ATTORNEY GENERAL
PETER F. NERONHA

Guidance to Rhode Island Health Care Providers and Facilities

TO: Health Care Providers and Facilities

FROM: Peter F. Neronha, Attorney General

DATE: August 12, 2025

SUBJECT: Promoting Health Care Access and Protecting Patient Privacy

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The Office of the Attorney General is issuing this Guidance to promote health care access and protect patient privacy for all Rhode Island residents, regardless of citizenship or immigration status. This Guidance is intended for health care providers and facilities, including community health clinics, hospital systems, emergency departments, pharmacies, and individual practitioners. For simplicity, this Guidance refers to those institutions, entities, and individuals as "providers." The term "providers" includes everyone who works or volunteers for the provider, including non-clinical staff.

Recent changes to federal immigration policies are prompting concerns that federal law enforcement, including Immigration and Customs Enforcement (ICE) officers, may seek to gather patient information or conduct enforcement activities at health care facilities. The federal government has rescinded rules that previously restricted immigration enforcement activities in "sensitive areas" like health care facilities.[1] We do not yet know whether and to what extent federal law enforcement will conduct operations targeting Rhode Island patients and providers. Although this guidance is focused on federal law enforcement, it bears noting that the same principles apply when responding to requests for information or access by state and local law enforcement agencies. In other words, federal law enforcement should be treated no differently than state or local law enforcement when it comes to protecting patient privacy and access to health care.

This guidance is intended to assist providers in upholding their obligation to protect the rights of every individual seeking access to health care. Importantly:

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[1] *Compare* Memorandum of Alejandro N. Mayorkas, *Guidelines for Enforcement Actions in or Near Protected Areas* 3 (Oct. 27, 2021) ("The foundational principle of this guidance is that, to the fullest extent possible, we should not take an enforcement action in or near a protected area.") *with* Statement from a DHS Spokesperson on Directives Expanding Law Enforcement and Ending the Abuse of Humanitarian Parole (Jan. 21, 2025), https://tinyurl.com/568whf6d.

- Health care providers in Rhode Island cannot discriminate based on patients' national origin.[2]

- The Emergency Medical Treatment and Labor Act (EMTALA), a federal law, guarantees all patients access to emergency medical treatment, regardless of immigration status.[3] Under EMTALA, anyone who presents in a hospital emergency department must receive an appropriate medical screening and, if necessary, must be treated until stable – regardless of immigration status, ability to pay, or whether the patient is insured.[4]

- As described elsewhere in this guidance, both federal and state law require providers to keep patient health information confidential. That obligation applies regardless of a patient's citizenship or immigration status.

The guidance below seeks to clarify the following issues: (1) federal law enforcement officers' access to health care facilities; (2) collecting patient information and responding to requests for disclosure; and (3) understanding warrants, subpoenas, other types of legal notices of process. **In general, health care providers can consider the following legal and practical principles when preparing for, and responding to, federal law enforcement activity:**

- *Counsel*. Providers should consult with their legal counsel before disclosing patient information or giving federal law enforcement access to patient records or private spaces.

- *Initial contact*. Providers may request and document the credentials of federal law enforcement officers conducting immigration enforcement activities at health care facilities. Providers and patients may choose not to answer questions asked by federal law enforcement without first speaking to a lawyer.[5]

- *Collecting information*. Providers need not collect information about the immigration status of patients or their families, unless that information is essential to treatment or to determine benefit program eligibility.

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[2] 42 U.S.C. § 2000d; 42 U.S.C. § 18116; R.I. Gen. Laws § 23–17–19.1 ("The patient shall not be denied appropriate care on the basis of age, sex, gender identity or expression, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession."); R.I. Gen. Laws § 11-24-2 (forbidding discrimination in public accommodations based on "country of ancestral origin.").

[3] Emergency Medical Treatment and Active Labor Act ("EMTALA"), 42 U.S.C. § 1395dd.

