FIRM NAME NON-DETAINED

ADDRESS

PHONE NUMBER

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**FEDERAL PLAZA -NEW YORK IMMIGRATION COURT**

**NEW YORK, NEW YORK**

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

 **)**

**In the Matters of: )**

 **)**

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

**Respondent. )**

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

**Immigration Judge: NAME Master Hearing: May XX, 2020 at TIME**

**MOTION TO CONTINUE**

FIRM NAME

ADDRESS

PHONE NUMBER

**UNITED STATES DEPARTMENT OF JUSTICE**

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**NEW YORK- FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NEW YORK**

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 **)**

**In the Matters of: )**

 **)**

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

**Respondent. )**

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

**MOTION TO CONTINUE**

Respondent, NAME, through undersigned counsel *pro bono* counsel respectfully requests that the Immigration Judge continue the Master Calendar hearing pursuant to 8 C.F.R § 3.29 (an Immigration Judge, may grant a motion to continue for good cause shown.) We are requesting that this Court grant this continuance for good cause for the following reasons:

1. Respondent is currently scheduled for a master calendar hearing on June xx, 2025 at x:xxam before Honorable JUDGE, Immigration Judge, at 26 Federal Plaza New York – Immigration Court.
2. This is Respondent’s [enter whether this is Respondent’s first hearing or if there have been previous hearings indicate that Respondent attended those hearings.]
3. Due to Respondent’s current medical condition, [give details about Respondent’s current medical condition, when it began, how it impacts Respondent] it is unsafe for them to attend this upcoming hearing and therefore request the hearing be postponed.
4. We have timely filed form I-589 Application for Asylum and Withholding of Removal on [enter date that it was filed] which remains pending. [State whether she continues to look for counsel and if so what efforts she has done through].
5. [Include any additional requests or details such as when she will be in a better position to attend court.]

WHEREFORE, for good cause, we respectfully request a continuance of the master calendar hearing for the reasons stated above.

Respectfully Submitted,

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

Attorney name

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK- FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NEW YORK**

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 **)**

**In the Matters of: )**

 **)**

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

**Respondent. )**

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

**Order of the Immigration Judge**

Upon consideration of Respondents’ Motion to Continue, 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK- FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NEW YORK**

**CERTIFICATE OF SERVICE**

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

I, ATTORNEY hereby certify that on this XX day of June 2025, I caused to be served:

A true copy of the Respondents’ Motion to Continue delivered via [USPS/FedEX] to the person at the address set forth below:

Office of the Principal Legal Advisor, New York

26 Federal Plaza, Room 1130

New York, NY, 10278

Phone: (212) 264-5916

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

Respondent Name