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**

**Family Member 1 ) A200-000-001**

**Family Member 2 ) A200-000-002**

**)**

In Removal Proceedings **) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

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

**MOTION TO CONSOLIDATE REMOVAL PROCEEDINGS**

**MOTION TO CONSOLIDATE REMOVAL PROCEEDINGS**

Respondents, through counsel, hereby submit the following request that the above captioned matters be consolidated so that they may be heard together on [Date] at [time], the master calendar hearing date and time now set for [Child 1], A XXX-XXX-XXX, and [Child 2], A XXX-XXX-XXX.

Respondents [Child 1] and [Child 2] are the children of [Father], A XXX-XXX-XXX. They all live together, along with [Mother] (A XXX-XXX-XXX), [Father]’s wife and the mother of [Child 1] and [Child 2]. [Mother] is not currently in the EOIR system, although she has been issued a Notice to Appear. The facts and circumstances that form the basis of the Respondents’ asylum applications are substantially the same. [Father]’s wife and children will be dependents on his asylum application. As a matter of judicial economy, and so as to avoid duplication of evidence, it is requested that Respondents’ cases be heard jointly.

Respondents [Child 1] and [Child 2] are currently scheduled for a master calendar hearing. It is therefore requested that the aforementioned matters be consolidated and heard by Immigration Judge [Judge] on [Date and time].

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

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

Attorney Name, EOIR ID

Firm

Contact Info

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK - FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NEW YORK**

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

**)**

**In the Matters of: )**

**)**

**Father ) File Nos.: A XXX-XXX-XXX**

**Child 1 ) A XXX-XXX-XXX**

**Child 2 ) A XXX-XXX-XXX**

**)**

**In Removal Proceedings )**

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

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of the Respondents’ Motion to Consolidate Removal Proceedings, 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:

Deadlines:

❑ The application(s) for relief must be filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

❑ The respondent must comply with DHS biometrics instructions by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Date Hon. [Judge]

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