

BATTERED ALIENS

Aliens who claim to have been battered may have the following documentation of their immigration status. This list gives the actions you take based on the document presented.

I. APPROVED PETITION

Evidence	Category	Action by the County
<p>A. Form I-797 indicating: Case Type: I-130 Immigrant Petition for Relative, Finance(e), or Orphan Notice Type: Approval Notice Section: “Husband or wife of U.S. citizen (or LPR), or “Unmarried children under 21 of U.S. citizens (or LPRs), or “Unmarried children over 21 of LPRs”</p>	<p>Sec. 204(a)(1)(A)(i) or Sec. 204(a)(1)(B)(i)</p>	<ol style="list-style-type: none"> 1. Verify abuse, 2. Determine connection between battery and need for Medicaid, 3. Verify no longer lives with abuser.
<p>B. Form I-797 indicating: Case Type: I-360 Notice Type: Approval Notice Section: Widow(er) of U.S. citizen to whom the alien had been married for at least 2 years at the time of the citizen’s death</p>	<p>Sec 204(a)(1)(A)(ii)</p>	<ol style="list-style-type: none"> 1. Verify abuse, 2. Determine connection between battery and need for Medicaid, 3. Verify no longer lives with abuser. <p>NOTE: Abuser can be a family member.</p>
<p>C. Form I-797 indicating: Case Type: I-360 Notice Type: Approval Notice Section: Self-petitioning spouse or child of abusive U.S. citizen or LPR</p>	<p>Sec.204(a)(1)(A)(iii) or Sec.204(a)(1)(B)(ii) or Sec.204(a)(1)(A)(iv) or Sec.204(a)(1)(B)(iii)</p>	<ol style="list-style-type: none"> 1. Do not verify abuse, (Abuse has been determined by USCIS in this situation.) 2. Determine connection between battery and need for Medicaid, 3. Verify no longer lives with abuser.

Evidence	Category	Action by the County
<p>D. Final Order of Immigration Judge or Board Of Immigration Appeals granting suspension of deportation under Sec. 244(a)(3) as in effect prior to 4/1/97 or cancellation of removal under Sec. 240A(b)(2)</p>	<p>Sec.244(a)(3)(before 4/1/97) or Sec.240A(b)(2)</p>	<ol style="list-style-type: none"> 1. If the order does not show under which INA provision relief was granted, verify through EOIR by faxing Figure 4 on county letterhead to (404) 221-4555 Executive Office for Immigration Review- Immigration Courts. Include a copy of any supporting documents provided by the individual, 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

II. TEMPORARY APPROVAL OF PETITION

Evidence	Category	Action by the County
<p>A. Form I-797 indicating: Case Type: I-360, Petition for Amerasian, Widow, or Special Immigrant Section: Self-petitioning spouse or child of abusive U.S. citizen or LPR Body of Notice: “THIS PRIMA FACIE DETERMINATION IS VALID FOR A PERIOD OF 150 DAYS FROM THE NOTICE DATE SHOWN ABOVE, AND EXPIRES ON THE DATE INDICATED AT THE BOTTOM OF THE PAGE”</p>	<p>Sec. 204(a)(1)(A)(iii) or Sec. 204(a)(1)(B)(ii) or Sec. 204(a)(1)(A)(iv) or Sec. 204(a)(1)(b)(iii)</p>	<ol style="list-style-type: none"> 1. Consider the petition granted, but flag case for 150 days to verify final approval of petition, 2. Do not verify abuse, (Abuse has been determined by USCIS in this situation.) 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

Evidence	Category	Action by the County
<p>B.</p> <p>Immigration Judge or Board Of Immigration Appeals Final Order indicating a prima facie case established for suspension of deportation under Sec. 244(a)(3) as in effect prior to 4/1/97 or cancellation of removal under Sec 240(b)(2)</p>	<p>Sec. 244(a)(3)(before 4/1/97)</p> <p>Or</p> <p>Sec. 240A(b)(2)</p>	<ol style="list-style-type: none"> 1. Consider the petition granted, but flag case for 150 days to verify final approval of petition, 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

