

# PRO SE MOTIONS TO CHANGE VENUE

Tips for helping immigrants in removal proceedings to change their court location

# **AGENDA**

- What is the Pro Se Plus Project?
- What is a Motion to Change Venue?
- Information you will need
- Elements of a Motion to Change Venue
- Steps on How to Complete and Submit the Motion
- Updating address with ICE and USCIS
- Questions

# WHAT IS A CHANGE OF VENUE

- A change of venue is the legal term for moving a trial to a new location. A
  motion to change venue is the way in which you request the court to
  change locations.
- A motion to change venue does not change our address with ICE or USCIS.
   This must be done separately.
  - This will be covered during this presentation
- Why would an individual need a motion to change venue?
  - Where they entered US or encountered immigration officials
  - If they were detained, location of where they were detained
  - Individual moved to a new state

# INFORMATION YOU WILL NEED

- The individual's A number
  - · A number is the unique identification number assigned to anyone who has had contact with immigration officials.
  - The A number can be found on nearly any immigration document
- Notice to Appear or CBP/ICE paperwork from the border with the address DHS has on file for the individual.
  - If the individual does not have either of these, try looking up their A number in The individual is referred to as the the EOIR system to find out where their next court date is.

Respondent in

immigration court

- Two ways to check are by calling (800) 898-7180 or by visiting: https://acis.eoir.justice.gov/en/
- Proof of NYC address with name, and if possible, date.

## Notice to Appear

		Your A nur	mber
		1	
U.S. Department of Homeland S	ecurity		Notice to Appear
In removal proceedings	under section 240 of the Immig	gration and Nationality Act:	1
Subject ID:	FINS #:	File No:	
	DOB:	Event No:	
in the Matter of:			
Respondent:			currently residing at:
			_
	(Number, street, city and ZIP cod	le) (Area code and p	chone number)
	(ramoci, meet, eny maren con	(Alta tisk and )	Allore Stationary
☐ 1. You are an arriving alie	n.		
X 2. You are an alien presen	t in the United States who has not been	admitted or paroled.	
3. You have been admitted	d to the United States, but are removable	e for the reasons stated below.	
The Department of Homeland S 1. You are not a cit	ecurity alleges that you: lizen or national of the Un	nited States;	
<ol><li>You are a native</li></ol>	of HONDURAS and a citizen	of HONDURAS ;	
3. You arrived in th	e United States at or near	, on or	sbout ,
4. You were not then	admitted or paroled after	r inspection by an Immig	ration Officer.
		scheduled	
On the basis of the foregoing, it	is charged that you are subject to remove	val from the United States pursuant to	o the following
pmy/sion(s) of law: 212(a) (5) (A) (i) of th alien present in the the United States at	e Immigration and National United States without Jeir any time or place other th	lity Act, as amended, in ag admitted or paroled, on han as designated by the	that you are an or who arrived in Attorney General.
			Albaha Kanada atau atau
<ul> <li>This notice is being issue or torture.</li> </ul>	ed after an asylum officer has found that	tine respondent has demonstrated a i	aculoic fear or persecution
Section 235(b)(1) order s	vas vacated pursuant to: 1 8CFR 208	8,30(f)(2)	
	*		
YOU ARE ORDERED to appear 5701 Executive Center Driv	r before an immigration judge of the Un re Suite 400 Charlotte NC US 2821	nited States Department of Justice at 12	
	(Complete Address of Immigration Court.	(acheding Room Number: if any)	
on a date to be set H	* time to be set to show why you	should not be removed from the Un	ited States based on the
(Date)	(7/me)	1	
charge(s) set forth above.	NICHOLAS E. M		AGENT IN CHARGE
Date: April 18, 2018	McAllen, Texas	Sugnature and Tide of Issuing Officer)	
Diffe:		(City and State)	

