ADVICE TO APPLICANT

PLEASE READ CAREFULLY. FEES WILL NOT BE RETURNED.

- I. <u>Permanent Resident Aliens Eligible for Cancellation of Removal</u>: You may be eligible to have your removal cancelled under section 240A(a) of the Immigration and Nationality Act (INA). To qualify for this benefit, you must establish in a hearing before an Immigration Judge that:
 - A. You have been a permanent resident for at least five (5) years;
 - **B.** You have at least seven (7) years continuous residence in the United States after having been lawfully admitted in any status prior to service of the Notice to Appear, or prior to committing a criminal or related offense referred to in sections 212(a)(2) and 237(1)(2) of the INA, or prior to committing a security or related offense referred to in section 237(1)(4) of the INA; and
 - C. You have not been convicted of an aggravated felony.
- **NOTE:** If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous residence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.
 - II. <u>Permanent Resident Aliens NOT Eligible for Cancellation of Removal</u>: You are not eligible to have your removal cancelled under section 240A(a) of the INA if you:
 - **A.** Entered the United States as a crewman after June 30, 1964;
 - **B.** Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA in order to receive a graduate medical education or training, regardless of whether you are subject to or have fulfilled the 2-year foreign residence requirement of section 212(e) of the INA;
 - C. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA, other than to receive graduate medical education or training, and are subject to the 2-year foreign residence requirement of section 212(e) of the INA but have neither fulfilled nor obtained a waiver of that requirement;
 - **D.** Are an alien who is either inadmissible under section 212(a)(3) of the INA or deportable under section 237(a)(4) of the INA;
 - **E.** Are an alien who ordered, incited, assisted, or otherwise participated in the persecution of an individual because of the individual's race, religion, nationality, membership in a particular social group, or political opinion; or
 - F. Are an alien who was previously granted relief under section 212(c) of the INA, or section 244(a) of the INA as such sections were in effect prior to the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, or whose removal has previously been cancelled under section 240A of the INA.

III. How Permanent Resident Aliens Can Apply for Cancellation of Removal

If you believe that you have met all the requirements for cancellation of removal, you must answer all the questions on the attached Form EOIR-42A fully and accurately. You must pay the filing and biometrics fees and comply with the Department of Homeland Security (DHS) instructions for providing biometric and biographic information to USCIS [available at http://uscis.gov]. You must also serve a copy of your application on the Assistant Chief Counsel for the DHS, U.S. Immigration and Customs Enforcement (ICE) as required in the proof of service on page 7 of this application, if applicable, and you must file your application with the appropriate Immigration Court. Please read the following instructions carefully before completing your application.

INSTRUCTIONS

1. PREPARATION OF APPLICATION.

To apply for cancellation of removal as a permanent resident alien under section 240A(a) of the Immigration and Nationality Act (INA), you must fully and accurately answer all questions on the attached Form EOIR-42A. You must also comply with all of the instructions on this form. These instructions have the force of law. A separate application must be prepared and executed for each person applying for cancellation of removal. An application on behalf of an alien who is mentally incompetent or is a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to respond fully to a question, please continue your response on an additional sheet of paper. Please indicate the number of the question being answered next to your response on the additional sheet, write your alien registration number, print your name, and sign, date, and securely attach each additional sheet to the Form EOIR-42A.

2. BURDEN OF PROOF.

The burden of proof is on you to prove that you meet all of the statutory requirements for cancellation of removal for certain permanent resident aliens under section 240A(a) of the INA and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for relief (see "SUPPORTING DOCUMENTS" below).

