

Family Name (CAPS) DOE		First JOHN	Middle
Country of Citizenship NICARAGUA	Passport Number and Country of Issue 12345678 NICARAGUA	File Number 123-456-789	
U.S. Address 1234 NAME STREET, CITY, STATE 00000			
Date, Place, Time, and Manner of Last Entry 08/18/2018, 20MI SE LAR, 0400, PWAM/AFOOT		Passenger Boarded at	
Number, Street, City, Province (State) and Country of Permanent Residence 1234 NOMBRE DE LA CALLE, MANAGUA, NICARAGUA			
Date of Birth 07/29/1997	Date of Action 08/18/2018	Location Code LAR	
City, Province (State) and Country of Birth MANAGUA, NICARAGUA	AR <input type="checkbox"/>	Form : (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>	
NIV Issuing Post and NIV Number	Social Security Account Name		
Date Visa Issued	Social Security Number		
Immigration Record NEGATIVE		Criminal Record NONE	
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate) NOT APPLICABLE		Number and Nationality of Minor Children NOT APPLICABLE	
Father's Name, Nationality, and Address, if Known JOHN DOE, NICARAGUA, NICARAGUA		Mother's Present and Maiden Names, Nationality, and Address, if Known JOHANNA DOE, NICARAGUA, NICARAGUA	
Monies Due/Property in U.S. Not in Immediate Possession NONE CLAIMED	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Systems Checks SEE NARRATIVE	Charge Code Words(s) SEE NARRATIVE
Name and Address of (Last)(Current) U.S. Employer NOT APPLICABLE	Type of Employment	Salary Hr	Employed from/to
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) SUBJECT HEALTH STATUS ----- The subject claims good health. CURRENT CRIMINAL CHECKS ----- Subject has no current criminal charges. PREVIOUS CRIMINAL HISTORY ----- Subject has no criminal history. CRIMINAL AFFILIATIONS ----- Subject has no criminal affiliations. RECORDS CHECKED ----- NCIC Neg EARM Neg CIS Neg ... (CONTINUED ON I-831)			
Alien has been advised of communication privileges		08/18/2018 BP (Date/Initials)	
Distribution:		Received: (Subject and Documents) (Report of Interview) Officer: B. PATROLLER on: 08/18/2018 1030 (time) Disposition: WARRANT OF ARREST/NOTICE TO APPEAR Examining Officer: E. OFFICER	

Alien's Name DOE, JOHN	File Number 123-456-789	Date 8/18/2018
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FUNDS IN POSSESSION

None.

AT/NEAR

Laredo, Texas

MOTHER INFORMATION

Nationality: Nicaragua
Address: 1234 Nombre de la Calle, Managua, Nicaragua

FATHER INFORMATION

Nationality: Nicaragua
Address: 1234 Nombre de la Calle, Managua, Nicaragua

Record of Inadmissible Alien

ENCOUNTER:
On August 18, 2018, Subject JOHN DOE was encountered and apprehended by Border Patrol agents 20 mi SE of LAR POE after Subject and his sister crossed the Rio Grande River.

ALIENAGE/DEPORTABILITY/ INADMISSIBILITY
Subject is not a citizen or national of the United States.
Subject is a native and citizen of Nicaragua.
Subject claims his mother and father are natives and citizens of Nicaragua.

IMMIGRATION HISTORY:
Subject has no prior immigration history.

CRIMINAL HISTORY:
FBI# [REDACTED]
Subject has no criminal history.

HUMANITARIAN / PHONE CALL / OTHER
Subject claims to fear returning to Nicaragua.
Subject stated that he fears the Nicaraguan government.
Subject appears and claims to be in good health at this time.
Subject claims he is not taking any medication at this time.
Subject does not claim to have any children.
Subject has been offered a free phone call and called his family friend, FAMILY FRIEND, at 987-123-4567. The call was completed and lasted for approximately 5 mins.