[4] *See id.*

[5] *See, e.g.*, *Terry v. Ohio*, 392 U.S. 1, 34 (1968) (White, J., concurring) ("There is nothing in the Constitution which prevents a policeman from addressing questions to anyone on the streets. . . Of course, the person stopped is not obliged to answer, answers may not be compelled, and refusal to answer furnishes no basis for an arrest. . . ").

- *Disclosing information*. Providers are not permitted to disclose protected health information to federal law enforcement absent a judicial warrant, court order, or another valid exception to patient privacy rules.

- *Access*. Absent an emergency, federal law enforcement can only access private, restricted areas of health care facilities with a judicial warrant or with a provider's consent – and providers are entitled to refuse consent. Providers should consult with legal counsel to determine whether a federal law enforcement officer has a judicial warrant.

- *Obstruction*. Providers should not physically bar federal law enforcement's access to facilities, conceal patients, or otherwise affirmatively hinder enforcement actions or investigations.

- *Empowerment*. Providers may consider providing patients with copies of written policies and information about patients' rights in the patients' primary languages.

This Guidance is not legal advice. Health care providers should consult with their own counsel to formulate policies and practices consistent with these principles and should consider thoroughly training staff in responding to federal immigration enforcement.

Governing Law About Access to Health Care Facilities

As discussed below in the section about judicial warrants, federal law enforcement officers, including immigration enforcement officers, must generally have a **judicial warrant issued by a federal district court judge or magistrate judge**, based on a finding of probable cause, to access nonpublic areas in health care facilities.

Except in emergencies, immigration authorities cannot enter nonpublic, restricted-access spaces – spaces protected by a "reasonable expectation of privacy" – without a judicial warrant or the provider's consent. The right to privacy is guaranteed by both the Rhode Island Constitution and the U.S. Constitution.[6]

There is generally a reasonable expectation of privacy in nonpublic spaces of health care facilities—such as a physician's personal office, record rooms, or areas that are used for patient care and other sensitive purposes, like examination rooms and patient rooms.[7] Health care facility policies may prohibit all unauthorized visitors, including federal law enforcement officers without a judicial warrant or court order, from entering nonpublic health care facility areas. Facilities may designate restricted access spaces using mapping, signage, and key entry.

[6] R.I. Const. art. I, § 6; U.S. Const. amend. IV.

[7] *See, e.g.*, *Jones v. State*, 648 So. 2d 669, 677 (Fla. 1994) (reasonable expectation in patient room at hospital); *Morris v. Commonwealth,* 208 Va. 331 (1967) (same).

In areas of health care facilities that are open to the general public, like general-access lobbies, officers may be physically present and interact with members of the public or with employees of the facility, so long as they comply with applicable law and health care facility policies. In those public spaces, federal law enforcement officers, including immigration authorities, are subject to the same rules as everyone else.[8]

Federal law enforcement may seek provider consent to enter private areas. If they have consent, they do not need a warrant. Providers are not required to grant consent, even when federal law enforcement officers assertively demand it. It is unlikely that law enforcement officers would seek to enter a nonpublic area of a health care facility absent exigent circumstances, a judicial warrant, or a provider's consent, but should they attempt to do so, providers should not physically obstruct them. Instead, they may document all law enforcement activities and consult with legal counsel as quickly as possible. Providers should consider training frontline staff on a protocol to use when federal law enforcement seeks to enter private areas.

Governing Law About Collecting Patient Information and Responding to Requests for Disclosure

Providers need not inquire about a patient's immigration status as a part of their health care delivery. Neither federal nor state law requires health care providers to ask about a patient's immigration status.

Providers may, however, need to gather immigration and citizenship information if assisting a patient in applying for a public benefit program, like HealthSource RI or Medicaid, that uses immigration status as an eligibility factor. Providers need not document this information in the patient's medical record.

