

**Place your payment for fees (checks, money orders, or Form G-1450 if paying by credit card) here, on top of all the other documents.**

- Information about paying the fee for your FIRST work permit based on asylum:  
[asaptogether.org/en/work-permits/#apply-fee](https://asaptogether.org/en/work-permits/#apply-fee)
- Information about paying the fee to RENEW your work permit based on asylum:  
[asaptogether.org/en/work-permits/#renew-fee](https://asaptogether.org/en/work-permits/#renew-fee)

**Adjunte aquí el pago de la tarifa (cheques, giros postales ("money order" en inglés) o Formulario G-1450 si paga con tarjeta de crédito), encima de todos los demás documentos.**

- Información sobre el pago de la tarifa para su PRIMER permiso de trabajo basado en asilo:  
[asaptogether.org/es/permisos-de-trabajo/#solicitar-tarifa](https://asaptogether.org/es/permisos-de-trabajo/#solicitar-tarifa)
- Información sobre el pago de la tarifa para RENOVAR su permiso de trabajo basado en asilo:  
[asaptogether.org/es/permisos-de-trabajo/#renovar-tarifa](https://asaptogether.org/es/permisos-de-trabajo/#renovar-tarifa)



## e-Notification of Application/Petition Acceptance

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-1145

### What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

### General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

### USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name [REDACTED]	Applicant/Petitioner Full First Name [REDACTED]	Applicant/Petitioner Full Middle Name [REDACTED]
Email Address [REDACTED]	Mobile Phone Number (Text Message) [REDACTED]	



# Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 01/31/2023

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>										
	<input type="checkbox"/> Authorization/Extension Valid Through _____												
	Alien Registration Number A- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Remarks _____													

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

2 Passport Photos Here  
(behind the photos, write your name and A Number)  
  
2 fotos tamaño pasaporte  
(escriba su nombre y número A detrás de las fotos)

► **START HERE - Type or print in black ink.**

## Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. ☒ Initial permission to accept employment.
- 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name) 

--
- 1.b. Given Name (First Name) 

--
- 1.c. Middle Name 

--

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

- 2.a. Family Name (Last Name) 

--
- 2.b. Given Name (First Name) 

--
- 2.c. Middle Name 

--
- 3.a. Family Name (Last Name) 

N/A
-----
- 3.b. Given Name (First Name) 

N/A
-----
- 3.c. Middle Name 

N/A
-----
- 4.a. Family Name (Last Name) 

N/A
-----
- 4.b. Given Name (First Name) 

N/A
-----
- 4.c. Middle Name 

N/A
-----



## Part 2. Information About You (continued)

### Your U.S. Mailing Address

5.a. In Care Of Name (if any)

N/A

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

5.d. City or Town

5.e. State

5.f. ZIP Code

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address?

☒ Yes ☐ No

**NOTE:** If you answered "No" to **Item Number 6.**, provide your physical address below.

### U.S. Physical Address

7.a. Street Number and Name

N/A

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

7.c. City or Town

N/A

7.d. State

N/A

7.e. ZIP Code

N/A

### Other Information

8. Alien Registration Number (A-Number) (if any)

▶ A-

9. USCIS Online Account Number (if any)

▶ N/A

10. Gender

☐ Male ☒ Female

11. Marital Status

☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?

☐ Yes ☒ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☐ Yes ☒ No

**NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).

▶ N / A

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)

☒ Yes ☐ No

**NOTE:** If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☒ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

### Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

### Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

### Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

18.a. Country

18.b. Country

N/A

## Part 2. Information About You (continued)

### Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

20. Date of Birth (mm/dd/yyyy)

### Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► N / A

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

### Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( C ) ( 8 ) ( )

28. (c)(3)(C) **STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) **Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N/A

30. (c)(8) **Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☒ No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. (c)(35) and (c)(36) **Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? N/A ☐ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.





### Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

#### Applicant's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

#### Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

#### Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**NOTE TO APPLICANT:** Do not completely fill out this application until you have all the documents listed in the Instructions. **Do not completely fill out this application until you have all the documents listed in the Instructions.**

Date here  
Fecha aquí

Sign here  
Firma aquí

### Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

#### Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

#### Part 4. Interpreter's Contact Information, Certification, and Signature

##### Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

##### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

##### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

##### Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

#### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

##### Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

##### Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

##### Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



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**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

***Preparer's Statement***

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

- 8.a. Preparer's Signature

N/A

- 8.b. Date of Signature (mm/dd/yyyy)

N/A





## Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.



**Include a copy of the main page of your passport or another government ID.**

- If the passport or government ID is not in English, include a translation and a certificate of translation.

**Incluya una copia de la página principal de su pasaporte u otra identificación del gobierno.**

- Si el pasaporte o la identificación del gobierno no está en inglés, incluya una traducción y un certificado de traducción.

**If possible, include evidence of submitting your asylum application.**

- If you applied for asylum with USCIS, you can include a copy of your receipt notice from USCIS.
- If you applied for asylum in immigration court, you can include a copy of the stamped first page of your asylum application, a copy of your next hearing notice in the immigration court, or a printout of your case status from this immigration court website ([acis.eoir.justice.gov/en/](https://acis.eoir.justice.gov/en/)).
- You can see examples of each in the next pages.

**Si es posible, incluya pruebas de que usted entregó su solicitud de asilo.**

- Si usted entregó su solicitud de asilo a USCIS, puede incluir una copia de su aviso de recibo de USCIS.
- Si usted entregó su solicitud de asilo a la corte de inmigración, puede incluir una copia de la primera página sellada de su solicitud de asilo, una copia de su aviso de su próxima audiencia en la corte de inmigración, o una impresión del estatus de su caso desde este sitio web de la corte de inmigración ([acis.eoir.justice.gov/es/](https://acis.eoir.justice.gov/es/)).
- Puede ver ejemplos de cada uno en las siguientes páginas.