CONCLUSION:
Subject was not admitted or paroled into the United States after inspection by an immigration officer. Subject is being issued an I-862 Notice to Appear.

Signature B. Patroller	Title BORDER PATROL AGENT
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DEPARTMENT OF HOMELAND SECURITY
NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

File No: 123-456-789

In the Matter of:

Respondent: John DOE currently residing at:

1234 Name Street, City, State 00000

(Number, street, city, state and ZIP code)

(Area code and phone number)

- ☐ You are an arriving alien.
- ☒ You are an alien present in the United States who has not been admitted or paroled.
- ☐ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of NICARAGUA and a citizen of NICARAGUA;
3. You entered the United States at or near LAREDO, TEXAS, on or about August, 18, 2018;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- ☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30 ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

[NAME] IMMIGRATION COURT, [ADDRESS]

(Complete Address of Immigration Court, including Room Number, if any)

on TO BE SET at TO BE SET to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above.

B. Patrol Officer BORDER PATROL OFFICER
(Signature and Title of Issuing Officer) (Sign in ink)

Date: 08/18/2018

LAREDO, TEXAS
(City and State)

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are in removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear, including that you are inadmissible or removable. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge. You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at www.uscis.gov/i-589. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to section 208(a)(2)(B) of the Immigration and Nationality Act.

Failure to appear: You are required to provide the Department of Homeland Security (DHS), in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the DHS immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at <http://www.ice.gov/contact/ero>, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

U.S. Citizenship Claims: If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

Sensitive locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office for Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before:

(Signature of Respondent) (Sign in ink)

Date: _____

(Signature and Title of Immigration Officer) (Sign in ink)

Certificate of Service

This Notice To Appear was served on the respondent by me on 08/18/2018, in the following manner and in compliance with section 239(a)(1) of the Act.

- ☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail
☐ Attached is a credible fear worksheet.
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the SPANISH language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

[Signature]

(Signature of Respondent if Personally Served) (Sign in ink)

B. Patraller

BORDER PATROL AGENT
(Signature and Title of officer) (Sign in ink)

Privacy Act Statement

Authority:

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

Purpose:

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for record keeping.

Routine Uses:

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notices-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doi-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the above mentioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

Disclosure:

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.

Alana Attorney
4321 Name Street
City, State 00000

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
[NAME] IMMIGRATION COURT, CITY, STATE

In the Matter of:

John Doe

In Removal Proceedings

File No.: **A 123-456-789**

Immigration Judge [Name] | September 20, 2021, at 10:00 am

**APPLICATION FOR ASYLUM, WITHHOLDING OF REMOVAL,
AND PROTECTION UNDER THE U.N. CONVENTION AGAINST TORTURE
& SUPPORTING DOCUMENTS**

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Application for Relief

- A. Form I-589, Application for Asylum and for Withholding of Removal 1**
- Generally, file Form I-589 directly with the immigration court having jurisdiction over the underlying proceeding in the circumstances set out in 8 C.F.R. § 1208.4(b)(3):
 1. during exclusion, deportation, or removal proceedings;
 2. after completion of exclusion, deportation, or removal proceedings, and in conjunction with a motion to reopen pursuant to 8 C.F.R. part 1003 where applicable; and
 3. in asylum-only and withholding-only proceedings pursuant to 8 C.F.R. § 1208.2(c)(1) and after the Form I-863, Notice of Referral to Immigration Judge, has been served on the noncitizen and filed with the immigration court.
 - Note: Under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), U.S. Citizenship and Immigration Services (USCIS) has initial jurisdiction over an asylum application filed by unaccompanied noncitizen child (UC), even when the UC is in removal proceedings. See TVPRA § 235(d)(7)(B), *codified at* 8 U.S.C. § 1158(b)(3)(C), INA § 208(b)(3)(C).
- B. Form EOIR-28, Notice of Entry of Appearance as Attorney 11**
- C. [Proof of Biometrics Completion] #**
- Provide proof that the noncitizen has completed the required biometrics appointment, such as a copy of the stamped Form I-797C, Notice of Action, that provides notice of the noncitizen's biometrics appointment.

