ATTORNEY NAME NON DETAINED

FIRM

ADDRESS

*Pro Bono* Counsel for Respondents

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK - FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NEW YORK**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **)**

**In the Matter of: )**

 **)**

**First Name, Last Name )**

 **) File Number: A200-000-000**

In Removal Proceedings **)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Immigration Judge: NAME Merits Hearing: Month XX, 2020 at TIME**

**MOTION FOR CHANGE OF VENUE**

**MOTION FOR CHANGE OF VENUE**

[CLIENT NAME] (“Respondent”), through [his][her] undersigned *pro bono* counsel, hereby moves this Court to change venue of [his][her] removal proceedings from City, State to City, State, pursuant to 8 C.F.R. §1003.20. In support of this motion, Counsel provides the following:

1. Respondent is a native and citizen of Country.
2. Respondent arrived in the United States on or about Date and was served with a Notice to Appear (NTA) on Date. A copy of the NTA is attached.
3. [Respondent [moved] to complete address, which falls within the jurisdiction of the City, State Immigration Court of the Executive Office for Immigration Review.] [Starting on Month DD, YYYY. Respondent will move to complete address, which falls within the jurisdiction of the City, State Immigration Court of the Executive Office for Immigration Review.] A copy of Respondent’s EOIR 33/IC is attached. [Note: if there is other proof of the new address, attach proof, such as, for example, a utility bill.]
4. Respondent is in the process of obtaining *pro bono* counsel to represent [him][her] before the City Immigration Court.
5. [For those filing this Motion by mail, include this paragraph. If this is to be filed in Court, the text of this paragraph will be done orally, in Court and therefore does not need to be in this Motion.] A copy of Respondent’s written pleadings are attached.] [Respondent has already pled to the allegations and charge in the NTA at [his][her] master calendar hearing on Month DD, YYYY.]
6. Respondent seeks asylum, withholding of removal, and protection under the U.N. Convention Against Torture and [plans to file [his][her] I-589 at the master calendar hearing scheduled for Month DD, YYYY.]
7. Respondent cannot afford to travel from [new City] to [New York] to appear at future hearings before this Court.
8. This Court has not yet heard testimony or considered other evidence in this case. [Only if true] [Respondent does not know anyone in [New York] and there are no known witnesses in [New York,] who would testify in support of this case.] The Department of Homeland Security would not suffer any prejudice as a result of venue being changed to City, State.
9. This Motion is not filed for the purpose of delay, but in the interest of justice and due process.

For the foregoing reasons, Respondent respectfully requests that this Motion for Change of Venue to City, State be granted.

Dated: Month Day, Year Respectfully submitted,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Complete Name

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK - FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NEW YORK**

In the Matter of: **First name, LAST NAME**  **A XXX-XXX-XXX**

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of the respondent’s Motion for [TYPE OF MOTION], it is

HEREBY ORDERED that the Motion be  **GRANTED  DENIED** because:

* DHS does not oppose the motion.
* The respondent does not oppose the motion.
* A response to the motion has not been filed with the court.
* Good cause has been established for the motion.
* The court agrees with the reasons stated in the opposition to the motion.
* The motion is untimely per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Other: .
* The date of the rescheduled individual hearing is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Deadlines:

* The application(s) for relief must be filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* The respondent must comply with DHS biometrics instructions by \_\_\_\_\_\_\_\_\_\_\_.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 United States Immigration Judge

**Certificate of Service**

This document was served by: [ ] Mail [ ] Personal Service

To: [ ] Alien [ ] Alien c/o Custodial Officer [ ] Alien’s Atty/Rep [ ] DHS

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: Court Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF SERVICE**

**file No: A# 200-000-000**

I, NAME hereby certify that on this XX day of April 2020, that copies of the foregoing Motion TYPE and all attachments were served via **Federal Express / First Class Mail / E-Service/ Hand Delivery** on:

(your trial attorney if known)

Office of the Principal Legal Advisor, New York

26 Federal Plaza, Room 1130

New York, NY, 10278

Phone: (212) 264-5916

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PERSON WHO SERVED

ADDRESS

CONTACT INFO