III. PETITION FILED, NO EVIDENCE OF TEMPORARY APPROVAL OF PETITION

Evidence	Category	Action by the County
<p>A.</p> <p>Form I-797 indicating:</p> <p>Case Type: I-360, Petition for Amerasian, Widow, or Special Immigrant</p> <p>Notice Type: Receipt Notice</p> <p>Section: Self-petitioning spouse or child of abusive U.S. citizen or Self-petitioning spouse or child of an abusive LPR; or</p> <p>File-Stamped Copy of I-360 Petition for classification as “Self-petitioning Spouse (or Child) of Abusive U.S. Citizen or Lawful Permanent Resident”; or</p>	<p>Sec. 204(a)(1)(A)(iii) or</p> <p>Sec. 204(a)(1)(B)(ii) or</p> <p>Sec. 204(a)(1)(A)(iv) or</p> <p>Sec. 204(a)(1)(b)(iii)</p>	<ol style="list-style-type: none"> 1. If three weeks have elapsed since filing of petition, complete Figure 5 and FAX to USCIS Vermont Service Center FOR DETERMINATION OF STATUS, Fax: (802) 527-3252; Telephone: (802) 527-3160 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

Evidence	Category	Action by the County
<p>Copy of I-360 petition of classification as “Self-Petitioning Spouse (or Child) of Abusive U.S. Citizen or Lawful Permanent Resident” and proof of mailing dated after 6/6/97</p>		<ol style="list-style-type: none"> 1. Complete Figure 5 and fax to USCIS Vermont Service Center to request USCIS expedite processing of petition or make a prima facie determination, Fax: (802) 527-3252; Telephone: (802) 527-3160 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.
<p>B.</p> <p>Form I-797 indicating:</p> <p>Case Type: I-130, Immigration Petition for Relative, Fiance(e), or Orphan</p> <p>Notice Type: Receipt Notice</p> <p>Section: “Husband or wife of U.S. citizen (or LPRs),” or “Unmarried children over 21 of LPRs”</p> <p>Or</p> <p>File-stamped Copy of I-130 or</p> <p>Cash register or computer-generated receipt indicating filing of I-130</p>	<p>Sec. 204(a)(1)(A)(i) or</p> <p>Sec. 204(a)(1)(B)(i)</p>	<ol style="list-style-type: none"> 1. Complete Figure 5 and fax to USCIS Vermont Service Center to request USCIS expedite processing of petition, Fax: (802) 527-3252; Telephone: (802) 527-3160 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

Evidence	Category	Action by the County
<p>C. Form I-797 indicating:</p> <p>Case Type: I-360, Petition for Amerasian, Widow, or Special Immigrant</p> <p>Notice Type: Receipt Notice</p> <p>Section: Widow of a U.S. citizen to whom the alien had been married for at least 2 years at the time of the citizen's death; or</p> <p>Cash register or computer-generated receipt indicating filing of such I-360</p>	<p>Sec. 204(a)(1)(A)(ii)</p>	<ol style="list-style-type: none"> 1. Complete Figure 5 and fax to USCIS Vermont Service Center to request USCIS expedite processing of petition, Fax: (802) 527-3252; Telephone: (802) 527-3160 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser. <p>NOTE: Abuser can be a family member.</p>

IV. DEPORTATION/REMOVAL PROCEEDINGS

Evidence	Category	Action by the County
<ul style="list-style-type: none"> • Order to Show Cause • Notice to Appear • Notice of Hearing in Deportation Proceedings 	<p>In Deportation/Removal Proceedings and alien or child has been battered in the U.S., and has been in the U.S. for at least 3 years</p>	<ol style="list-style-type: none"> 1. Inform alien that he/she can file with EOIR for cancellation of removal, NOTE: Alien is not a battered alien if he/she does not file with EOIR for cancellation of removal. 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

V. ALLEGES PETITION FILED

Evidence	Category	Action by the County
Some documentation or client is certain that petition has been filed		<ol style="list-style-type: none"> 1. Complete and Fax Figure 5 to USCIS Vermont Service Center FOR A DETERMINATION OF STATUS, Fax: (802) 527-3252; Telephone: (802) 527-3160 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.
Uncertain if petition filed		<ol style="list-style-type: none"> 1. Refer alien to the National Domestic Violence Hotline (1-800-799-7233) so he can obtain assistance from a local domestic violence service provider and referrals to immigration attorneys, NOTE: Alien is not a battered alien unless provides proof petition is filed. 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.

VI. NO PETITION, HAS BASIS TO FILE

Evidence	Category	Action by the County
<p>No petition filed, makes allegation or presents evidence of battery</p>		<ol style="list-style-type: none"> 1. Refer alien to the National Domestic Violence Hotline (1-800-799-7233) so he/she can obtain assistance from a local domestic violence service provider and referrals to immigration attorneys, <p>NOTE: Alien is not a battered alien unless petition is filed.</p> <ol style="list-style-type: none"> 2. Verify abuse, 3. Determine connection between battery and need for Medicaid, 4. Verify no longer lives with abuser.