[Firm name]  **NON-DETAINED**

[Attorney name and EOIR ID number]

[Address]

[Email address of attorney]

[Telephone number of attorney]

*Pro Bono* Counsel for Respondent(s)

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**[nAME OF COURT] IMMIGRATION COURT**

**[CITY, STATE]**

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

 **)**

**In the Matter(s) of: )**

 **)**

**First Name LAST NAME**  **)**  **File Nos.:**  **A xxx-xxx-xxx**

**First Name LAST NAME ) A xxx-xxx-xxx**

 **)**

**In Removal Proceedings )**

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

**Immigration Judge:** Hon.[Judge’s Full Name] [**Individual/Master Calendar] Hearing:**

[Date of hearing] at [time of hearing]

**RESPONDENTS’ MOTION FOR SUBSTITUTION OF COUNSEL**

**RESPONDENTS’ MOTION FOR SUBSTITUTION OF COUNSEL**

Respondents [Name] and [Name], by and through undersigned *pro bono* counsel, respectfully move this Court to substitute [Name of new attorney] in the place and instead of [Name of prior attorney] as counsel of record in the above-captioned matter. In support of this motion, Respondents state the following:

1. Respondents have been represented in this matter by [Name of prior attorney] of [Name of firm].
2. [Name of firm] accepts cases for *pro bono* representation in immigration court. As of [date], [Name of prior attorney] is no longer an attorney with the firm. As part of [his/her/their] departure from the firm, [Name of prior attorney] consented to [his/her/their] removal as attorney on all cases currently represented by [Firm name].
3. Respondents now wish to be represented by [Name of new attorney], of [Name of firm]. [Name of new attorney] has agreed to provide *pro bono* representation to Respondents moving forward.
4. [Name of new attorney]’s representation of Respondents is for all proceedings.
5. In accordance with the Immigration Court Practice Manual Chapter 2.1(b)(3)(B) and 8 C.F.R. § 1003.17(a)(3), the undersigned *pro bono* counsel is concurrently filing an executed Form EOIR-28 for each respondent.
6. Respondents have provided signed consent to the substitution of [Name of new attorney] as their counsel of record, attached to this motion at [Exhibit \_\_].
7. Respondents’ former counsel, [Name of prior attorney], has been notified of the substitution of counsel. A proof of service of [Name of new attorney]’s Forms EOIR-28 and this motion and all attached exhibits upon [Name of prior attorney] is attached to this motion at [Exhibit \_\_].
8. Respondents are scheduled for an [individual/master calendar] hearing on [date].
9. Neither this Court nor the government will be prejudiced by the substitution of counsel.

For the aforementioned reasons, Respondents respectfully request that this Court grant the present Motion for Substitution of Counsel.

 Respectfully submitted,

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Attorney Name]

 [Firm Name]

 *Pro Bono* Counsel for Respondents

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**[nAME OF COURT] IMMIGRATION COURT**

**[CITY, STATE]**

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

 **)**

**In the Matter(s) of: )**

 **)**

**First Name LAST NAME**  **)**  **File Nos.:**  **A xxx-xxx-xxx**

**First Name LAST NAME ) A xxx-xxx-xxx**

 **)**

**In Removal Proceedings )**

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

**Exhibit List in Support of Respondents’ Motion for Substitution of Counsel**

Exh. A: [Title of Exhibit] (pages x – x)

Exh. B: [Title of Exhibit] (pages x – x)

Exh. C: [Title of Exbhit] (pages x – x)

[Etc.]

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**[NAME OF IMMIGRATION COURT]**

**[CITY, STATE]**

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

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

In the Matter/s of: )

 ) **File No/s.: A 000-000-000**

[Name(s)] )

)

In removal proceedings )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**RESPONDENT’S CONSENT TO SUBSTITUTION OF COUNSEL**

I, [full client name], hereby consent to the substitution of counsel. I understand and agree that my previous attorney, [\_\_\_\_\_\_\_], previously of [organization/firm name], will no longer be representing me in my application for asylum, withholding of removal and relief under the Convention against Torture.

I further understand and agree that I will now be represented by [full name] of [organization/firm name].

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

Signature

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

 Date

Client Name #1 (A000-000-000)

[If applicable] Client Name #2 (A000-000-000)

[If applicable] Client Name #3 (A000-000-000)

[Etc.]

**CERTIFICATE OF SERVICE ON PRIOR COUNSEL**

I, [Attorney Name], hereby certify that on [date], I served a copy of my Forms EOIR-28 and this Motion for Substitution of Counsel and any attached pages via [name mailing service, e.g., USPS Priority Mail] on:

 [Full name and address for the previous attorney]

Date [Name]

[Firm name and address]

 [Email / telephone]

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**[NAME OF COURT]- IMMIGRATION COURT**

**CITY, STATE**

In the Matter of: **First name, LAST NAME (A XXX-XXX-XXX)**

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of the Respondents’ Motion for Substitution of Counsel, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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# 000-000-000**

I, NAME, hereby certify that on this XX day of MONTH 20XX, copies of the foregoing Forms EOIR-28 and Respondents’ Motion for Substitution of Counsel and all attachments were served via **Federal Express / First Class Mail / E-Service/ Hand Delivery** on:

Office of the Principal Legal Advisor, City

Address, Room #

City, State, Zip Code

Phone: (123) 456-789

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

SIGNATURE OF PERSON WHO SERVED

ADDRESS

CONTACT INFO