Both state and federal law restrict access to protected health information. Under federal and state privacy law, health care providers must generally keep protected patient health information confidential. That obligation applies no matter the patient's citizenship or immigration status.[9]

The federal Health Insurance Portability and Accountability Act (HIPAA) privacy rule prohibits health care providers from using or disclosing a patient's "protected health information" (PHI) without the patient's consent,[10] except under limited circumstances.[11] HIPAA defines PHI as information – including demographic data – that could reasonably be used to identify an individual and that "relates to the individual's past, present or

[8] *See, e.g.*, *Florida. v. Jardines,* 569 U.S. 1, 8-9 (2013) (holding that an officer without a warrant "may approach a home and knock, precisely because that is no more than any private citizen might do.").

[9] Under HIPAA, providers may generally disclose directory information – a patient's name, presence at a facility, and location – unless the patient opts out of disclosure. *See* 45 CFR § 164.510. Providers should consider asking patients at admission whether they opt out.

[10] As provided for under federal and state privacy laws, consent may be provided by an appropriate personal representative, including by a parent or legal guardian on behalf of a minor.

[11] *See* 45 C.F.R. § 164.502(a); 45 C.F.R. § 164.512(f)(1); 45 C.F.R. § 164.512(k)(5)(i).

future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual." Meanwhile, Rhode Island law requires health care providers to respect every patient's right to privacy and generally bars providers from releasing or transferring a patient's confidential health care information without the patient's consent.[12]

Among other limited exceptions to confidentiality requirements under HIPAA and relevant state law, providers must disclose protected information in response to a court order, warrant, subpoena, or summons signed by a judicial officer or a grand jury subpoena.[13] Only under specific and limited circumstances, must a provider disclose protected health information in response to an administrative subpoena, and, if provided with such a subpoena, we recommend that the provider immediately consult with counsel prior to responding.[14] The Appendix to this Guidance shows examples of those kinds of judicial orders.

There are important limits on disclosure even when federal law enforcement officers have a judicial order. First: not every judicial order requires immediate action, so providers should consult with counsel whenever possible to determine the timing, scope, and substance of any disclosures. For example, providers may seek to file a motion to quash a subpoena or limit the disclosure requested. Second: a provider may disclose only the information specifically described in a judicial order.[15] Third: whenever a provider discloses protected health information without a patient's consent – including in response to a judicial order – the provider is required to make reasonable efforts to verify the identity and authority of the person requesting the information and to notify the patient before disclosure.[16]

HIPAA also permits, but does not require, certain disclosures by providers to a law enforcement official under limited circumstances and subject to certain conditions "for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person," about "an individual who is or is suspected to be a victim of a crime," about decedents, about crimes on the premises of the covered facility, or in the event of emergencies. Providers should be familiar with the relevant provisions of HIPAA and consult with legal counsel whenever possible prior to making such disclosures.[17]

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[12] R.I. Gen. Laws § 23–17–19.1 (Rights of Patients); R.I. Gen. Laws § 5–37.3-1 *et seq*. (Confidentiality of Health Care Communications and Information Act).

[13] *See* 45 C.F.R. § 164.512(f).

[14] *See id.*

[15] *See* 45 C.F.R. § 164.512(f). For more information on the permissive law enforcement exceptions, *see* U.S. Department of Health and Human Services, *Health and Information Privacy* (July 23, 2024), https://tinyurl.com/2fksk8k7. Note that even without a warrant or other exception to the privacy laws, federal law enforcement may visually inspect anything, including papers and files, that is clearly visible from a public place – like the visitors' side of a reception desk. To safeguard patients' privacy, providers should take care to maintain patient information securely.

[16] 45 C.F.R. § 164.512(e)(1); 45 C.F.R. § 164.514(h)(1).

[17] 45 C.F.R. § 164.512(f)(2)-(f)(5).

Health care facilities should consider maintaining written policies and procedures protecting against patient information disclosures that do not comply with federal and state privacy laws. Wherever possible, providers should consult with legal counsel before providing any patient information to any third party, including federal law enforcement officers. Providers should review and update policies to ensure a consistent process for responding to subpoenas and other court orders.