3. SUPPORTING DOCUMENTS.

You should submit with your application copies of any documents which the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service, issued to you. You should also submit all documents related to your criminal history, including all conviction records. The Immigration Judge may require you to submit additional records relating to your request for cancellation of removal.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

4. REQUIRED BIOMETRIC AND BIOGRAPHIC INFORMATION.

Each applicant 14 years of age or older must also comply with the requirement to supply biometric and biographic information. You will be given instructions on how to complete this requirement. You will be notified in writing of the location of the Application Support Center (ASC) or the designated Law Enforcement Agency where you must go to provide biometric and biographic information. You will also be given a date and time for the appointment. It is important to furnish all the required information. Failure to comply with this requirement may result in a delay in your appointment or in your application being deemed abandoned and dismissed by the Immigration Court.

5. TRANSLATIONS.

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

6. FEES.

Before you file your Form EOIR-42A with the Immigration Court, you must pay the required filing fee and the biometrics fee to the DHS. Current fee amounts are listed in the EOIR Fee Schedule, [INSTERT URL]. Evidence of payment of these fees in the form of a copy of the DHS, U.S. Citizenship and Immigration Services (USCIS) ASC notice of fee receipt and biometrics appointment instructions must accompany your Form EOIR-42A. These fees will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. If you are unable to pay the filing fee, you may ask the Immigration Judge to permit you to file your Form EOIR-42A without fee (fee waiver).

DO NOT SEND CASH. All fees must be submitted in the exact amount. Remittance may be made by personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Department of Homeland Security" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be made payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check. All checks must be drawn on a bank located in the United States.

7. SERVING & FILING YOUR APPLICATION.

- A. You must first comply with the DHS instructions for providing biometric and biographic information to USCIS, which involves sending a copy of the application to the appropriate USCIS Service Center. The DHS instructions also address payment of the application fees.
- B. You must then serve the following documents on the Assistant Chief Counsel for DHS, U.S. Immigration and Customs Enforcement (ICE):
 - a copy of your Form EOIR-42A, Application for Cancellation of Removal, with all supporting documents and additional sheets;
 - a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions; and
 - the original Biographical Information Form G-325A.

Note: Electronic filers are not required to serve the opposing party if the opposing party is participating in ECAS. EOIR's ECAS system will provide an electronic service notification to participating parties.

You must file the following documents with the appropriate Immigration Court:

- the original Form EOIR-42A with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- a copy of the Biographical Information Form G-325A; and
- a completed certificate showing service of these documents (See Part 10 of the Application on page 7) on the ICE Assistant Chief Counsel or affirmation that the documents were electronically filed through ECAS, unless service is made on the record at the hearing.

Retain your USCIS ASC biometrics confirmation document or a copy of your Fingerprint Card, FD-258, if applicable, as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

8. PENALTIES.

You must answer all questions on Form EOIR-42A truthfully and submit only genuine documents in support of your application. You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge. Your answer to the questions on this form and the supporting documents you present will be used to determine whether your removal should be cancelled and whether you should be permitted to retain your permanent resident status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to be admitted or readmitted, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false. Presenting false answers or false documents may also subject you to criminal prosecution under 18 U.S.C. section 1546 and/or subject you to civil penalties under 8 U.S.C. section 1324c if you submit your application knowing that the application, or any supporting document, contains any false statement with respect to a material fact, or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting documents contain any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000, imprisoned for up to ten (10) years, or both. 18 U.S.C. sections 1546(a), 3559(a)(4), 3571(b)(3). If it is determined you have violated the prohibition against document fraud and a final order is entered against you, you could be subject to a civil penalty up to \$2,000 for each document used or created for the first offense, and up to \$5,000 for any second, or subsequent offense. In addition, if you are the subject of a final order for violating 8 U.S.C. section 1324c, relating to civil penalties for document fraud, you will be removable from the United States.

