament should promptly enact the Prevention of Torture bill and the government should take immediate steps to implement its provisions, including ending all torture and ill-treatment by security forces and prosecuting those responsible.

Human Rights Watch called for an investigation into allegations that the Punjab police tortured Kulvir Singh Barapind after his September 20, 2012, arrest on charges of waging war on the state, possession of explosives, and sedition. His lawyer told Human Rights Watch that Barapind had complained to the magistrate that the police “applied electric shocks to his ears, beat him, and humiliated him.” The United States had extradited Barapind to India on June 17, 2006, on murder charges after obtaining assurances from India that he would not be tortured. A court in India subsequently acquitted Barapind of all charges and released him in April 2008.

“Indian authorities seldom deny that torture is a problem, but their failure to ensure the safety of someone in a high-profile international case shows how extensive it is,” said [Meenakshi Ganguly](#) <sup>[2]</sup>, South Asia director at Human Rights Watch. “This case spotlights the urgency for India to enact the Prevention of Torture bill and put its provisions into immediate effect.”

Foreign governments need to take into account India’s poor record on torture in assessing whether to extradite individuals to the country, Human Rights Watch said. International law prevents governments from returning any person, including criminal suspects, to a country where they are likely to face torture or other ill-treatment. The Convention against Torture states that countries making such a determination “shall take into account all relevant considerations, including...the existence in the State concerned of a consistent pattern of gross, flagrant or mass violations of human rights.”

In June 2012 a court in Denmark stopped the extradition of Danish national Niels Holck, known as Kim Davy in India, who was sought by India for smuggling weapons to a militant group in West Bengal in 1995. The Danish government had accepted India's request for extradition in 2010, but Danish courts eventually ruled that Holck said that he was at risk of torture and mistreatment in India.

During India's Universal Periodic Review at the United Nations Human Rights Council in May 2012, several countries recommended that India enact legislation specifically prohibiting torture and ratify the Convention against Torture.

"Human rights groups have long documented the widespread use of torture to extract confessions, identify criminals, and often to simply punish suspects in custody by assuming their guilt," Ganguly said. "But the recent UN review of India's rights record made clear that governments are also deeply concerned about pervasive torture."

In two reports, "Broken System,"<sup>[3]</sup> documenting the urgent need for police reforms, and "The Anti-Nationals,"<sup>[4]</sup> on violations during India's counterterrorism operations, Human Rights Watch found evidence of widespread use of torture throughout India. Police admitted that without proper training and equipment to gather evidence, and under pressure to solve crimes, an overworked force frequently uses torture as the tool most readily available to them. Many admitted that coerced confessions and information also misled inquiries, allowing criminals to escape and innocent individuals to be arrested.

Human Rights Watch has also extensively documented allegations of torture in Punjab, Manipur, and Jammu and Kashmir, by both the army and police. Border residents in the Indo-Bangladesh border are also subjected to torture by the Border Security Force. In operations against Maoist insurgents, government forces, including the police and central government paramilitary, have engaged in arbitrary arrests and torture of ordinary villagers in an effort to extract information about insurgents hiding in the jungles. Security forces often use electric shock, crushing of limbs, pulling of fingernails, severe beatings, and threats of violence against family members to punish suspects and extract information.

Human Rights Watch called on the Indian government to ratify the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and to enact the Prevention of Torture bill, which is currently awaiting cabinet approval before it is voted on by

the Rajya Sabha, the upper house of parliament. The law should override all provisions of Indian law that allow government officials immunity from prosecution for human rights violations. It should also ensure that adequate time is given for victims to be able to file complaints, and that all forms of inhuman and degrading treatment are brought under the purview of the law.

“Torture is routine in India’s police stations, but that practice is exacerbated in situations of conflict,” Ganguly said. “Barapind’s case gives the Indian government a high-profile reminder to take action against the chronic problem of torture in custody.”

**Source URL:** <http://www.hrw.org/news/2012/09/27/india-punjab-case-shows-need-anti-torture-law>

**Links:**

[1] <http://www.hrw.org/news/2012/09/27/india-punjab-case-shows-need-anti-torture-law>

[2] <http://www.hrw.org/bios/meenakshi-ganguly>

[3] <http://www.hrw.org/reports/2009/08/04/broken-system>

[4] <http://www.hrw.org/reports/2011/02/01/anti-nationals-o>

© Copyright 2013, Human Rights Watch