ATTORNEY NAME

ATTORNEY ADDRESS

*Pro Bono* Counsel for Respondents

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK – FEDERAL PLAZA IMMIGRATION COURT**

**NEW YORK, NY**

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

 **)**

**In the Matters of: )**

 **)**

RESPONDENT NAME  **) File Number: A000-000-000**

**In removal proceedings )**

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

**RESPONDENTS’ WRITTEN PLEADING**

On behalf of my client, I make the following representations:

1. The respondent concedes proper service of the Notice to Appear, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I have explained to the respondent (through an interpreter, if necessary):
	1. the rights set forth in 8 C.F.R. § 1240. 10(a);
	2. the consequences of failing to appear in court as set forth in INA § 240(b)(5);
	3. the limitation on discretionary relief for failure to appear set forth in INA § 240(b)(7);
	4. the consequences of knowingly filing or making a frivolous application as. Set forth in INA § 208(d)(6);
	5. the requirement to notify the court within five days of any change of address or telephone number, using Form EOIR-33/IC pursuant to 8 C.F.R. § 1003. 15(d).
3. The respondent concedes the following allegation(s) \_\_\_\_\_\_\_\_\_, and denies the following allegation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. The respondent concedes the following charge(s) of removability \_\_\_\_\_\_\_\_\_\_\_\_, and denies the following charge(s) of removability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. In the event of removal, the respondent;

 □ names \_\_\_\_\_\_\_\_\_\_ as the country to which removal should be directed;

 **OR**

 □ declines to designate a country of removal.

1. The respondent will be applying for the following forms of relief form removal:

 □ Termination of Proceedings

 □ Asylum

 □ Withholding of Removal (Restriction on Removal)

 □ Adjustment of Status

 □ Cancellation of Removal pursuant to INA § \_\_\_\_\_

 □ Waiver of Inadmissibility pursuant to INA § \_\_\_\_\_

 □ Voluntary Departure

 □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ None

1. If the relief from removal requires an application, the respondent will file the application (other than asylum), no later than fifteen (30) days before the date of the individual calendar hearing, unless otherwise directed by the court. The respondent acknowledges that, if the application(s) are not timely filed, the application(s) will be deemed waived and abandoned under 8 C.F.R. § 1003.31(c). If the respondent is filing a defensive asylum application, the asylum application will be filed in open court at the next master calendar hearing.
2. If background and security investigations are required, the respondent has received the DHS biometrics instructions and will timely comply with the instructions. I have explained the instructions to the respondent (through an interpreter, if necessary). In addition, I have explained to the respondent (through an interpreter, if necessary), that, under 8 C.F.R § 1003.47(d), failure to provide biometrics or other biographical information within the time allowed will constitute abandonment of the application unless the respondent demonstrates that such failure was the result of good cause.
3. The respondent estimates \_\_\_ hours will be required for the respondent to present the case.
4. It is requested that the Immigration Court order an interpreter proficient in \_\_\_\_\_ language, \_\_\_\_ dialect;

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

 Date Respondent

**CERTIFICATE OF INTERPRETATION**

I, NAME OF INTERPRETER, am competent to translate and interpret from NAME OF LANGUAGE into English, and I certify that I have read this entire document to the respondent in NAME OF LANGUAGE, and that the respondent stated that he or she understood the document before he or she signed the Pleading Declaration above.

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

 Signature of Interpreter

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

 Typed/Printed Name of Interpreter

 **OR**

I, NAME OF ATTORNEY/REPRESENTATIVE, certify that NAME OF INTERPRETER, a telephonic interpreter who is competent to translate and interpret from NAME OF LANGUAGE and that the respondent stated that he or she understood the document before he or she signed the Pleading Declaration above.

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

 Signature of Attorney/Representative

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

 Typed/Printed Name of Attorney/Representative