

SAMPLES OF LETTERS OF SUPPORT FOR IMMIGRATION CASES

The following samples are taken from multiple sources including different AAP partners and immigration lawyers:

Sample 1

Dear Sir or Madam:

I am writing on behalf of -----, DOB-----. I am a board certified pediatrician serving as (insert title, ie, medical director, etc). I have been practicing primary care pediatrics for the past -- years, serving a predominantly immigrant population.

I have been the primary care provider for -----, DOB-----, since (month, year). His/Her mother/father, (parent name), has been a reliable and consistent care provider for his/her child/ren. (parent name) brings the child/ren in for their routine preventive care and displays an appropriate level of concern regarding his/her/their care and well being.

It is well documented that children whose parents are taken into custody and/ or deported often experience mental and emotional health problems including sleeping and eating disturbances, anxiety, depression, poor school performance, and other types of distress. Forced separations due to immigration enforcement can also result in a child's household losing a working parent, which has been shown to threaten in family housing and food stability.

In addition, the mere possibility of deportation can negatively impact the well-being of some immigrant children, whether or not they themselves or family members are undocumented. Immigrant children specifically have shown emotional distress, fear, confusion and anxiety.

I truly hope that you will take into consideration the best interests of this child in your decision-making process. Please contact me with any further questions or concerns.

Sincerely,

-----, MD, FAAP (Title, etc)

Sample 2

To Whom It May Concern:

@NAME@ is a patient of ours, born @DOB@, who has the following diagnoses:

{HE/SHE} take the following medications: Medlist

{HE/SHE} is at high risk for complications over his/her lifetime, including: ***

We have cared for @NAME@ since *** and {HE/SHE} will continue to need close follow up for his/her entire life. {HE/SHE} see the following subspecialists *** on a *** basis (yearly,etc) {HE/SHE} may need additional sub-specialist services over his/her lifetime.

He would be negatively affected if *** were not in the United States or if @NAME@ needed to leave the United States with ***, because he would not receive the educational and medical services {HE/SHE} needs. In particular,

quality services from *** are not available in ***. @NAME@’s family provides essential care for these medical services and @NAME@ would not receive them if *** was separated from @NAME@.

Thank you for your assistance. Please call with questions or concerns.

Sincerely,

-----, MD, FAAP (Title, etc)

Sample 3

To Whom It May Concern:

@NAME@ is a patient of ours, born @DOB@, who has the following diagnoses:

{HE/SHE} takes the following medications:

MEDLIST

As @NAME@ has Trisomy 21, commonly known as Down Syndrome, {HE/SHE} is at high risk for complications over his lifetime, including: hypothyroidism, leukemia, developmental issues, hearing problems, immune problems and growth issues.

We have cared for @NAME@ since *** and {HE/SHE} will continue to need close follow up for his/her entire life. {HE/SHE} sees the following subspecialists: Pediatric Ophthalmology, Otolaryngology, Cardiology and may need additional sub-specialist services as well.

{HE/SHE} would be negatively affected if *** were not in the United States or if @NAME@ needed to leave the United States with ***, because {HE/SHE} would not receive the educational and medical services {HE/SHE} needs.

Thank you for your assistance. Please call with questions or concerns.

Sincerely,

-----, MD, FAAP (Title, etc)

Sample 4

(CHILD NAME) has been diagnosed with [LIST MEDICAL PROBLEMS]. S/he has suffered from this/these disorders/illnesses for [LENGTH OF TIME], and is currently under my care. Due to this child's medical condition(s), s/he needs to have her/his mother/parent physically present in order to live safely. If the mother/parent is not present, the child’s health and life would likely be seriously endangered due to [LIST DANGER FACTORS, i.e. the child running away, the child’s inability to communicate with anyone other than the mother, the child's refusal to cooperate with medical treatment due to resistant behavior secondary to the stress of loss of their primary medical caregiver, etc.].

Thank you for your assistance. Please call with questions or concerns.

Sincerely,

-----, MD, FAAP (Title, etc)