Supporting Documents

- D. [Respondent's Passport and Birth Certificate] #**
- Provide copies of personal documents that establish the noncitizen's identity, such as a passport, birth certificate, national identity card, or driver's license.
 - Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and [Immigration Court Practice Manual \(ICPM\) Ch. 3.3\(a\)](#).
- E. [Respondent's School Records] #**
- F. Respondent's Declaration 13**
- Provide a handwritten or typed declaration by the noncitizen in which the noncitizen explains in detail the reasons they left and are afraid to return to their home country. The written declaration should include information about the

¹ This annotated table of contents is for educational purposes only and these annotations should **not** be included in an actual filing. As not all of the documents listed in the table of contents were created for this exercise, this annotated table of contents provides information and guidance, such as best practices related to the preparation and submission of these types of documents.

- noncitizen's claimed protected ground(s) and should describe all specific incidents of harm with as much relevant detail as possible.
- Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and in compliance with the guidelines in [ICPM Ch. 3.3\(a\)](#).
- G. [Respondent's Neighbor's Declaration] #
- If reasonably available, provide copies of declarations, affidavits, or letters from witnesses who personally witnessed the claimed harm or saw the harm's impact on the noncitizen. Witness statements should be detailed and focus on facts relevant to the noncitizen's claim.
 - Retain originals and make originals available in compliance with the guidelines in [ICPM Ch. 3.3\(d\)\(3\)](#).
 - Provide evidence of how and when the witness statement was received, such as envelopes and fax cover sheets.
 - Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and in compliance with the guidelines in [ICPM Ch. 3.3\(a\)](#).
- H. [Respondent's Mother's Declaration] #
- I. [Photos of Respondent at April 2018 Demonstration] #
- If reasonably available, provide copies of evidence corroborating the facts of the noncitizen's claim, such as photographs from relevant events the noncitizen attended or of injuries the noncitizen sustained, proof of membership in any groups relevant to the noncitizen's claim, written threats the noncitizen received, or police reports filed by the noncitizen or on the noncitizen's behalf.
 - Retain originals and make originals available, pursuant to [ICPM Ch. 3.3\(d\)\(3\)-\(4\)](#).
 - Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and [ICPM Ch. 3.3\(a\)](#).
- J. [Medical Report] #
- If relevant and reasonably available, provide professional medical reports documenting any physical or psychological injuries suffered by the noncitizen due to the claimed harm, as well as any past or ongoing treatment.
 - Provide a *curriculum vitae* for any expert witnesses.
 - Highlight relevant information pursuant to [ICPM Ch. 3.3\(e\)\(4\)](#).
 - Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and [ICPM Ch. 3.3\(a\)](#).
- K. [News Articles] #
- Provide full copies of news articles documenting relevant country conditions, pursuant to [ICPM Ch. 3.3\(e\)](#).
 - Highlight relevant information, pursuant to [ICPM Ch. 3.3\(e\)\(4\)](#).
 - Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and [ICPM Ch. 3.3\(a\)](#).
- L. [Department of State Human Rights Report] #
- Provide full copies of reports on relevant country conditions, pursuant to [ICPM Ch. 3.3\(e\)](#).
 - Highlight relevant information, pursuant to [ICPM Ch. 3.3\(e\)\(4\)](#).

- Provide certified translations for any documents that are not in English, pursuant to 8 C.F.R. § 1003.33 and [ICPM Ch. 3.3\(a\)](#).

Proof of Service

M. Certificate of Translation	16
N. Certificate of Service	17
<ul style="list-style-type: none"> • Serve DHS counsel and include proof of service with filing, pursuant to 8 C.F.R. § 1003.32 ICPM Ch. 3.2. 	