## **Common Immigration Documents**

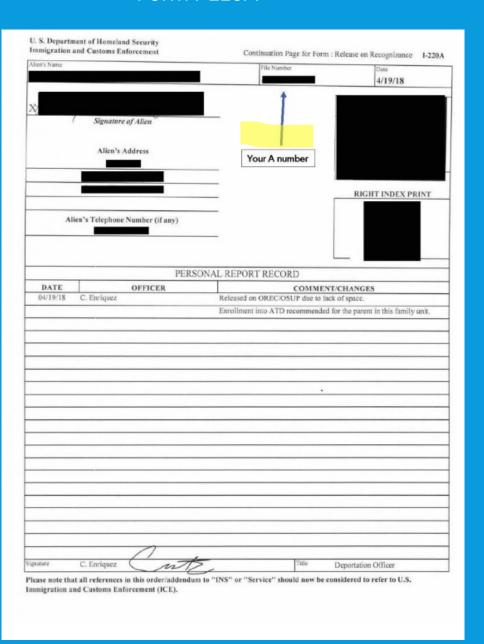
### Form I-385

FAMILY NAME (Capital Letters	s) First Name Middle Name	e 2. Age 3. Country o	Citizenship
4. Alias		S. Date Apprehended	6. Office
7. Birth Date	8. Birth Place		RGV/MCS
9. Sex  Male Female	10. OSC/WA Served Ves No (Explain)	The second second	
11. File Number	12. Bond Date Posted		
13. CINS	14 Medical Alert  No Yes	(Explain)	
15. TRANSFER DATE	FROM	то	16%
A			
В			
С		100	11
16. ADMITTED BY:	19. RELEASED TO: ☐ V	/R Deport 22. Rt. 1	ndex Print - In 23. Rt. Index Print
7. SEARCHED IN BY:	20. RELEASED BY:		
B. DATE ADMITTED:	21. DATE RELEASED:		
. Remarks: SUBJECT STATES	THAT HE/SHE IS IN GOOD HEAL	TH.	
RM I-385 (08/01/07) UNITED STATES DEP	ALIEN BOOKING RECORD PARTMENT OF HOMELAND SECURITY	100	

### Order of Release on Recognizance ("ROR")

		Your A r	number	File No:	1
	ANTENTE CONTRACTOR OF	17915793		Date:	
Name:					100 E
You must report for immigration Review.  You must surrende You must report in at  If you are allowed to remployment, and other.  You must not chan	ed and placed in removal proce- evisions of Title 8 of the Code of with the following conditions:  or any hearing or interview as di  Address of ICE Offi- er for removal from the United 5  (WMHME) (pulson) to  (Location of DHS Office) report in writing, the report must are pertinent information as requi- age your place of residence with site any local, State, or Federal II.	on to contain your name, alice red by the officer listed a out first securing written out first securing written	Date and tir  Name and Title of Cap  (Day of each with registration numbove.	ne of your ICE check-in  Coffice)  at MANNE  a	e for  appointment
Other: Employm	c Department of Homeland Secuent not Authorized	any movement any nec		onicens.	
NOTICE: Failure	containing other specified cond to comply with the conditions epartment of Homeland Secur	of this order may result	in revocation of	f your release and your arre	est and
NOTICE: Failure	to comply with the conditions operatment of Homeland Secur	of this order may result rity.	in revocation of	igrature of BHS Official)  Debute Part of American The of Onicialy	
NOTICE: Failure detention by the D	to comply with the conditions epartment of Homeland Secur  Alien's Acknowledge	of this order may result rity.	in revocation of	DETECT PARTY AND ADDRESS OF A DECEMBER OF A DESCRIPTION AND ADDRESS OF A DECEMBER OF A	
NOTICE: Failure to detention by the D  I hereby acknowledge and understand the ce conditions, the Depart	to comply with the conditions operatment of Homeland Secur	of this order may result rity.  ment of Conditions of R ted and explained to me in	in revocation of	Definition of DHS Official)  Definition Description At the of Office of At an and The of Office of At an an and The office of At an	
NOTICE: Failure idetention by the D  I hereby acknowledge and understand the co- conditions, the Depar	Alien's Acknowledge that I have (read) (Ind interpre- inditions of my release as set for treent of Homeland Security ma	of this order may result rity.  ment of Conditions of R ted and explained to me is the in this y revoke  Cancellation of Ordes	(Princelease on Recognished	DETAILS PASSON AND A SPANISH temply with these	ent in Cha
NOTICE: Failure idetention by the D  I hereby acknowledge and understand the ce conditions, the Departitions, the Departitions, the Departition of the Change of the Chang	Alien's Acknowledge that I have (read) (had interpre- inditions of my release as set for ment of Homeland Security ma	of this order may result rity.  ment of Conditions of R ted and explained to me is the in this y revoke  Cancellation of Ordes	(Princelease on Recognished	DETAILS PASSON AND A SPANISH temply with these	ent in Cha

