**Name of Attorney NON-DETAINED**

**Firm**

**Address**

**City, State, ZIP**

**Tel:**

**Fax:**

**Email:**

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**IMMIGRATION COURT**

**CITY AND STATE**

|  |  |
| --- | --- |
| **In the Matter of**  **FirstName LASTNAME,**  Respondent | **A 000-000-000** |

Immigration Judge [Name] Next Master Calendar Hearing: date, time

**RESPONDENT’S MOTION TO CONTINUE, OR IN THE ALTERNATIVE, TO WAIVE RESPONDENT’S PRESENCE AND PERMIT TELEPHONIC APPEARANCE OF COUNSEL**

**RESPONDENT’S MOTION TO CONTINUE, OR IN THE ALTERNATIVE, TO WAIVE RESPONDENT’S PRESENCE AND PERMIT TELEPHONIC APPEARANCE OF COUNSEL**

Respondent Jane DOE (“Jane”), through undersigned counsel, hereby moves to continue the master calendar hearing currently scheduled for [DATE], in light of [specify here the particular COVID-19 related rasons, including being symptomatic, having underlying health conditions of concern, or a doctor’s advice, if applicable] recommendations from public health officials that individuals limit non-essential exposure to others on account of the COVID-19 virus. In the alternative, Respondent requests that her presence be waived and that undersigned counsel be permitted to appear telephonically.

This Court may grant a motion for a continuance for good cause shown. 8 CFR § 1003.29; *see also* 8 CFR § 1240.6. This Court also has authority under existing regulations and policy to allow counsel or witnesses to appear telephonically and/or to waive the respondent’s presence, for good cause, if he or she is represented. Immigration Court Practice Manual 4.15 (m)(ii), (n); 8 CFR §1003.25(a); *see also* Tab \_ Letter to Judges from Samuel B. Cole, National Association of Immigration Judges(March 9, 2020).

In support of this motion, Respondent provides the following:

1. [describe and cite any individual evidence to be offered, such as medical evidence], *See* Tab \_\_\_\_
2. The Centers for Disease Control and Prevention (“CDC”) has recommended preventative actions to inhibit the spread of COVID-19 that include avoiding close contact with individuals who are sick, avoiding high-touch surfaces in public places, and avoiding crowds, especially in poorly ventilated, closed-in settings. *See* Centers for Disease Control and Prevention, *About Coronavirus Disease 2019 (COVID-19),* available at <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>.
3. [Add any local city, county, or state directives.] *See* Tab \_\_\_\_\_\_\_.

Respondent Jane was placed in removal proceedings on DATE. [Include here any brief description of collateral relief and current procedural posture.]

By telephone call [or e-mail] on DATE, Counsel for Respondent notified Assistant Chief Counsel [NAME] of this motion and s/he indicated the Department [would/would not] [oppose/join] this motion.

In light of the above grounds and of currently recommended public health precautions, good cause exists for a continuance, or alternatively, for a waiver of Respondent’s presence and telephonic appearance of counsel. This motion is made for a proper purpose and not to cause unnecessary delay.

Should a telephonic appearance of counsel be directed, counsel will be available at the Court’s convenience on DATE from [Start Time] to [End Time] and can be reached at the following telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Respectfully submitted on this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_.

[ATTORNEY’S NAME]

Attorney for Respondent

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**RESPONDENT’S MOTION TO CONTINUE**

**Client First & LAST NAME, A 000-000-000**

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**Certificate of Service**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that I (check one):**

**Mailed**

**Hand delivered**

**Served electronically on the Chief Counsel’s Office located at \_\_\_\_\_\_\_\_**

**Placed in the ICE drop box at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**a true and correct copy of the attached Motion to Continue and all supporting documents to:**

**Chief Counsel**

**Immigration and Customs Enforcement**

**Address**

**City, State, Zip Code**

**On DATE.**

**Attorney Name**

**United States Department of Justice**

**Executive Office for Immigration Review**

**Immigration Court**

**City, State**

|  |  |
| --- | --- |
| **In the Matter of**  **XXXXXXXXX**  Respondent | **A 000-000-000** |

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of Respondent’s **Motion to Continue**, 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 Name of Immigration Judge

Immigration Judge

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

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**United States Department of Justice**

**Executive Office for Immigration Review**

**Immigration Court**

**City, State**

|  |  |
| --- | --- |
| **In the Matter of**  **XXXXXXXXX**  Respondent (A Minor) | **A 000-000-000** |

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of Respondent’s **Motion to Waive Respondent’s Presence and Permit Telephonic Appearance 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 Name of Immigration Judge

Immigration Judge

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

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**United States Department of Justice**

**Executive Office for Immigration Review**

**Immigration Court**

**City, State**

|  |  |
| --- | --- |
| **In the Matter of**  **XXXXXXXXX**  Respondent (A Minor) | **A 000-000-000** |

**ORDER OF THE IMMIGRATION JUDGE**

Upon consideration of Respondent’s **Motion to Waive Respondent’s Presence and Permit Telephonic Appearance 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.

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\_\_ Other:

Deadlines:

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

Date Name of Immigration Judge

Immigration Judge

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

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: Court Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_