EOIR MODEL HEARING PROGRAM
 MOCK DOCUMENT -
 FOR EDUCATIONAL PURPOSES ONLY

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.I. 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 type="checkbox"/> Female		11. Marital Status: <input 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 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.) <div style="display: flex; justify-content: space-between;"> <div>Date _____ Place _____ Status _____</div> <div>Date Status Expires _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date _____ Place _____ Status _____</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date _____ Place _____ Status _____</div> <div></div> </div>				
20. What country issued your last passport or travel document?		21. Passport Number Travel Document Number		22. Expiration Date (mm/dd/yyyy)
23. What is your native language (include dialect, if applicable)?		24. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. What other languages do you speak fluently?
For EOIR use only.		For USCIS use only. Action: Interview Date: _____ Asylum Officer ID No.: _____ Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____		

Part A.II. Information About Your Spouse and Children

Your spouse ☐ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Date of Birth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)		13. Race, Ethnic, or Tribal Group	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
16. Place of last entry into the U.S.	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 Number (if any)	19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Your Children. List **all** of your children, regardless of age, location, or marital status.

☐ I do not have any children. (Skip to **Part A.III., Information about your background.**)

☐ I have children. Total number of children: _____

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Part A.II. Information About Your Spouse and Children (Continued)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

2. Provide the following information about your residences during the past 5 years. List your present address first.
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

3. Provide the following information about your education, beginning with the most recent school that you attended.
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)

4. Provide the following information about your employment during the past 5 years. List your present employment first.
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother		<input type="checkbox"/> Deceased
Father		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased

Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, **Part 1. Filing Instructions, Section II., Basis of Eligibility, Parts A. - D., Section V., Completing the Form, Part B.; and Section VII. Additional Evidence That You Should Submit**, for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Political opinion |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Torture Convention |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- ☐ No ☐ Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

FOR MODEL HEARING DOCUMENT - PROBABLY FOR EDUCATIONAL PURPOSES ONLY

- B. Do you fear harm or mistreatment if you return to your home country?

- ☐ No ☐ Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

FOR MODEL HEARING DOCUMENT - PROBABLY FOR EDUCATIONAL PURPOSES ONLY

Part B. Information About Your Application (Continued)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

☐ No

☐ Yes

If "Yes," explain the circumstances and reasons for the action.

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☐ No

☐ Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

- 3.B. Do you or your family members continue to participate in any way in these organizations or groups?

☐ No

☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No

☐ Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

☐ No ☐ Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response.

If you were previously denied asylum by USCIS, an immigration judge, or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

☐ No ☐ Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

☐ No ☐ Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☐ No ☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

Part C. Additional Information About Your Application (Continued)

- ☐
- No
- ☐
- Yes

PROGRAM ONLY

- ☐
- No
- ☐
- Yes

MODEL HEARING
DOCK DOCUMENT
TIONAL PURPOSE

- ☐
- No
- ☐
- Yes

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

WARNING: Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name.	Write your name in your native alphabet.
---------------------------	--

Did your spouse, parent, or child(ren) assist you in completing this application? ☐ No ☐ Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
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Did someone other than your spouse, parent, or child(ren) prepare this application? ☐ No ☐ Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? ☐ No ☐ Yes

Signature of Applicant (The person in Part A.I.)

➔ [John Doe] _____
Sign your name so it all appears within the brackets Date of signature (mm/dd/yyyy)

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer <u>Alana Attorney</u>		Print Complete Name of Preparer	
Daytime Telephone Number ()		Address of Preparer Street Number and Name	
Apt. Number	City	State	Zip Code

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		<input type="text"/>	<input type="text"/>