9. PAPERWORK REDUCTION ACT NOTICE.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often, this process is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: (1) learning about the form, 50 minutes, (2) completing the form, 2 hours, and (3) assembling and filing the form, 3 hours, for an average of 5 hours, 50 minutes per application. If you have comments regarding the accuracy of this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

10. PRIVACY ACT NOTICE.

This collection of information is authorized by INA Section 240A(a) (8 USC Section 1229b(a)) in order to adjudicate an applicant's request for cancellation of removal for certain permanent residents. The collected information is mandatory and required to decide whether to permit the applicant to remain in the United States. Failure to provide the requested information would deprive the applicant of establishing their eligibility for cancellation of removal. EOIR may share this information with others in accordance with approved routine uses as described in the following system of records notices (SORNs), or their successors: JUSTICE/EOIR-001, Records and Management Information System. This SORN can be found on the Department of Justice website at https://www.justice.gov/opcl/doj-systems-records.

| PLEASE READ ADVICE AND INSTRUCTIONS BEFORE FILLING IN FORM PLEASE TYPE OR PRINT | | Fee Stamp (Official Use Only) | | | | |
|---|---|--|--|---|--|--|
| PA | ART 1 - INFORMATIO | N ABOUT YOUR | RSELF | | | |
| 1) My present true name is: (Last, First, Middle) | | 2) Alien Registration | 2) Alien Registration (or "A") Number(s): | | | |
| 3) My name given at birth was: (Last, First, Middle) | | 4) Birth Place: (City | 4) Birth Place: (City and Country) | | | |
| 5) Date of Birth: (Month, Day, Year) | 6) Sex: Male Female | 7) Height: | 8) Hair Color: | 9) Eye Color: | | |
| 10) Current Nationality and Citizenship: | 11) Social Security Number: | 12) Home Phone Nu | mber: 13) Work Pl | none Number: | | |
| 14) I currently reside at: | | 15) I have been known by these additional name(s): | | | | |
| 16) I have resided in the following location | ns in the United States: (List PRE | SENT ADDRESS FIRS | T, and work back in tin | ne for at least 7 years.) | | |
| Street and Number - Apt. o | r Room # - City or Town - State - | Zip Code | Resided From: (Month, Day, Year) | Resided To: (Month, Day, Year) PRESENT | | |
| 17) I, the undersigned, hereby reques Nationality Act (INA). I believe years, have 7 years of continuou | t that my removal be cancelled un that I am eligible for this relief be se residence in the United States, a atus of an alien lawfully admitted | der the provisions of sec ecause I have been a law nd have not been convic | etion 240A(a) of the Im ful permanent resident ted of an aggravated fe on | alien for 5 or more | | |

(Place)

| 18) My first arrival into the U | United States was u | nder the name of: (Last, First, Midd | 19) My fi | irst arrival to the United State | es was on: (Month, Day, Year) |
|---|--|--|--|----------------------------------|---------------------------------|
| 20) Place or port of first arr | ival: (Place or Port, | City, and State) | | | |
| 21) I: was inspected | | | | | |
| ☐ 1 ent | tered using my La egorv on Lawful I | wful Permanent Resident card Permanent Resident card | | (Month | h, Day, Year) |
| ☐ I en | tered using a | visa | which is valid | d until | <u> </u> |
| was not inspec | | (Specify Type of Visa) . uments. Explain: | | • | h, Day, Year) |
| | | pection. Explain: | | | |
| Other. Explain | | | | | |
| 22) I applied on (M | | for additional time to stay | and it was | granted on | |
| and valid until | fonth, Day, Year) | | | (M | fonth, Day, Year) |
| | (Month, Day, Year) | , or 🗖 denied on | | | |
| | (Please list all de | d from and returned to the Unit partures regardless of how brid the United States since your | efly you were | absent from the United States | s.) |
| Port of Departure (Place or Pos | | Departure Date (Month, Day, Year) | Purpose of Trav | | Destination |
| Port of Return (Place or Port, o | City and State) | Return Date (Month, Day, Year) | Manner of Retu | ırn | Inspected and Admitted? Yes No |
| Port of Departure (Place or Po | rt, City and State) | Departure Date (Month, Day, Year) | Purpose of Trav | vel | Destination |
| Port of Return (Place or Port, 6 | City and State) | Return Date (Month, Day, Year) | Manner of Retu | ırn | Inspected and Admitted? |
| 24) Have you ever departed | I the United State | s: a) under an order of depor | tation, exclus | ion, or removal? | Yes No |
| | | b) pursuant to a grant of v | oluntary depa | arture? | Yes No |
| PART 4 - INFO | RMATION | ABOUT YOUR MAR | | | |
| 25) I am not married: | | he name of my spouse is: (Last, | | 27) My spouse's name befo | |
| I am married: | | J 1 | | | |
| 28) The marriage took place | e in: (City and Count | אינ | 29) Date of marriage: (Month, Day, Year) | | |
| | | | | | |
| 30) My spouse currently res | sides at: | | 31) Place and date of birth of my spouse: (City & Country; Month, Day, Year) | | |
| Apt. number and/or in care o | f | | | | |
| | Api. numoer and/or in care of | | 32) My spouse is a citizen of: (Country) | | |
| Number and Street | | | | | |
| City or Town State/Country Zip Code | | | | | |
| , . | | United States citizen, answer t | C | | |
| He/she arrived in the United States at: (Place or Port, City and State) | | | | | |
| He/she arrived in the United States on: (Month, Day, Year) His/her alien registration number(s) is: A# | | | | | |
| Hasha was naturalized | n number(s) is. A | # | at | | · |
| | | ur) | | | |
| 34) My spouse \Box - is \Box | - is not employe | ed. If employed, please give sal | ary and the na | ame and address of the place(| s) of employment. |
| Full Name and Address of | Employer | | | | Earnings Per Week (Approximate) |
| | | | | | \$ |
| | | | | | \$ |