### Form I-220A



# <u>Limit and explain the services you</u> are providing

Explain what you are doing

Clarify that you are not an attorney and that s/he/they must continue to seek legal representation

Best practice: to have this outlined in writing and to get the individual's written acknowledgement

### Forms Needed

Motion to Change Venue Must include Order and Certificate of Service

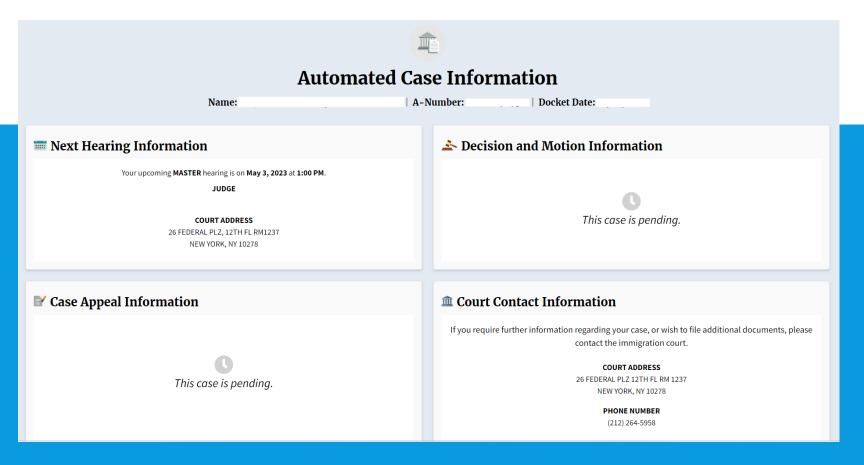
EOIR-33
With proof of NYC address

EOIR-61

Requirement for those who assist with pro se services and filings before the immigration court

Check EOIR Case Information online <a href="https://acis.eoir.justice.gov/en/">https://acis.eoir.justice.gov/en/</a> by using the A#.

This will give you information about the next court date, name of the judge, and court location and phone number.



\*If the information is not found in the system, it means the Notice to Appear has not been filed with the court and you cannot file a motion to change venue\*

- The motion contains:
  - 1.EOIR cover page
  - 2. Motion
  - 3.Order
  - 4. Certificate of Service
- List all names and A numbers (if a family unit)
- Make sure the name(s) is/are spelled the same was as in EOIR records
- In the narrative, explain why the venue change is necessary (and why it is a hardship to attend court in the other state)
- Ask the lead Respondent to review and sign
- You will sign the certificate of Service

# SAMPLE

Name: John Doe	Non-Detained
Address: 12 Main St	
Queens, NY 12345	
74.003, 450, 7000	
Phone: (123)-456-7890	
City,	ICE FOR IMMIGRATION REVIEW IIGRATION COURT New York, New York State of Immigration Court)
In the matter(s) of:	
Doe, John	File No. A 123-456-789
Doe, John	File No. A 123-456-789
Doe, John	File No. A 123-456-789
Doe, John Respondent(s)	File No. A 123-456-789
Respondent(s)	File No. A 123-456-789
	File No. A 123-456-789
Respondent(s) In Removal Proceedings	
Respondent(s)	Next Hearing: October 12, 2022 at 8:30a (Date and Time)
Respondent(s) In Removal Proceedings	Next Hearing: October 12, 2022 at 8:30a
Respondent(s) In Removal Proceedings Immigration Judge: John Smith	Next Hearing: October 12, 2022 at 8:30a

Address: 12 Main St	
Queens, NY 12345	
Phone: (123)-456-7890	
EXECUTIVE OFFICE F IMMIGR	EPARTMENT OF JUSTICE FOR IMMIGRATION REVIEW AATION COURT JUSTICE of Immigration Court)
In the matter(s) of:	
Doe, John	File No. A 123-456-789
	The 10, A 125 450 105
Respondent(s)	
In Removal Proceedings	
nmigration Judge: John Smith	Next Hearing: October 1, 2022 at 8:30am
nmigration Judge: John Smith	Next Hearing: October 1, 2022 at 8:30am (Date and Time)
	-
	(Date and Time)
	(Date and Time)
RESPONDENT'S PRO SE	(Date and Time)
RESPONDENT'S PRO SE  The Respondent(s),	(Date and Time)  MOTION TO CHANGE VENUE  , respectfully requests
RESPONDENT'S PRO SE  The Respondent(s),  John Doe	(Date and Time)  MOTION TO CHANGE VENUE  , respectfully requests
RESPONDENT'S PRO SE  The Respondent(s),  John Doe  that the Immigration Judge change the venue	(Date and Time)  MOTION TO CHANGE VENUE  respectfully requests  of his/her removal proceedings from  to the Immigration Court with
RESPONDENT'S PRO SE  The Respondent(s),  John Doe  that the Immigration Judge change the venue  Dallas, Texas	(Date and Time)  E MOTION TO CHANGE VENUE  The respectfully requests to the information Court with the Immigration Court may grant a change of

