

Today's date _____

Your initials _____

Detention Questionnaire

Thank you for participating in Heartland Alliance's study on the treatment of immigrants, refugees, and asylum seekers in immigration detention. Your participation will help us identify and address problems detainees experience in Immigration and Customs Enforcement (ICE) detention. Below is a list of questions that will help inform us of your experience in detention. Please answer as many questions as you feel are necessary to tell us your story. Please note that all questions--including your name--are optional and you should only respond to questions that you feel comfortable answering. Leave any questions blank that do not apply to your situation. If you would like the information you provide below to remain anonymous, please check the box below. Please mail the questionnaire back to Elena Tsinikas, Heartland Alliance, 208 S. LaSalle Street Suite 1818, Chicago, Illinois 60604. If you have any questions, please call us at (312) 660-1614.

I request that all information provided below should remain anonymous.

1. Background Information

Please fill in the blank or circle "yes" or "no" for the following questions.

1.1 First Name: _____ Last name: _____

1.2 Age: _____ 1.3 Gender (circle one): **MALE FEMALE TRANSGENDERED**

1.4 Country of origin: _____ 1.5 Native Language: _____

1.6 Do you have any chronic health conditions (i.e. HIV, tuberculosis, diabetes, post-traumatic stress disorder, etc.)? **YES NO**

If yes, please explain: _____

1.7 Please list the facilities in which you were held and approximate dates of detention:

<u>Facilities (Name and Location)</u>	<u>Dates of Detention</u>
_____	_____
_____	_____
_____	_____
_____	_____

1.8 For the remaining questions, please specify which detention facility your answers will refer to. _____

1.9 While in detention, did you ever experience problems in any of the following areas?:

- Accessing Health Care **YES NO**
- Accessing Legal Counsel **YES NO**
- Using the phones **YES NO**
- Retrieving Personal Property **YES NO**
- Interaction with Jail Staff **YES NO**

2. Admission

Please circle "yes" or "no" for the following questions about when you were first admitted to the detention facility:

- 2.1 Were you questioned regarding your health history? **YES NO**
- 2.2 Did you have a physical exam by a doctor or nurse? **YES NO**
- 2.3 Did you have a dental examination? **YES NO**
- 2.4 Did you have a tuberculosis (TB) test? **YES NO**
- 2.5 Did you have a mental health screening? **YES NO**
- 2.6 Were you asked about your dietary or religious needs? **YES NO**
- 2.7 Did you receive a Detainee Manual in a language you understand? **YES NO**
- 2.8 Were you given any other orientation to facility procedures and rules? **YES NO**

3. Living Quarters (Pods)

Please circle "yes" or "no" for the following questions regarding your living quarters.

- 3.1 Were individuals with criminal convictions housed in separate pods than individuals who did not have criminal convictions? **YES NO**
- 3.2 Did each detainee have a bed to sleep in? **YES NO**
- 3.3 Were you given bedding (mattress, blanket, pillow) and linens (sheets, pillowcase, towel)? **YES NO**
- 3.4 Were the linens washed at least weekly? **YES NO**
- 3.5 Did you feel like your pod was sanitary? **YES NO**
- 3.6 Were the hygiene facilities (bathrooms, showers) kept clean? **YES NO**

If you answered "no" to any of the questions in section 3, please explain: _____

4. Language Access

If you speak English fluently, skip to Section 5. If not, please answer "yes" or "no" for the following questions.

- 4.1 Did you have problems communicating with jail staff due to language barriers? **YES NO**
- 4.2 Were interpreters/translators easily available if no one at the jail was able to speak your language? **YES NO**

5. Access to Legal Counsel/Information

Please circle "yes" or "no" to the following questions.

- 5.1 Was contact information for attorneys/consulates posted by the phone? **YES NO**
- 5.2 Were instructions for how to use the phones posted by the phone? **YES NO**
- 5.3 Did you have problems clearly understanding these instructions? **YES NO**
- 5.4 Did you have problems contacting attorneys or consulates by phone? **YES NO**
- 5.5 Were you ever denied access to the phones, mail, and/or fax machine to contact your attorney, consulate, or the immigration service? **YES NO**
- 5.6 Were you ever unable to receive mail, faxes, or phone calls from your attorneys, consulate, or the immigration service? **YES NO**
- 5.7 Were you ever denied access to a legal orientation or Know Your Rights presentation? **YES NO**
- 5.8 Were you ever denied access to the law library at the detention center? **YES NO**

If you answered "yes" to questions 5.3 through 5.8, please explain: _____

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6. Access to Health Care

Please circle "yes" or "no" to the following questions that apply to your individual experience regarding medical services. If you did not seek medical attention in detention, please skip to Section 7.

- 6.1 Did you ever file a medical request form? **YES NO**
- 6.2 If you filed a medical request form, did you ever have problems scheduling a visit with a doctor or nurse? **YES NO**
- 6.3 If you received medication for a physical or mental health problem, did you ever have problems receiving your medication at the correct times or dosages? **YES NO**
- 6.4 Were you denied any other form of treatment advised by a physician or nurse for a physical or mental health condition or illness? **YES NO**
- 6.5 Were you ever asked to pay for health services/treatment? **YES NO**
- 6.6 Were you ever refused treatment because you were unable to pay? **YES NO**
- 6.7 Do you feel that you received adequate medical and mental healthcare? **YES NO**

If you answered "yes" to questions 6.1 through 6.6 or "no" to 6.7, please explain:

7. Legal/ICE Procedures

Please answer "yes" or "no" to the following questions.

7.1 Did you receive a Notice To Appear (document from ICE explaining the immigration charges against you) within three days (72 hours) of your detention? **YES NO**

If you answered "no" to 7.1, please explain how many days/weeks you waited to receive a Notice to Appear after you were detained: _____

7.2 Did you ever miss a court hearing or immigration interview because of a problem with transportation to/from the detention facility? **YES NO**

7.3 Were you ever asked to sign a Stipulated Order of Removal (a document in which you agree to be removed without seeing a judge)? **YES NO**

If you answered "yes" to 7.2 or 7.3, please explain (for Stipulated Orders, please explain when you were asked to sign, by whom, and whether you were advised to consult with an attorney before signing: _____

8. Religious/Dietary Needs

Please answer "yes" or "no" to the following questions.

8.1 If you requested a special diet for health or religious reasons, did you receive it? **YES NO**

8.2 Did you have access to religious services while in detention? **YES NO**

8.3 Were you ever prohibited from practicing your religion? **YES NO**

8.4 Were you ever discriminated against because of your religion? **YES NO**

If you answered "yes" to any of the above, please explain: _____

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9. General Conditions

Please answer "yes" or "no" to the following questions.

- 9.1 Did you have access to recreation for at least one hour each day? **YES NO**
- 9.2 Did you ever have outdoor recreation time? **YES NO**
- 9.3 Did you ever have problems getting visits from family or friends? **YES NO**
- 9.4 Did you ever have problems with phone or mail communication with family or friends? **YES NO**
- 9.5 Were you ever placed in segregation because you were said to pose a threat to yourself, staff, or other detainees? **YES NO**
- 9.6 Were you ever placed in segregation as punishment or discipline? **YES NO**
- 9.7 Did you submit an oral or written grievance while in detention? **YES NO**
- 9.8 If "yes" to 9.7, did jail staff respond to your grievance within one week? **YES NO**
- 9.9 When released, did you receive all of your personal property? **YES NO**
- 9.10 Please provide a detailed explanation of your answers above: _____