In sum, to protect patients, providers may consider adopting policies and practices along these lines:

- Providers need not inquire into, or document, information about a patient's immigration status unless the information is necessary for treatment or eligibility determination.

- Providers may avoid documenting immigration-related information in medical and billing records and only collect the minimum necessary information. For instance, while it may sometimes be necessary to collect immigration status information about a patient, providers are unlikely to need that same information about the patient's family.

- Providers should train frontline staff and volunteers on a protocol for responding to requests for information from federal law enforcement and other third parties. Among other things, staff should determine and document: the requester's name and agency, the specific types of protected information sought, the reason the requester wants the information, and a description of any documentation the requester is presenting to establish a legal entitlement to the information.

- Frontline staff and volunteers should immediately alert supervisors and legal counsel when federal law enforcement officers inquire about patient information.

- Whenever possible, providers should consult with counsel before disclosing any information to federal law enforcement.

Warrants, Notices, Orders and Subpoenas

As discussed above, health care providers are not required to give federal law enforcement officers access to nonpublic facility areas without a judicial warrant, absent an emergency. A judicial warrant must be issued by a federal district court judge, a federal magistrate, or a Rhode Island judge. Sample federal search and seizure and arrest warrants are available below in the Appendix. ICE "administrative warrants," Notices to Appear, and administrative subpoenas are not judicial warrants and do not, by themselves, authorize access to nonpublic areas of a health care facility. Samples of ICE administrative warrants are also available in the Appendix.

To be clear, health care facility personnel should not physically interfere with or obstruct any federal law enforcement officer, including any

immigration officer, in the performance of their duties. However, providers are not required to affirmatively assist immigration enforcement activities or to consent to federal law enforcement entry into nonpublic areas of health care facilities without a judicial warrant. Providers are also not required to answer questions from immigration authorities without first speaking with counsel. Providers should review and update policies to ensure that any document presented by federal law enforcement is examined by legal counsel, if feasible, before any action is taken.

Judicial warrants. Judicial warrants – warrants, based on a finding of probable cause, issued by a federal district court judge, a federal magistrate judge, or a Rhode Island judge – authorize law enforcement officers to search or seize property or to enter a nonpublic place to arrest a named person known to be in that place.[18] A valid warrant will generally have a heading identifying the issuing court and will include a signature block identifying the signatory as a judge, magistrate, clerk of court, or someone else signing on behalf of a judge or magistrate. Providers should not interfere with the execution of a facially valid judicial warrant or court order.

Administrative documents. Federal law enforcement, including immigration authorities, may produce administrative documents, rather than judicial warrants, in an attempt to gain entry to private areas or to obtain medical records and information. These administrative documents, by themselves, do not empower authorities to enter private areas without consent or exigent circumstances.[19] Immigration administrative documents typically have headers identifying the issuing federal agency – often ICE or DHS (the Department of Homeland Security). Administrative documents, if signed, will not be signed by a judge or magistrate like a judicial warrant. The Appendix has examples of these kinds of administrative documents. Providers should know that:

- *Administrative warrants* are issued by immigration officials to authorize immigration officers to make arrests, in public locations, of people suspected of violating immigration laws. These administrative warrants are not judicially authorized within the meaning of the Fourth Amendment because they are not issued by a neutral magistrate based on a finding of probable cause. Accordingly, **an administrative warrant does not authorize a search or entry into a private area.**[20] Health care personnel are not required to assist with the apprehension of a person identified in an administrative warrant. ICE administrative warrants are generally marked "Warrant for Arrest" (Form I-200) or "Warrant of Removal/Deportation" (Form I-205). Examples are in the attached Appendix.

- *Notices to appear (NTA)* are charging documents, issued by a federal agency such as ICE, Customs and Border Patrol (CBP), or the United States Customs and Immigration Service (USCIS), seeking to commence formal removal proceedings

[18] *See* R.I. Gen. Laws § 12–6–1; *Carroll v. United States*, 267 U.S. 132 (1925).

[19] 8 C.F.R. § 287.8(f)(2).