Respondent submits there is good cause in this case. Respondent will be residing at the
following address: 12 Main St. Queens, NY 12345
My current phone number is (123) 456-7890. My next hearing date is scheduled on October 1, 2022 at 8:30 AM. before Judge Smith in Dallas TX.  I do not currently live in Dallas and we do not have any connections to Dallas I am seeking counsel near my home in the New York City area. I am unable to afford to travel the long distance to Dallas to attend my hearings and pay for room and board. Additionally, travel during the pandemic is risky and may become even more difficult if we enter another lock-down. Please change my court location to New York so I can more easily and safely attend all of my future hearings. When my case is transferred, I will continue to seek relief from removal in the form of asylum.
The Department of Homeland Security would not suffer any prejudice as a result of a
change of venue. Based upon the foregoing, Respondent respectfully requests that this motion
to change venue be granted.
Respectfully submitted,
Signature Date

2

#### UNITED STATES DEPARTMENT OF JUSTICE EXECUTIVE OFFICE FOR IMMIGRATION REVIEW IMMIGRATION COURT

(City, State of Immigration Court) A#: 123-456-789 Doe, John In the Matter(s) of ORDER OF THE IMMIGRATION JUDGE Upon consideration of the RESPONDENT'S PRO SE MOTION TO CHANGE VENUE, 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 \_\_\_\_\_\_. Immigration Judge

Nar	ne(s): John Doe				
Α#	123-456-789				
		PROOF O	F SER	VICE	
On	, I,				, mailed
				MOTION TO CHANGE VE	NUE to
the	DHS/ICE Office of Chief Cou	nsel at the fol	lowing	address:	
	by				
	(method of deliver	y) 			
	III NA				
	Signature		Da	te	

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

# STEP 3 ICE OPLA ADDRESS

Look up the corresponding address for ICE OPLA:

https://www.ice.gov/contact/field-offices?office=12

### You need this for:

- Certificate of Service
- EOIR 33 Change of Address Form
  - At the bottom for service
- EOIR-61 Notice of Entry of Limited Appearance
  - For the certificate of service



# FORM EOIR 33 CHANGE OF ADDRESS

- Download the Correct EOIR-33 for the court that has jurisdiction
  - This is the court that is listed on the case portal
  - https://www.justice.gov/eoir/formeoir-33-eoir-immigration-courtlisting

- Complete the form with the old address as it appears on the Notice to Appear and the new address
- Complete an EOIR-33 for each Respondent
- Ask the individual(s) to review and sign.
  - Parent can sign for minor child (if child under 14)
- You sign the certificate of service at the bottom of the form
- Attach a proof of address
  - Mail
  - Bills

# Respondent's

Signature



Your signature

#### U.S. Department of Justice

Executive Office for Immigration Review

#### Change of Address/Contact Information Form Immigration Court

Instructions: To complete this form, fill out all blanks below, including proof of service, which certifies that you will provide a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form electronically, fine proon, or by mail. If submitting electronically fine in Respondent Portal at <a href="https://respondentacces.eci-rustice.gov">https://respondentacces.eci-rustice.gov</a>. Attorneys and fully accredited representatives submitting this form electronically must file in Case Portal at <a href="https://portal.eoir.justice.gov">https://portal.eoir.justice.gov</a>. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual who has a case pending in immigration court and whom the change of information affects.

You must file this form with the immigration court within five working days of the change to your contact information, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., notices, decisions) to the address you provide. The immigration court will only make any change(s) to your contact information in EOIR's records upon receipt of this form; the immigration court will not change your contact information based on different information on pleadings, motions, or other communications with the court.

