

EXHIBIT 4

Defendants' Cross-Motion for Summary Judgment

Samma v. Esper, 20-cv-1104 (D.D.C.)

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

ANGE SAMMA, et al.,)	
)	
Plaintiffs,)	
)	
v.)	Civil Action No. 1:20-cv-01104
)	The Honorable Ellen Segal Huvelle
UNITED STATES DEPARTMENT OF)	
DEFENSE and MARK ESPER, in his)	
official capacity as Secretary of Defense,)	
)	
Defendants.)	

DECLARATION OF MERCIÉ TURNER

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am currently the Battalion S1 for the 498th Combat Sustainment Support Battalion. As the Battalion S1, I am the principal staff officer for all military personnel matters and other matters concerning human resources support within the battalion and serve as the senior Adjutant General Officer within the battalion. In my capacity as the principal staff officer for military personnel matters, I have oversight responsibilities for maintaining personnel information, accounting for military personnel, and collecting, processing and storing information about soldiers. Within my office, I oversee the processing of individual military personnel actions, including finance and legal services, and records management, including custody, maintenance, and inspection of military personnel records maintained by the unit for each Soldier assigned to the battalion.

2. I commissioned as an officer in the Regular Army on May 15, 2011. I am currently a Captain serving as a Human Resources Officer in the Adjutant General’s Corps. I have served as a Human Resources Officer since August 26, 2011. On October 21, 2019,

assumed my current responsibilities as the Battalion S1 for 498th Combat Sustainment Support Battalion (498th CSSB). 498th Combat Sustainment Support Battalion is attached to United States Army Materiel Support Command - Korea under the command of Colonel (COL) Christopher Noe.

3. I submit this declaration pursuant to Federal Rules of Evidence 902(11) as the custodian of all military personnel records that are processed by and maintained within the custody of the 498th Combat Sustainment Support Battalion personnel office.

4. Private First Class (PFC) Ange Samma is an Active Duty Soldier serving Camp Humphreys in South Korea, and is currently assigned to 339th Quartermaster Company, 498th Combat Sustainment Support Battalion. PFC Samma has been assigned to 339th Quartermaster Company since August 07, 2019. The unit maintains a local military personnel record for each of its soldiers, including a record for PFC Samma. The attached copy of the USCIS Form N-426, *Request for Certification of Military or Naval Service*, for PFC Ange Samma (Attach. A) was certified by COL Christopher Noe, the first O-6 commanding officer in the soldier's chain of command, and PFC Samma's military service was certified in accordance with the April 24, 2020, Under Secretary of Defense memorandum, subject: *Certification of Honorable Service for Purposes of Naturalization*. A copy of this certified USCIS Form N-426 is maintained in the soldier's local military personnel record under my custodial responsibility. Additionally, a copy of the USCIS Form N-426 will be uploaded into the soldier's official military record—Army Military Human Resources Record (AMHRR).

I declare under penalty of perjury that the foregoing is true and correct. Executed on May 15, 2020.

A handwritten signature in black ink, appearing to read "Mercie Turner", written over a horizontal line.

MERCIE TURNER
Captain, U.S. Army

ATTACHMENT A



Request for Certification of Military or Naval Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-426
OMB No. 1615-0053
Expires 09/30/2021

USCIS requests certification of the service member's military service. Persons who are serving or have served under specified conditions in the U.S. Armed Forces are granted certain exemptions from the general requirements for naturalization. To establish eligibility, the law requires the executive department under which such person served to certify whether the service member served honorably, and whether the service member's separation from the service was under honorable conditions pursuant to Department of Defense (DoD) policy and guidelines. Recruiters are **not** authorized to certify this request.

NOTE: Requestors must complete **Parts 1. - 4.** Certifying officials must complete **Parts 5. - 8.** All applicants must submit a completed Form N-426; however, only applicants currently serving are required to obtain certification of Form N-426. Submit this request with Form N-400, Application for Naturalization. USCIS may reject your application if this request is not completely and properly filled out.