Part F. To Be Completed at Asylum Interview, if Applicable

NOTE: You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Asylum Officer

Part G. To Be Completed at Removal Hearing, if Applicable

NOTE: You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Immigration Judge

**Notice of Entry of Appearance as Attorney or
Representative Before the Immigration Court**

(Type or Print) NAME AND ADDRESS OF REPRESENTED PARTY			ALIEN ("A") NUMBER (Provide A-number of the party represented in this case.)
(First)	(Middle Initial)	(Last)	Entry of appearance for (please check <u>one</u> of the following): <input checked="" type="checkbox"/> All proceedings Custody and bond proceedings only All proceedings other than custody and bond proceedings
(Number and Street)		(Apt. No.)	
(City)	(State)	(Zip Code)	
Attorney or Representative (please check one of the following): <input checked="" type="checkbox"/> I 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 disbaring, 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). <div style="display: flex; justify-content: space-between;"><div>Full Name of Court</div><div>Bar Number (if applicable)</div></div> <p>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:</p> <p>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).</p> <p>I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).</p> <p>I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from _____ (country).</p> <p>I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).</p>			
Attorney or Representative (please check one of the following): <input checked="" type="checkbox"/> I hereby enter my appearance as attorney or representative for, and at the request of, the party named above. EOIR has ordered the provision of a Qualified Representative for the party named above and I appear in that capacity. I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representations before the Immigration Court. 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 <i>et seq.</i> I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE OF ATTORNEY OR REPRESENTATIVE</div><div>EOIR ID NUMBER</div><div>DATE</div></div> <div style="display: flex; align-items: center; margin-top: 10px;"><div style="font-size: 2em; margin-right: 10px;">X</div><div style="font-family: cursive;">Alana Attorney</div></div>			
NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & EMAIL ADDRESS			
Name:			
(First)	(Middle Initial)	(Last)	
Address:			
Law Firm:			
(Number and Street)			
(City)	(State)	(Zip Code)	
Telephone:	Facsimile:	Email:	
Check here if new address			

Indicate Type of Appearance:☒ Primary Attorney/Representative

Non-Primary Attorney/Representative

On behalf of

(Attorney's Name) for the following hearing:

(Date)

I am providing pro bono representation. Check one: yes no

Proof of Service

I (Name) _____ mailed, emailed or delivered a copy of this Form EOIR-28 on (Date) _____
to the DHS (U.S. Immigration and Customs Enforcement – ICE) at _____

☒ No service needed. I electronically filed this document, and the opposing party is participating in ECAS.**X** *Alana Attorney*

Signature of Person Serving

APPEARANCES - An attorney or Accredited Representative (with full accreditation) must register with the EOIR eRegistry in order to practice before the Immigration Court (see 8 C.F.R. § 1292.1(f)). Registration must be completed online on the EOIR website at www.justice.gov/eoir. An appearance shall be filed on a Form EOIR-28 by the attorney or representative appearing in each case before an Immigration Judge (see 8 C.F.R. § 1003.17). A Form EOIR-28 shall be filed either as an electronic form, or as a paper form, as appropriate (for further information, please see the Immigration Court Practice Manual, which is available on the EOIR website at www.justice.gov/eoir). The attorney or representative must check the box indicating whether the entry of appearance is for custody and bond proceedings only, for all proceedings other than custody and bond, or for all proceedings including custody and bond. When an appearance is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102. Thereafter, substitution or withdrawal may be permitted upon the approval of the Immigration Judge of a request by the attorney or representative of record in accordance with 8 C.F.R. § 1003.17(b). Please note that although separate appearances in custody and non-custody proceedings are permitted, appearances for limited purposes within those proceedings are not permitted. *See Matter of Velasquez*, 19 I&N Dec. 377, 384 (BIA 1986). A separate appearance form (Form EOIR-27) must be filed with an appeal to the Board of Immigration Appeals (see 8 C.F.R. § 1003.38(g)). Attorneys and Accredited Representatives (with full accreditation) must first update their address in eRegistry before filing a Form EOIR-28 that reflects a new address.

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 to represent a party before the Immigration Court. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to represent a party or receive notice of actions in a proceeding. 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.

ADDITIONAL INFORMATION:

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.

