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**

**RESPONDENT’S MOTION FOR SUBSTITUTION OF COUNSEL**

**RESPONDENT’S MOTION FOR SUBSTITUTION OF COUNSEL**

Respondent [NAME], through undersigned counsel, hereby submit the following request pursuant to 8 C.F.R. § 1003.17(b), that ATTORNEY NAME1 of FIRM1 be withdrawn as attorney of record and that ATTORNEY NAME2 of FIRM2 be substituted as counsel for the Respondent. In support thereof, Respondent states the following:

1. Respondent has been represented in this matter by ATTORNEY NAME1 of FIRM1.
2. FIRM1 is an organization that takes on accepted cases for pro bono representation. As of Month XX, 2020, ATTORNEY NAME1 is no longer an attorney with the firm. As part of his departure from the firm, ATTORNEY NAME1 consented to his removal as primary attorney on all cases currently represented by FIRM1.
3. Respondent now wishes to be represented by ATTORNEY NAME2. Form EOIR-28 is being filed concurrently with this motion. Imm. Ct. Practice Manual§ 2.3(i).
4. Respondent has consented to the substitution of Counsel in this matter.
5. The present motion is not made for the purpose of delay or other improper purpose.

Wherefore, Respondent respectfully requests that the Court grant the present Motion for Substitution of Counsel, remove ATTORNEY NAME1 as counsel of record; and enter undersigned counsel’s appearance as counsel of record.

 Respectfully submitted this the \_\_ day of Month, 2020.

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

 ATTORNEY NAME

 FIRM

 Pro Bono Counsel for Respondent

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME

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