[20] *See* 8 C.F.R. § 1240.41.

against an individual before an immigration court.[21] An NTA may contain allegations about an individual's immigration status and notifies the individual that they are expected to appear before an immigration judge. A Notice to Appear does not require health care providers to take any action; does not empower an immigration enforcement officer to induce cooperation; does not authorize access to nonpublic areas of a health care facility; and does not permit authorities to make an arrest or otherwise invade constitutional rights.[22] A sample Notice to Appear (Form I-862) is in the Appendix.

- *Administrative subpoenas* direct the production of documents or other evidence. These subpoenas are not signed by a federal district court judge, a magistrate judge, or a state judge, and they do not authorize entry into a private area. They are requests for information issued by agencies, like ICE. There is generally no requirement to comply immediately with an administrative subpoena, even if it is issued by an "immigration judge" – a kind of administrative official. As with most subpoenas, immediate compliance with an administrative subpoena is not typically required, and subpoenas can be challenged in court. Provider policy should require personnel to immediately alert designated staff about the service of an administrative subpoena to allow for consultation with legal counsel before compliance. Providers must carefully evaluate administrative subpoenas to avoid violating patients' confidentiality and privacy rights.

- *I-9 audits*. Immigration authorities may seek to verify the identity and employment eligibility of a health care facility's employees. This verification process – an "I-9 audit" – is a workplace compliance effort, not a specific immigration enforcement action.[23] Employers generally have three business days to furnish completed I-9 forms, so they need not allow immigration enforcement authorities immediate access to private areas or protected records.[24]

[21] *See generally* 8 U.S.C. § 1229(a).

[22] *See Arizona v. United States*, 567 U.S. 387, 407 (2012) ("When an alien is suspected of being removable, a federal official issues an administrative document called a "Notice to Appear."... The form does not authorize an arrest.").

[23] U.S. Immigration & Customs Enforcement, *I-9 Inspection* (last visited Feb. 14, 2025), https://www.ice.gov/factsheets/i9-inspection. *See also* 8 U.S.C. §1324a(b)(6)(B)(ii) (providing employers an additional 10 business days to correct technical or procedural failures identified in I-9 inspection).

[24] *See* 8 U.S.C. § 1324a(b)(6)(B).

ADDITIONAL RESOURCES

There are a wide variety of resources for providers, patients, patient families, and community members impacted by recent federal immigration policy changes.

Providers may consider providing patients and their families with clear, intelligible information about eligibility and protections, in languages commonly spoken in the community. That information can include copies of provider policies and information about access to care, nondiscrimination protections, confidentiality rules, and charity care availability.

For Providers:

- The National Immigration Law Center (NILC) provides additional guidance to help providers distinguish between judicial warrants and administrative immigration documents. NILC also offers advice on responding to administrative warrants or subpoenas.[25]

For Patients:

- The Immigrant Coalition of Rhode Island provides access-to-care fact sheets in multiple languages, as well as links to community-specific free clinics and programs.

- Patients may want to develop a family preparedness plan and identify a trusted emergency contact.

- If a patient is detained by ICE, a health care facility may refer the patient or their family to resources for legal and other assistance. The American Immigration Lawyers Association and the National Immigration Legal Services Directory maintain lists of local legal service providers.[26]

- Individuals seeking to determine whether their family member has been detained and where the family member is being held can be referred to the ICE Online Detainee Locator.[27]

[25] National Immigration Law Center, *Warrant and Subpoenas* (Jan. 2025), https://www.nilc.org/wp-content/uploads/2025/01/2025-Subpoenas-Warrants_.pdf.

[26] American Immigration Lawyers Association, *Find an Immigration Lawyer*, (last visited Feb. 14, 2025), https://ailalawyer.com/. Immigration Advocates Network, *National Immigration Legal Services Directory*, (last visited Feb. 14, 2025), https://www.immigrationadvocates.org/legaldirectory/.

[27] U.S. Immigration & Customs Enforcement, *Online Detainee Locator System* (last visited Feb. 14, 2025) https://locator.ice.gov/odls/#/search.