Declaration of John Doe in Support of Application for Asylum and Withholding of Removal

I, John Doe, declare as follows:

1. My name is John Doe. I am a citizen of Nicaragua and was born there. I make this declaration in support of my application for asylum and withholding of removal in the United States.
2. I was born on July 29, 1997, in Managua, Nicaragua. My parents are John and Johanna Doe. I have one younger sister, Juana. My sister and I always lived at home with our parents before we came here. She and I fled together and live together in the United States.
3. I was a university student in Nicaragua when I left. I studied Political Science and Public Management.
4. I am opposed to the current Sandinista government because they place severe restrictions on demonstrations, protests, and anyone else who speaks out against the government.
5. Following the 2016 presidential election, I became more and more frustrated with the government. President Ortega was re-elected to a third term that year, but it was only because he oppressed the opposition and used fraudulent tactics to increase his votes.
6. On April 17, 2018, Vice President Rosario Murillo (President Ortega's wife) announced austerity reforms to Nicaragua's social security system. The reforms would require increased contributions to the social security fund while also reducing payments to qualifying individuals. I thought it was unfair.
7. The next day, on April 18, 2018, I joined with some of my friends and other students from the university to have a peaceful protest against the social security reforms. When we arrived at the plaza, I saw that there were police and members of the Sandinista Youth, a group that defends the president. Suddenly, the Sandinista Youth started throwing rocks at us and the police broke through the partition gates. One of the rocks hit me hard on the head. I became dizzy and felt like I was in a cloud, but my friends got me out and took me home.
8. I went to our family doctor and he diagnosed me with a mild concussion and recommended that I rest for a few days. I had a headache and nausea for a few days, but eventually the symptoms went away.
9. I was very afraid, but I knew that I needed to continue participating in demonstrations. The government needed to hear us and the president and vice president needed to resign. I am not sure how many demonstrations I participated in over the next month, but I think it was about 1 or 2 per week.
10. In early May, I was heading to a protest when two police officers stopped me. They said that they wanted to ask me some questions and that I needed to go to the police station with them. I was hesitant to go with them because I had been hearing stories about how the police

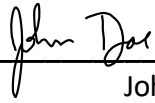
were treating individuals who participated in demonstrations or protests. I had seen them act violently at some of the demonstrations I had participated in, too. I did not want to cause problems, so I went with them. I ended up being held there for about six hours while they questioned me. They did not hurt me at that time, but they wanted to know why I was participating in the demonstrations and told me forcefully that I needed to stop. Finally, they released me and I was able to go home. I returned home by bus.

11. On May 30, 2018, I participated in a demonstration now known as the “Mother of All Marches.” There was an estimated half a million people at the demonstration and I remember seeing a lot of families as well as friends and other students from my university. Juana was at the demonstration with me, so I was constantly keeping an eye on her. At one point, she needed to use a restroom, so we began walking away from the main group to find one. While we were walking away, we began to hear gunshots coming from the demonstration area, so we ran away.
12. Demonstrations exploded throughout the country in the following weeks, but I was too afraid to go and protest myself after everything that had happened. I still wanted to support the efforts in some way, so I started gathering food, water, first aid, and other supplies and taking them to the students who continued to protest.
13. In late June, I was again detained by the police. I had been on my way to deliver some lunches to protesters when the police stopped me and took me to the police station. They kept me in a holding cell for two days and didn’t give me any food or water. Some officers interrogated me three different times. During the interrogations, they beat me repeatedly with their fists all over my body and head and kept screaming at me to admit I was doing illegal activities. I was hurting very badly and wanted them to stop, but I did not know what to say because I only protested peacefully and was not doing anything wrong. I kept thinking I just had to try not to anger them more so that maybe they would stop hurting me and let me go. By the end of the two days, I felt very dizzy and nauseated and was very sore from the beatings. After two days, the police officers suddenly released me without explanation. Before they let me go, the police took copies of my identification cards, which had my home address on them.
14. Once I was released, I took a bus home. My mom made me go immediately to our family doctor for medical treatment. He told me that I was dehydrated and that one of the punches to my head had given me another concussion. He gave me some fluids and advised me to rest for a week.
15. At the end of June and beginning of July, the government really intensified its reactions to protests and demonstrations. I began to hear stories from my friends and fellow students that police were increasingly using live bullets to disperse crowds. On July 13, the police killed two students who were seeking refuge in a church.
16. At that point, I was too afraid to even provide support to other protesters. I mostly stayed home, but I would sometimes go visit with friends. One afternoon in late July, I was at my friend’s house visiting her as she recovered from an injury she suffered while at a