NOTE: **ONLY** military personnel (serving in pay grade O-6 or above) and equivalent civilian personnel (GS-15 or above) with proper authorization may certify this request.

Part 1. Information About You

<p>1. Alien Registration Number (A-Number) (if any)</p> <p>▶ A- [REDACTED]</p>	<p>2. Military Service Number</p> <p>[REDACTED]</p>																															
<p>3. Full Legal Name</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Family Name (Last Name)</td> <td style="width: 33%;">Given Name (First Name)</td> <td style="width: 33%;">Middle Name</td> </tr> <tr> <td>SAMMA</td> <td>ANGE</td> <td>CLOVIS</td> </tr> </table>		Family Name (Last Name)	Given Name (First Name)	Middle Name	SAMMA	ANGE	CLOVIS																									
Family Name (Last Name)	Given Name (First Name)	Middle Name																														
SAMMA	ANGE	CLOVIS																														
<p>4. Other Names Used</p> <p>List all other names you have used, including your maiden name (if any). If you need extra space to complete this section, use the space provided in Part 9. Additional Information.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Family Name (Last Name)</td> <td style="width: 33%;">Given Name (First Name)</td> <td style="width: 33%;">Middle Name</td> </tr> <tr> <td>SAMMA</td> <td>ANGE</td> <td>CLOVIS</td> </tr> </table>		Family Name (Last Name)	Given Name (First Name)	Middle Name	SAMMA	ANGE	CLOVIS																									
Family Name (Last Name)	Given Name (First Name)	Middle Name																														
SAMMA	ANGE	CLOVIS																														
<p>5. U.S. Social Security Number (if any)</p> <p>▶ [REDACTED]</p>	<p>6. USCIS Online Account Number (if any)</p> <p>▶ N / A</p>	<p>7. Date of Birth (mm/dd/yyyy)</p> <p>[REDACTED]</p>																														
<p>8. Place of Birth</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">City</td> <td style="width: 50%;">Country</td> </tr> <tr> <td>OUAGADOUGOU</td> <td>BURKINA FASO</td> </tr> </table>			City	Country	OUAGADOUGOU	BURKINA FASO																										
City	Country																															
OUAGADOUGOU	BURKINA FASO																															
<p>9. Country of Citizenship</p> <p>BURKINA FASO</p>	<p>10. Country of Nationality</p> <p>BURKINA FASO</p>																															
<p>11. Physical Address</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Street Number and Name</td> <td style="width: 5%;">Apt.</td> <td style="width: 5%;">Ste.</td> <td style="width: 5%;">Flr.</td> <td style="width: 15%;">Number</td> </tr> <tr> <td>[REDACTED]</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>City or Town</td> <td>County</td> <td>State</td> <td colspan="2">ZIP Code + 4</td> </tr> <tr> <td>SALEM</td> <td>SALEM</td> <td>NJ</td> <td colspan="2">[REDACTED] - [REDACTED]</td> </tr> <tr> <td>Province or Region (foreign address only)</td> <td>Country (foreign address only)</td> <td colspan="3">Postal Code (foreign address only)</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td colspan="3">N/A</td> </tr> </table>			Street Number and Name	Apt.	Ste.	Flr.	Number	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		City or Town	County	State	ZIP Code + 4		SALEM	SALEM	NJ	[REDACTED] - [REDACTED]		Province or Region (foreign address only)	Country (foreign address only)	Postal Code (foreign address only)			N/A	N/A	N/A		
Street Number and Name	Apt.	Ste.	Flr.	Number																												
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
City or Town	County	State	ZIP Code + 4																													
SALEM	SALEM	NJ	[REDACTED] - [REDACTED]																													
Province or Region (foreign address only)	Country (foreign address only)	Postal Code (foreign address only)																														
N/A	N/A	N/A																														

Part 2. Enlistment Information

1. Where did you enlist?

Country: UNITED STATES City: FORT DIX State: NJ
 Province (if applicable): N/A

2. Where did you reside when you enlisted?

Country: UNITED STATES City: SALEM State: NJ
 Province (if applicable): N/A

3. Have you reenlisted? Yes No

4. Where did you reenlist?

Country: City: State:

Province (if applicable):

5. Where did you reside when you reenlisted?

Country: City: State:

Province (if applicable):

Part 3. Periods of Military Service (To be completed by requestor)

Provide all periods of service. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.

