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**

**RESPONDENTS’ MOTION TO PRESENT WEBEX TESTIMONY**

**RESPONDENTS’ MOTION TO PRESENT WEBEX TESTIMONY**

Now come Respondents, [Complete Name], and [Complete Name], who through undersigned pro bono counsel, respectfully request that the Court grant this motion to present webex testimony at their individual hearing on [Date], at [Time]. In support of this motion, Respondents state:

1. [*Who the witness is, his contact information, and that he was on the witness list that was timely filed*. *Example*: On [Date], Respondents submitted a timely-filed Witness List naming [Name of Expert Witness], as an expert witness. Please see curriculum vitae, attached as Exhibit A.]
2. [*Why the Witness is unavailable. Example:* [Witness Name] is unavailable to testify in person, as he has meetings and appointments with clients scheduled that day. Furthermore, he is providing assistance on a pro bono basis.]
3. [*What the witness will testify to, and why it is important.* *Example*: [Witness Name] will focus on the psychological injuries Respondent [Complete Name] suffered as a result of his persecution in [Home Country]. This is important to establish past persecution, as well as the other serious harm [Complete Name] will suffer if he is returned to [Home Country].]
4. [*Confirm that the witness is willing and able to testify from his/her location. Example:*  [Witness Name] is willing and able to testify from his office, located in [Name of City].]
5. Rule 4.15(o)(iii) of the Immigration Court Practice Manual permits an immigration judge to grant this motion in his discretion.
6. A copy of the proposed order is attached for the Court’s convenience.

For the foregoing reasons, Respondents respectfully request that the Court give leave to [Witness Name] to provide Webex in support of [Respondents Name]’s application for asylum, withholding of removal, and protection under the Convention Against Torture.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Respectfully Submitted,

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

 [Attorney Name]

 EOIR No. [####]

 [Attorney Address]

Tel: [###-###-####]

 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**  **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