demonstration the day before. While I was at her house, the police went to my house looking for me. They talked to my mother and wanted to know where I was because they wanted me to go to the police station and provide a declaration. I think they wanted me to make statements confessing to illegal activities. Fortunately, they left when my mother told them that I was visiting a friend but she did not know which friend.

17. Now that we knew the police knew where I lived and were looking for me at my house, my family and I decided it was no longer safe for me to be in Nicaragua. My parents were also worried that my sister would also become a target because of her minor involvement in demonstrations and because of her association with me. We decided that she would leave with me. We quickly made a plan, and Juana and I left Nicaragua on August 3, 2018. I have not been back to Nicaragua since then.
18. We took buses through Honduras, Guatemala, and Mexico to get to the United States. It took us two weeks. We crossed into the United States through the Laredo River and were stopped by United States Border Patrol soon after we crossed.
19. Since I left Nicaragua, the police have gone to my house three times to see if I was home so they could take me to the police station to provide a declaration. The first two times, my mother told them that I was out with friends, but the last time, my mom got desperate for them to leave my family alone, and she told them that I am no longer in the country.
20. I am afraid to return to Nicaragua because the government and the police continue to harm anyone who has spoken out against the government and the police know I have participated in anti-government demonstrations. President Ortega is again seeking reelection, for a fourth term. My parents and friends in Nicaragua tell me that police and paramilitary groups continue violently responding to peaceful demonstrations. I am also worried that if I return to Nicaragua, they will try to make an example out of me for trying to escape. I have read many newspaper articles about individuals who sought asylum in the United States and were returned to Nicaragua, only to be immediately placed in detention.
21. Since being released by immigration officials, Juana and I have been living with a friend of our family. I received work authorization last year and began working as a dishwasher at a restaurant near our house. I hope that I will be able to make enough money so that we can move into our own home. Although my sister helps, I complete most of the household chores including cooking, cleaning, and doing laundry. On Sundays, I attend church services with my sister. I also volunteer with the youth program at church. I am currently leading a community service project that creates get-well-soon cards for pediatric patients at the children's hospital nearby. Recently, I started attending ESL classes. I hope to be able to go back to school to finish my degree so I can become a teacher and educate youth on political theory and practice.

This declaration has been read to me in its entirety in the Spanish language, a language I speak and understand fluently. I declare under the penalty of perjury that the foregoing is true and correct to the best of my knowledge.



John Doe

8/23/2021

Date

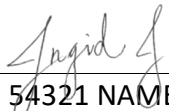
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[ORIGINAL VERSION OF THE
RESPONDENT'S
DECLARATION, WRITTEN IN
SPANISH]

John Doe
A 123-456-789

CERTIFICATE OF TRANSLATION

I, Ingrid Interpreter, am competent to translate from the SPANISH language into English and certify that the translation of Tab D: Respondent's Passport and Birth Certificate; Tab E: Respondent's School Records; Tab F: Respondent's Declaration; Tab G: Respondent's Neighbor's Declaration; Tab H: Respondent's Mother's Declaration; Tab J: Medical Report; Tab K: News Articles is true and accurate to the best of my abilities.



INGRID INTERPRETER

54321 NAME STREET
CITY, STATE 00000
987-012-3456

John Doe
A 123-456-789

CERTIFICATE OF SERVICE

On August 24, 2021, I, Alana Attorney, served a copy of this Application for Asylum, Withholding of Removal, and Protection Under the U.N. Convention Against Torture & Supporting Documents to [DHS Counsel] at [DHS Address] by [method of service, e.g., hand delivery, first-class mail, email, overnight courier].

Alana Attorney

8/24/2021

Date

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