NOTE: If you have multiple periods of military service and are separated from service, you must provide your most current DD Form 214 or NGB Form 22.

Military Service	Branch of Service	Service Start Date (mm/dd/yyyy)	Service End Date (mm/dd/yyyy)	Type of Service (include all active, reserve, and National Guard Service)
Military Service 1	US ARMY	02/07/2019	N/A	<input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve
Military Service 2				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve
Military Service 3				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve

Part 4. Requestor's Contact Information, Certification, and Signature

Requestor's Contact Information

- 1. Requestor's Daytime Telephone Number
- 2. Requestor's Mobile Telephone Number (if any)
- 3. Requestor's Email Address (if any)

Requestor's Certification

I authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.
 I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided by me and are complete, true, and correct.

Requestor's Signature

- 4. Requestor's Signature Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: USCIS may reject or deny your Form N-400 if you do not complete this Form N-426, or if you do not submit all required documents listed in the Instructions.

Part 5. Character of Service (To be completed by certifying official)

NOTE: For armed forces members currently serving, the certifying official **MUST** complete **AND** certify Form N-426 in **Parts 5. - 8.** Veterans who are no longer serving may leave **Parts 5. - 8.** blank, but **MUST** provide copies of their DD Form 214 or NGB Form 22 that include the character of service upon separation from service for all periods of service.

For this character of service section, the certifying official must indicate whether the requestor served honorably or is currently serving honorably for each period of military service the requestor served (refer to **Part 3. Periods of Military Service**). For any "No" responses, provide details in **Part 7. Remarks**.

- 1. Honorable Period of Military Service 1 Yes No
- 2. Honorable Period of Military Service 2 Yes No N/A
- 3. Honorable Period of Military Service 3 Yes No N/A

Part 6. Separation Information

- 1. Is the requestor separated? Yes No
 - 2. If separated, select discharge type: Honorable Other (provide details in **Part 7. Remarks**)
 - 3. Was the requestor discharged on account of alienage? Yes No
- If you answer "Yes," provide details in **Part 7. Remarks**.

Part 7. Remarks

Provide any derogatory information in your records relating to the service member's character, loyalty to the United States, disciplinary action, convictions, other than honorable discharges, or other matters concerning his or her fitness for citizenship. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.

Part 8. Certification (To be completed by certifying official)

1.

Christopher D. Noe	COL	Brigade Commander
Full Name	Rank	Title

certify that I am duly authorized under the laws, regulations and policies of the Department of Defense to certify the requestor's honorable service. I have personally reviewed the requestor's service record. The information provided herein is a reflection of my findings. I certify that the information given here concerning the service of the person named on this request is correct according to the records of the 498 CSSB.

Branch of Service US Army	Component Active	Rank COL
------------------------------	---------------------	-------------

Title Brigade Commander	Full Name Christopher D. Noe
----------------------------	---------------------------------

Work Telephone Number 315-763-2044	Military Email Address christopher.d.Noel@mail.mil
---------------------------------------	-------------------------------------------------------

Official Signature (NOTE: An original ink signature or a copy of an original ink signature is acceptable. A digital signature is not acceptable.) Date (mm/dd/yyyy)

	05/14/2020
--	------------

Part 9. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D. _____

4. A. Page Number B. Part Number C. Item Number

D. _____

5. A. Page Number B. Part Number C. Item Number

D. _____

6. A. Page Number B. Part Number C. Item Number

D. _____

