



Fair Fight Bond Fund Support Request Form

To request funds from the Fair Fight Bond Fund to pay an immigration bond, please complete the following application. Please note, the Fair Fight Bond Fund can only pay for bonds for people detained by immigration officials in the State of Washington. Try to complete as many fields as are applicable and relevant. The fields marked with a red asterisk are required. We will be following up with you as soon as possible if any additional information is needed and/or to let you know if we can provide funding to you. The decision to approve applications comes from the Fair Fight Bond Fund steering committee, which aims to meet weekly. We will let you know of their decision as soon as they make it. If you have any questions, please email us at bond@waisn.org or call (253) 470-6716.

Date this application is submitted: *
(Today's date.)

How did you hear about the Fair Fight Bond Fund?

- Fair Fight Bond Fund Website
- Social Media (Facebook, Twitter, Instagram, etc.)
- WAISN Hotline
- Attorney or legal representative
- Family, friends, or other community member
- News (radio, tv, newspaper, etc.)
- Community Organization
- Another Bond Fund
- Other

Name, contact information, and relationship to person detained of the person completing this form (if it is someone other than the person detained):

(If you are a volunteer, please just give your first name and the organization or entity that you are volunteering with, ex: Brenda, WAISN Hotline.)

Full name of person detained: *

(Please use this format: SURNAME1 SURNAME2, First Middle. If the person prefers to be referred by a name different than their legal name, please list it.)

"A" Number: *

("Alien Registration Number", found on immigration documents. Format: ###-###-###.)

Date of birth: *

Country of birth: *

(If the person has citizenship or nationality in a country different than their country of birth, please list that as well.)

Preferred language: *

Other languages:

Preferred method of contact: *

- Directly at detention center
- Through a loved one (complete the information below)
- Through an attorney (complete the information below)

Name, relationship to the detained community member, phone number, email, and name of firm (if attorney) of contact person:

Address and phone number of community member once released: *

Bond amount: *

Is the community member, loved ones, or community able and willing to pay any portion of this bond? If so, how much?

(It is not required to contribute a portion of the bond. However, if you are able to, it can help the bond fund use our resources to free more community members.)

Date that bond was granted: *

Next immigration court hearing date: *

Date, place, and method of entry to the United States: *

How long has the person been in detention? *

Notes on immigration status and/or upcoming hearing(s) *

(This can include type of upcoming hearing; number of hearings attended; current or past immigration status; forms(s) of immigration relief that the community member is eligible for or seeking; any prior removal orders; status of any pending applications or appeals, etc.)

Please share as much as you can about the financial situation, support, and resources that the person who is detained has available. The more information that is shared, the better. *

(This may include financial support from family or community members outside of detention; savings; assets; the person's individual income, or other information that is relevant.)

Race and/or Ethnicity

(This question is not required but will be helpful for decision-making. This information will not be used to prejudice applicants. This question is being asked to identify applicants who may be disproportionately negatively impacted by the detention and deportation system and/or may be more in need of financial support. Please answer how you are most comfortable answering and identifying.)

Religion

(This question is not required but will be helpful for decision-making. This information will not be used to prejudice applicants. This question is being asked to identify applicants who may be disproportionately negatively impacted by the detention and deportation system and/or may be more in need of financial support. Please answer how you are most comfortable answering and identifying.)

Gender

(This question is not required but will be helpful for decision-making. This information will not be used to prejudice applicants. This question is being asked to identify applicants who may be disproportionately negatively impacted by the detention and deportation system and/or may be more in need of financial support. Please answer how you are most comfortable answering and identifying.)

Does the person who is detained identify as a member of the LGBTQ+ community?

(This question is not required but will be helpful for decision-making. This information will not be used to prejudice applicants. This question is being asked to identify applicants who may be disproportionately negatively impacted by the detention and deportation system and/or may be more in need of financial support. Please answer how you are most comfortable answering and identifying.)

Does the person who is detained have any disabilities or physical or mental health issues?

(This question is not required but will be helpful for decision-making. This information will not be used to prejudice applicants. This question is being asked to identify applicants who may be disproportionately negatively impacted by the detention and deportation system and/or may be more in need of financial support. Please answer how you are most comfortable answering and identifying.)

Is the person who is detained the primary caretaker for a minor, elder, or a person with serious illness or disabilities?

(This question is not required but will be helpful for decision-making. This information will not be used to prejudice applicants. This question is being asked to identify applicants who may be disproportionately negatively impacted by the detention and deportation system and/or may be more in need of financial support. Please answer how you are most comfortable answering and identifying.)

Please share any additional information of any hardships the detained community member or any dependents for which they are the primary caretaker are currently facing and/or ways in which being detained is impacting the community member and their loved ones.

When released, who will pick up the community member from the detention center? *

(Please provide the name, relationship to the community member, and contact person for the person who will pick up the community member at the detention center. If there isn't a person available and you would like the Fair Fight Bond Fund to coordinate the pick-up, please note that here and we will follow up about arranging this.)

Please email the completed application to bond@waisn.org.

You can also mail this application to:
ATTN: WAISN Fair Fight Bond Fund
PO Box 48159
Seattle, WA 98148

If you would like a copy of this application, please save a copy for your records before sending it to us.