If you fail to appear at any hearing before an immigration judge when notice of that hearing or other official correspondence was served on you or sent to the address you provided, DHS may take you into custody. In addition, the immigration court may conduct your hearing in your absence and enter an order of removal, deportation, or exclusion against you. If the court enters such an order, you may be ineligible for certain forms of relief from removal under the Immigration and Nationality Act as follows:

- If you are in removal proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order. You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.
- If you are in deportation proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order.
   You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.
- If you are in exclusion proceedings: Your application for admission to the United States may be considered withdrawn.

Name - Last, First, Middle, Suffix (if applicable):	A-Number:
My FORMER address and phone number were:	My CURRENT address and phone number are:
"in care of" other person (if any)	"in care of" other person (if any)
Number; Street; Apartment (if any)	Number; Street; Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)	City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)	Phone Number (include country code if other than U.S.)
Email Address	Email Address

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the A-Number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

	PROOF OF SERVICE	
I, (Name)	, provided a copy of this Change of Address Form on,	to the
	egal Advisor for DHS Immigration and Customs Enforcement-ICE at:	,
	the if electronic/email service, or in-person or mail service (provide Number and Street, City, State, ZIP Code)) a copy of this Change of Address Form to the Office of the Principal Legal Adv	isor for DHS
By signing, I agree to provide a mmigration and Customs Enfo	a copy of this Change of Address Form to the Office of the Principal Legal Advorcement-ICE at the location I selected above. I understand that I can provide D	HS with a copy either
By signing, I agree to provide a Immigration and Customs Enfo electronically through the DHS	a copy of this Change of Address Form to the Office of the Principal Legal Adv	HS with a copy either
By signing, I agree to provide a Immigration and Customs Enfo electronically through the DHS	a copy of this Change of Address Form to the Office of the Principal Legal Advorcement-ICE at the location I selected above. I understand that I can provide D is eservice portal (register at <a href="https://eserviceregistration.ice.gov">https://eserviceregistration.ice.gov</a> ), or by mail or p	HS with a copy either

Form EOIR-33/IC Revised February 2022



## **EOIR - 61**

- This form is now required for those who assist with pro se services and filings before the immigration courts
  - At the top, enter Respondent's address
  - Check the box "Motion" and enter "motion to change venue" in the description.
  - Check the box "Other" for Proceeding Type and enter "Removal"
  - Check the box suitable to you:
    - 4th box for "reputable individual"
    - 1st box for "attorney" + your bar information
  - Complete your information, with your office address, and sign
  - Enter the appropriate ICE OPLA address and sign and date the certificate of service.
  - If more than one Respondent, you can list (name and A#) in the box for additional information.

#### U.S. Department of Justice

Executive Office for Immigration Review Immigration Court

#### OMB#1125-0021

Notice of Entry of Limited Appearance for Document Assistance Before the Immigration Court

