ATTORNEY NAME (BAR NUMBER) **Non-Detained**

**Law Firm**

Address

City, State Zipcode

Telephone:

Email:

*Pro Bono* Counsel for Respondent

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**VARICK IMMIGRATION COURT**

**NEW YORK, NEW YORK**

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

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| **In the Matter of:**  **DOE, John**  **Respondent** | **A#** |

**Immigration Judge: Hon. Next Hearing:**

**MOTION TO WITHDRAW**

ATTORNEY NAME, pro bono attorney for Respondent, John Doe, respectfully submits this motion to withdraw as counsel.

Respondent was previously residing in San Diego, California in proceedings before this court. Respondent recently relocated to in Kent, Washington. Attached to this motion is a copy of Mr. Doe’s EOIR-33/IC Change of Address form. Exhibit B, EOIR-33/IC. Respondent filed a Motion to Change Venue after Respondent relocated to Washington. Exhibit C, Motion to Change Venue. Respondent is now scheduled for a Master Calendar Hearing before the Seattle Immigration Court, in Seattle, Washington. Exhibit C, Notice of Master Calendar Hearing.

My pro bono representation to Mr. Doe was predicated upon his continued residence in Southern California. Now that Mr. Doe resides in Seattle, Washington, I advised him of my inability to continue representing him. As a non-profit organization, Human Rights First does not have the funds to permit me to travel to Seattle, Washington for ongoing representation of Mr. Doe. For this reason, I request permission from the Court to withdraw as attorney of record from the case. I have discussed this with Respondent and sent him a letter reminding him of his obligation to keep his address and contact information up-to-date with the court, and I provided him with a list of legal service providers that serve the Seattle Immigration Court. Exhibit D, Letter to Respondent Notifying of Case Closure with Human Rights First. Respondent agrees and consents to my withdrawal from the case.

Therefore, Respondent respectfully requests that counsel be permitted to withdraw from representation.

Respectfully submitted,

Date

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**NEW YORK, NEW YORK**

In the Matter of: John, DOE  **A#**

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of the Motion to Withdraw, it is HEREBY ORDERED that the Motion be q **GRANTED q 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EXHIBITS**

**Tab. A Order Granting Bond of EOIR of Adelanto Immigration Court**

**Tab. B Respondent’s EOIR-33/IC Change of Address Form**

**Tab. C Notice of Master Calendar Hearing**

**Tab. D Letter to Respondent Notifying of Case Closure with Human Rights First**

**Certificate of Service**

I certify that a true and correct copy of the following, specifically described document(s):

Motion to Withdraw was properly served on opposing counsel on December 12/7/2020, 2020 by eservice to:

Office of the Principal Legal Advisor

Varick Street

201 Varick Street, Room 1130

New York, NY, 10014

Eserivce@eservice.ice.gov

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

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

Date