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**



Receipt Number [REDACTED]		Case Type I589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL
Received Date [REDACTED]	Priority Date [REDACTED]	Applicant [REDACTED]
Notice Date [REDACTED]	Page 1 of 1	

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Notice Type: Receipt Notice**

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. **This is a courtesy copy, not the official notice.**

**What the Official Notice Said**

**\*\*\* ACKNOWLEDGEMENT OF RECEIPT \*\*\***

Your complete Form I-589 Application for Asylum and Withholding of Removal was received and is pending as of [REDACTED]. You may remain in the U.S. until your asylum application is decided. If you wish to leave while your application is pending, you must obtain advance parole from USCIS. If you change your address, send written notification of the change within 10 days to the Asylum Office at the below address or using the USCIS Online Change of Address system at <https://egov.uscis.gov/coa/displayCOAForm.do>. You will receive a notice informing you when you and those listed on your application as a spouse or child dependents must appear at an Application Support Center for biometrics collection. You will also receive a notice informing you when you and those listed on your application as a spouse or dependents must appear for an asylum interview. Those notices will contain instructions for what to bring to your ASC appointment and what to bring to your asylum interview.

**WARNING:** Failure to appear at the ASC for biometrics collection or for your asylum interview may affect your eligibility for employment authorization, and may also result in the dismissal of your asylum application or referral of your asylum application to an immigration judge.

Alien Number

Name

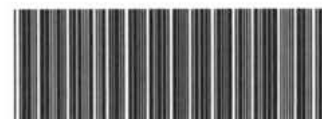
[REDACTED]

[REDACTED]

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Arlington Asylum Office  
U. S. CITIZENSHIP & IMMIGRATION SVC  
1525 Wilson Boulevard, Suite 300  
MS 2500  
Arlington VA 20598-2500

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



Department of Homeland Security  
U.S. Citizenship and Immigration Services  
U.S. Department of Justice  
Executive Office for Immigration Review

# I-589, Application for Asylum and for Withholding of Removal

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: ☐ Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

## Part A.1. Information About You

1. Alien Registration Number(s) (A-Number) (if any)		2. U.S. Social Security Number (if any)		3. USCIS Online Account Number (if any)	
4. Complete Last Name		5. First Name		6. Middle Name	
7. What other names have you used (include maiden name and aliases)?					
8. Residence in the U.S. (where you physically reside)					
Street Number and Name				Apt. Number	
City		State		Zip Code	Telephone Number
9. Mailing Address in the U.S. (if different than the address in Item Number 8)					
In Care Of (if applicable):				Telephone Number ( )	
Street Number and Name				Apt. Number	
City		State		Zip Code	
10. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		11. Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
12. Date of Birth (mm/dd/yyyy)		13. City and Country of Birth			
14. Present Nationality (Citizenship)		15. Nationality at Birth		16. Race, Ethnic, or Tribal Group	
17. Religion					
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings.					
b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.					
19. Complete 19 a through c.					
a. When did you last leave your country? (mm/dd/yyyy)					
b. What is your current I-94 Number, if any?					
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry (Attach additional sheets as needed.)					
Date	Place	Status	Date Status Expires		
Date	Place	Status			
Date	Place	Status			
20. What country issued your last passport or travel document?		21. Passport Number		22. Expiration Date (mm/dd/yyyy)	
		Travel Document Number			
23. What is your native language (include dialect, if applicable)?		24. Are you fluent in English?		25. What other languages do you speak fluently?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
For EOIR use only.		For USCIS use only.		Decision:	
		Action: Interview Date		Approval Date	
		Asylum Officer ID No		Denial Date	
				Referral Date	



NOTICE OF HEARING IN REMOVAL PROCEEDINGS  
IMMIGRATION COURT  
201 VARICK ST., 5TH FL RM 507  
NEW YORK, NY 10014

RE: [REDACTED]

FILE: [REDACTED]

DATE: Sep 22, 2020

TO: [REDACTED]

Your A number

Please take notice that the above captioned case has been scheduled for a  
INDIVIDUAL hearing before the Immigration Court on [REDACTED] at [REDACTED] at:

The type  
of hearing

201 VARICK ST., Courtroom 5  
NEW YORK, NY 10014

Location  
of hearing

Date and time  
of your hearing

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions: (1) You may be taken into custody by the Department of Homeland Security and held for further action. OR (2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A list of free legal service providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 or 240-314-1500. For information on Immigration Court procedures, please consult the Immigration Court Practice Manual, available at [www.usdoj.gov/eoir](http://www.usdoj.gov/eoir).

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL ☒ PERSONAL SERVICE ☒ ELECTRONIC SERVICE ☐  
TO: [ ] ALIEN [ ] ALIEN's Custodial Officer [ ] ALIEN's ATT/REP [ ] DHS  
DATE: 9/22/2020 BY: COURT STAFF V3  
Attachments: [ ] EOIR-33 [ ] EOIR-28 [ ] Legal Services List [ ] Other





Home > NAME/NOMBRE, (XXX-XXX-XXX)



## Automated Case Information

Name: XXXX, XXXXXX | A-Number: XXX-XXX-XXX | Docket Date: XX/XX/XXXX



### Next Hearing Information



There are no future hearings for this case.



### Court Decision and Motion Information



This case is pending.



### BIA Case Information

No appeal was received for this case.



### Court Contact Information

If you require further information regarding your case, or wish to file additional documents, please contact the immigration court.

**COURT ADDRESS**

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX

**PHONE NUMBER**

(xxx) xxx-xxxx