ALIEN REGISTRATION (NUMBER (A-Number')  (First) (Middle Initial) (Last)  (Number and Street) (Apt. No.)  (City) (State) (Zip Code)  Entry of limited appearance for (please check all that apply and provide a brief description of the assisted document(s) in the space provided below. Additional information may be provided on the revense side of this form:    Application   Brief						
(Number and Street)  (Number and Street)  (Number and Street)  (City		ASSISTED PARTY		NUMBER ("A-Number") (Provide A-Number of the assisted		
(Number and Street)  (City) (State) (Zip Code)  Entry of limited appearance for (please check all that apply and provide a brief description of the assisted document(s) in the space provided below. Additional information may be provided on the reverse side of this form):    Application   Brief	(First)	(Middle Initial)	(Last)	party in this case.)		
City   (State)   (Zip Code)	(1111)	(Made Initial)	(==,			
City   (State)   (Zip Code)	(Number and Street	)	(Apt. No.)			
Entry of limited appearance for (please check all that apply and provide a brief description of the assisted document(s) in the space provided below. Additional information may be provided on the reverse side of this form):  Application   Brief   Motion   Other Document  Description: Motion to Change Venue  Proceeding Type: Bond   Other (i.e. removal, credible fear, asylum-only)   Removal  Attorney or Representative (please check one of the following):    am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following state(s), possession(s), territory(ics), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbarring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).  Full Name of Court   Bar Number (if applicable)	(**************************************	<i>'</i>	(141111)			
Entry of limited appearance for (please check all that apply and provide a brief description of the assisted document(s) in the space provided below. Additional information may be provided on the reverse side of this form):    Application   Brief	(City)	(State)	(Zip Code)	_		
Attorney or Representative (please check one of the following):    a man attorney cligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following states(s), possession(s), territory(ics), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbarring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).    Full Name of Court	Entry of limited appearance for (please check all that apply and provide a brief description of the assisted document(s) in the space provided below. Additional information may be provided on the reverse side of this form):  Application Brief Other Document  Description: Motion to Change Venue					
am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following states(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbarring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).  Full Name of Court  Bar Number (if applicable)  I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization:  I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2) (EOIR-61 must be filed by supervising attorney or accredited representative along with that supervisor's EOIR-61).  I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).  I am an an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from (country).  Attorney or Representative:  I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER  OATE  NAME OF ATTOR	0 71 — —	- '	note rear, asylum-only)	emovai		
states(s), possession(s), territory(ics), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbarring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).  Full Name of Court  Bar Number (if applicable)  I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization:  I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2) (EOIR-61 must be filed by supervising attorney or accredited representative along with that supervisor's EOIR-61).  I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).  I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from (country).  I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).  Attorney or Representative:  I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)	Attorney or Representative (p	lease check one of the fo	llowing):			
I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization:  I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2) (EOIR-61 must be filed by supervising attorney or accredited representative along with that supervisor's EOIR-61).  I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).  I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from (country).  I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. §1292.1(b).  Attorney or Representative:  I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agrecing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	states(s), possession(s), to necessary) and I am not s practice of law in any jur	erritory(ies), commonwealth subject to any order disbarri isdiction (if subject to such	h(s), or the District of Columb ing, suspending, enjoining, re an order, do not check this b	oia (use additional space on reverse side if straining or otherwise restricting me in the		
1292.1(a)(4) with the following recognized organization:     am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2) (EOIR-61 must be filed by supervising attorney or accredited representative along with that supervisor's EOIR-61).     am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).     am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from (country).     am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).   Attorney or Representative:   1 hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.    SIGNATURE OF ATTORNEY OR REPRESENTATIVE   EOIR ID NUMBER   DATE						
must be filed by supervising attorney or accredited representative along with that supervisor's EOIR-61).  If am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).  If am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from (country).  If am an aperson who was authorized to practice on December 23, 1952, under 8 C.F.R. §1292.1(b).  Attorney or Representative:  If hereby enter my limited appearance at the request of the party named above. If have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. If have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:				ation Review as defined in 8 C.F.R. §		
Il am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from (country).  Il am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. §1292.1(b).  Attorney or Representative:  I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2) (EOIR-61					
Attorney or Representative:  I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	☐I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).					
Attorney or Representative:  I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from					
I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:						
the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE  NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	Attorney or Representative:					
NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION  Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations the conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 et seq. I declare under penalty of perjury under the laws of the United States of America that the					
Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	SIGNATURE OF ATTORN	NEY OR REPRESENTAT	TVE EOIR ID NU	MBER DATE		
Name:  (First) (Middle Initial) (Last)  Address  (Street) (City) (State) (Zip Code)  Law Firm or Organization:	X					
(First)         (Middle Initial)         (Last)           Address         (Street)         (City)         (State)         (Zip Code)           Law Firm or Organization:         (City)         (City)         (City Code)	NAME OF ATTORNEY OR REPRESENTATIVE & CONTACT INFORMATION					
(First)         (Middle Initial)         (Last)           Address         (Street)         (City)         (State)         (Zip Code)           Law Firm or Organization:         (City)         (City)         (City Code)	Name					
(Street) (City) (State) (Zip Code)  Law Firm or Organization:		(1	Middle Initial)	(Last)		
(Street) (City) (State) (Zip Code)  Law Firm or Organization:	Address	Ì				
		t)	(City)	(State) (Zip Code)		
Telephone: Email:	Law Firm or Organization:					
	Telephone:	Facsimile:	Email:			

Form EOIR-61 Rev. Nov. 2022

	Proof of Service	
I (Name)	emailed, mailed or delivered a copy of this Form EOIR-61 on	(Date)
to the DHS (Immigration and Custom	s Enforcement – ICE) at	
	X	
	Signature	

#### Additional Information

# If additional respondents, list here

LIMITED APPEARANCES - A Form EOIR-61 shall be filed together with the assisted filing at the time the documents are filed with the immigration court. At this time, because pro se respondent cases are not eligible for electronic filing, all Forms EOIR-61, together with the assisted filing, shall be physically filed with the appropriate immigration court (for further information, please see the Immigration Court Practice Manual, which is available on the EOIR website at www.justice.gov/coir). The attorney or representative must check the box indicating whether the limited appearance is for a particular motion, pleading, brief, application, or other document. Each subsequent filing or submission must be accompanied by a new limited appearance form. When a limited appearance is executed, the attorney or representative's signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, they are an authorized and qualified practitioner, have notified the client about the scope of the limited appearance, and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102.