APPENDIX

U.S. Department of Homeland Security Administrative Warrant (Form I-200)

U.S. DEPARTMENT OF HOMELAND SECURITY **Warrant for Arrest of Alien**

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

☐ the execution of a charging document to initiate removal proceedings against the subject;

☐ the pendency of ongoing removal proceedings against the subject;

☐ the failure to establish admissibility subsequent to deferred inspection;

☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or

☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

_____
(Signature of Authorized Immigration Officer)

_____
(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____ (Location)

on _____ (Name of Alien) on _____ (Date of Service), and the contents of this notice were read to him or her in the _____ (Language) language.

_____ Name and Signature of Officer

_____ Name or Number of Interpreter (if applicable)

Form I-200 (Rev. 09/16)

U.S. Department of Homeland Security Administrative Warrant (Form I-205) (p.1)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

WARRANT OF REMOVAL/DEPORTATION

File No: _____

Date: _____

To any immigration officer of the United States Department of Homeland Security:

_____
(Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an immigration judge in exclusion, deportation, or removal proceedings
- ☐ a designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homel Security under the laws of the United States and by his or her direction, command you to take into custody and remo from the United States the above-named alien, pursuant to law, at the expense of:

_____
(Signature of immigration officer)

_____
(Title of immigration officer)

_____
(Date and office location)

To be completed by immigration officer executing the warrant: Name of alien being removed:

_____

Port, date, and manner of removal: _____

Photograph of alien removed

Right index fingerprint of alien removed

_____
(Signature of alien being fingerprinted)

_____
(Signature and title of immigration officer taking print)

Departure witnessed by: _____
(Signature and title of immigration officer)

If actual departure is not witnessed, fully identify source or means of verification of departure:

_____

_____

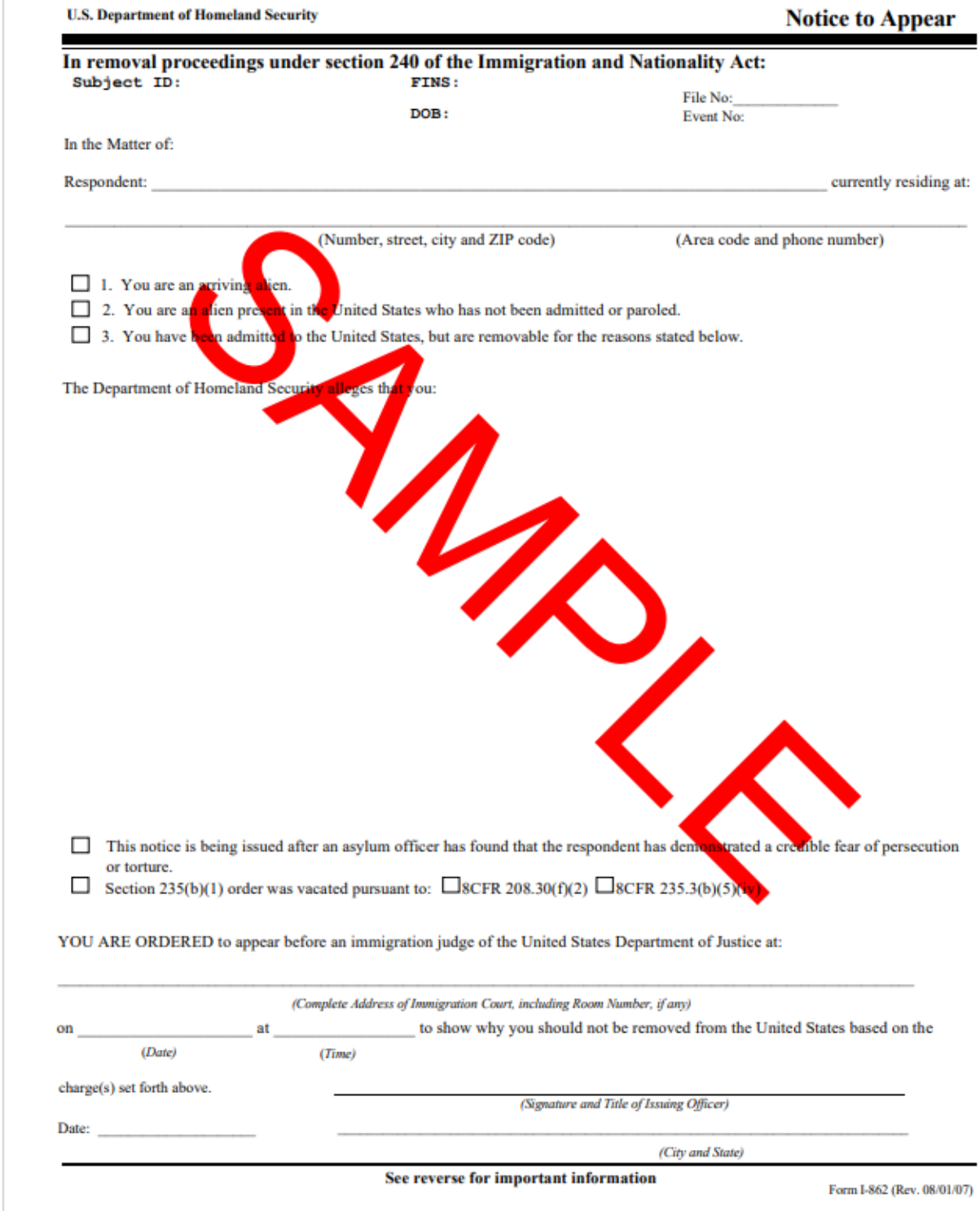
_____

_____

If self-removal (self-deportation), pursuant to 8 CFR 241.7, check here. ☐

Departure Verified by: _____
(Signature and title of immigration officer)

U.S. Department of Homeland Security Notice to Appear (Form I-862)



U.S. Department of Homeland Security

Notice to Appear

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: FINS:

File No:_____

DOB: Event No:

In the Matter of:

Respondent: _____ currently residing at:

_____

(Number, street, city and ZIP code) (Area code and phone number)

☐ 1. You are an arriving alien.

☐ 2. You are an alien present in the United States who has not been admitted or paroled.

☐ 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

SAMPLE

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

☐ Section 235(b)(1) order was vacated pursuant to: ☐8CFR 208.30(f)(2) ☐8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

_____

(Complete Address of Immigration Court, including Room Number, if any)

on _____ at _____ to show why you should not be removed from the United States based on the

(Date) *(Time)*

charge(s) set forth above.

_____

(Signature and Title of Issuing Officer)

Date: _____ _____

(City and State)

See reverse for important information

Form I-862 (Rev. 08/01/07)

Federal Search and Seizure Warrant (Form AO 93)

AO 93 (Rev. 11/13) Search and Seizure Warrant

UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of)
(Briefly describe the property to be searched or identify the person by name and address)) Case No.
)

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(identify the person or describe the property to be seized)*:

YOU ARE COMMANDED to execute this warrant on or before _____ *(not to exceed 14 days)*
' in the daytime 6:00 a.m. to 10:00 p.m. ' at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