FREEDOM OF INFORMATION ACT - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is in 28 C.F.R. §§ 16.1-16.11 and appendices. For further information about requesting records from EOIR under the Freedom of Information Act, see How to File a Freedom of Information Act (FOIA) Request with the Executive Office for Immigration Review, available on EOIR's website at http://www.justice.gov/eoir.

PRIVACY ACT NOTICE - The information requested on this form is authorized by 8 U.S.C. §§ 1229(a), 1362 and 8 C.F.R. § 1003.17 in order to enter an appearance before EOIR. The information you provide is mandatory and required to enter an appearance. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice, EOIR-001, Records and Management Information System, 69 Fed. Reg. 26,179 (May 11, 2004), or its successors and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999). Furthermore, the submission of this form acknowledges that an attorney or representative will be subject to the disciplinary rules and procedures at 8 C.F.R. 1003.101 et seq., including, pursuant to 8 C.F.R. §§ 292.3(h)(3), 1003.108(c), publication of the name of the attorney or representative and findings of misconduct should the attorney or representative be subject to any public discipline by EOIR. CASES BEFORE EOIR - Automated information about cases before EOIR is available by calling (800) 898-7180 or (240) 314-1500.

FURTHER INFORMATION - For further information, please see the Immigration Court Practice Manual, which is available on the EOIR website at www.justice.gov/eoir.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is six (6) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

# ASSEMBLE, COPY, MAIL

- Assemble the motion in this order:
  - 1. Motion
  - 2. EOIR-33(s)
  - 3. Proof of address Keep submission one-sided!
  - 4. EOIR-61
  - \*Put the Order and Certificate of Service at end of motion\*
- Make 3 copies of the assembled motion
  - ICE OPLA, Respondent, and your file
  - Electronic copies for Respondent and your file is recommended
- Mail to the court and OPLA in the proper jurisdiction in a way that can be tracked (for example, FedEx)
- Explain to individual s/he may receive the judge's order granting or denying the motion to change venue in the mail. You can offer to review the order and let them know what it says.

# **FOLLOW UP**

- Check the EOIR case status info a week later. If weeks pass without a change of venue, call the court, preferably with the Respondent since you are not the attorney of record, and the court clerk will probably not talk to you.
- You may have to leave a message. Include the name and A# of the main Respondent, explain why you are calling (to check on pro se motion) and leave your number and the Respondent's number.
- Check and keeping checking when the individual's next hearing date is
  - If they have not received an answer on the motion before the hearing date or if the motion was denied, the individual MUST attend the hearing or else they will be ordered removed.
    - You or the individual can call the court to see if they can appear by Webex on the day of the hearing and assist the individual with using Webex.
  - If the motion is granted, continue to check the EOIR system to make sure the location of the case has changed and to see if a new hearing has been scheduled. If not, continue to check once a week

# UPDATING ICE AND USCIS

- Immigration and Customs Enforcement (ICE)
  - Use the same EOIR-33 form, but you must submit it to the local ICE Field Office
  - Visit <a href="https://www.ice.gov/contact/check-in">https://www.ice.gov/contact/check-in</a> to find the field office for the city where you are changing venue from
  - Submit this form by mail to the location of their ICE check-ins
  - Or email it to the email listed for the field office:
    - NewYork.Outreach@ice.dhs.gov

- U.S. Citizenship and Immigration Services
- Form AR-11
  - Can be filed online:
    - https://egov.uscis.gov/coa/displayCOAForm.do
- For victims of domestic violence, trafficking, and other crimes
  - Form AR-11
  - ► Mail paper copy to:

U.S. Citizenship and Immigration Services Attn: Humanitarian Division Vermont Service Center 38 River Road Essex Junction, VT 05479-0001



# **QUESTIONS?**