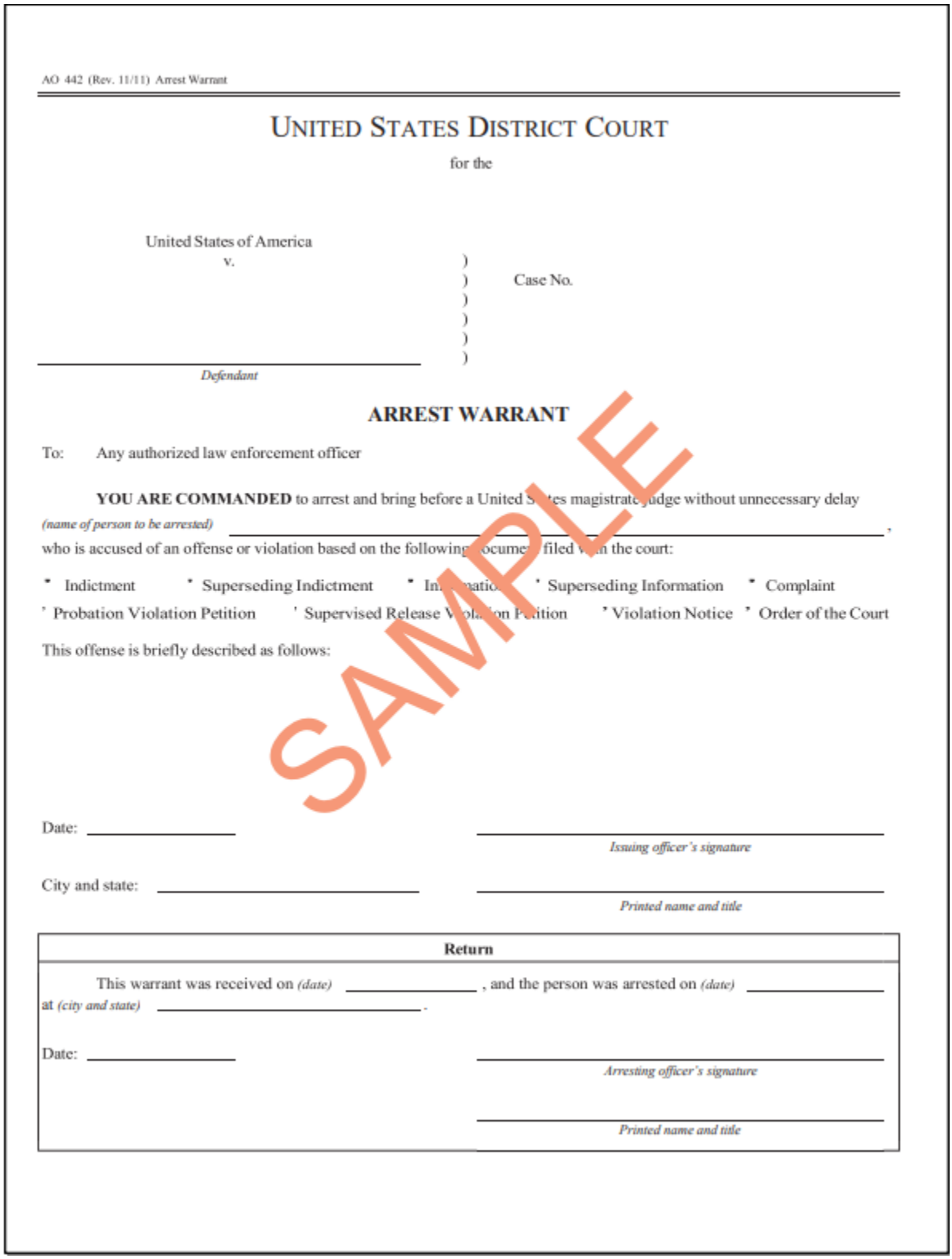
The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____.
(United States Magistrate Judge)

' Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized *(check the appropriate box)*
* for ____ days *(not to exceed 30)* ' until, the facts justifying, the later specific date of _____.

Date and time issued: _____ _____
Judge's signature

City and state: _____ _____
Printed name and title

Federal District Court Arrest Warrant (Form AO 422)



AO 442 (Rev. 11/11) Arrest Warrant

UNITED STATES DISTRICT COURT

for the

United States of America
v.
) Case No.
)
)
)
)
)

_____
Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) _____,
who is accused of an offense or violation based on the following document filed with the court:

☐ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

SAMPLE

Date: _____
_____
Issuing officer's signature

City and state: _____
_____
Printed name and title

Return

This warrant was received on *(date)* _____, and the person was arrested on *(date)* _____
at *(city and state)* _____.

Date: _____
_____
Arresting officer's signature

_____
Printed name and title