| Name of prior spouse: (Last, First, Middle) | Date marriage began: | | | Description or manner of how marriage was | | | |
|---|---|---------------------------------|-----------------|---|-----------------------------------|---------------------------------|--|
| | Date marriage ended: | | | terminated or ended: | | | |
| | | | | | | | |
| Jame of prior spouse: (Last, First, Middle) | Date marriage began: | Place marriage of | ended: | Descripti | ion or manner of how | v marriage was | |
| | Date marriage ended: | (City and Count | | | ed or ended: | | |
| | | | | | | | |
| 6) Have you been ordered by any court, | or are otherwise under any | legal obligation, to | provide o | child supp | ort and/or spousal m | aintenance as a | |
| sult of a separation and/or divorce? | - Yes 🗖 - No | | | | | | |
| PART 5 - INFORMAT | TION ABOUT YOU | JR EMPLOY | MENT | AND I | FINANCIAL S | STATUS | |
|) Since my arrival into the United States, | | | | | | | |
| ork back in time. Any periods of unemploy | | | | - | | | |
| Full Name and Address of | Employer | Earnings Per Week (Approximate) | Type o Perfo | of Work ormed | Employed From: (Month, Day, Year) | Employed To (Month, Day, Yea | |
| | | \$ | | | | PRESENT | |
| | | \$ | | | | | |
| | | \$ | | | | | |
|)) TO 10 1 1 1 1 1 1 1 | | | 11 | 4 | 1 1 1 1 0 | | |
| 3) If self-employed, describe the nature of | of the business, the name o | I the business, its a | ddress, an | d net inco | me derived therefroi | n: | |
| | | | | | | | |
| | | | | | | | |
| 9) My assets (and if married, my spouse | 's assets) in the United Stat | tes and other countr | ries, not in | cluding c | lothing and househo | ld necessities, a | |
| e <u>lf</u> | , | | Owned V | | - | | |
| Sh, Stocks, and Bonds | | | | | | | |
| eal Estate | Real Estate\$ | | | | | | |
| uto (dollar value minus amount owed) | Auto (dollar value minus amount owed)\$ | | | | | | |
| ato (donai vaide illilius allioulit owed) | ther (describe on line below) <u>\$</u> | | | | | | |
| | TOTAL \$TOTAL \$ | | | | | | |
| ther (describe on line below) | AL <u>\$</u> | | | | | | |

PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued on page 5) (Number of) children. Please list information for each child below, include assets and earnings information for 42) I have children over the age of 16 who have separate incomes: Name of Child: (Last, First, Middle) Citizen of What Country: Now Residing At: (City and Country) Immigration Status Child's Alien Registration Number: Birth Date: (Month, Day, Year) Birth Place: (City and Country) of Child A#: Estimated Total of Assets: \$ Estimated Average Weekly Earnings: \$ A#: Estimated Total of Assets: \$ Estimated Average Weekly Earnings: \$ A#: Estimated Total of Assets: \$ Estimated Average Weekly Earnings: \$ _ 43) If your application is denied, would your spouse and all of your children accompany you to your: If you answered "No" to any of the Yes No Country of Birth responses, please explain: Yes No Country of Nationality -Country of Last Residence - Yes No 44) Members of my family, including my spouse and/or child(ren) - have - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and total amount received during this time: 45) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents, living or deceased. As to residence, show street address, city, and state, if in the United States; otherwise show only country: Relationship to Me: Name: (Last, First, Middle) Citizen of What Country: Immigration Status Alien Registration Number: Birth Date: (Month, Day, Year) Birth Place: (City and Country) of Listed Relative A#: Complete Address of Current Residence, if Living:

Complete Address of Current Residence, if Living:

| PAR | 1 7 - MISCELLANEOU | S INFORMATION (Continu | ed on page 6) | | |
|--|--|---|--|--|--|
| 46) I 🗖 - have 🗖 - have not e | ntered the United States as a crewn | man after June 30, 1964. | | | |
| 47) I 🖵 - have 🗖 - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien. | | | | | |
| 48) I 🗖 - have 🗖 - have not sul | bmitted address reports as required | by section 265 of the Immigration an | d Nationality Act. | | |
| imprisoned, placed on probation, or in not limited to, traffic violations or dri | forfeited collateral for an act involving iving incidents involving alcohol). (If a the offense, date of conviction, any pen | oreign country) been arrested, summoned og a felony, misdemeanor, or breach of a answer is in the affirmative, please give halty imposed, any sentence imposed, and | ny public law or ord a brief description of | inance (including, but each offense | |
| | rmed Forces of the United States? | ☐ - Yes ☐ - No. If "Yes" please | state branch (Army | , Navy, etc.) and | |
| | | | | | |
| | | Date of discharge: (Month, D | | | |
| Type of discharge: (Honorable, Dishor | norable, etc.) | | | | |
| I served in active duty status from: | : (Month, Day, Year) | to (Month, Day, Year | ") | | |
| or naval forces of the United S | States? | trict where you registered for the draf | | refred into the military Yes No Yes No | |
| | | pplicable previous Selective Service (Dra poard number, and your last draft clas | | Yes No | |
| 54) Were you ever exempted from | m service because of conscientious | objection, alienage, or any other reas | on? | Yes No | |
| or similar group in the United | States or any other place since you | every political organization, association of the birthday. Include any foreign market free organization, and the dates of market by the organization of the dates of market by the bare of the organization of the dates of market by the bare of the | nilitary service in th | | |
| Name of Organization | Location of Organization | Nature of Organization | Member From: (Month, Day, Year) | Member To: (Month, Day, Year) | |
| | | | | | |
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| | | | | | |
| | | | | | |
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| | | | | | |

PART 7 - MISCELLANEOUS INFORMATION (Continued) 56) Have you ever: ☐ Yes No been ordered deported, excluded, or removed? ☐ Yes overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service (INS)? ☐ Yes ☐ No failed to appear for deportation or removal? 57) Have you ever been: ☐ Yes ☐ No a habitual drunkard? ☐ Yes one whose income is derived principally from illegal gambling? ☐ Yes one who has given false testimony for the purpose of obtaining immigration benefits? ☐ Yes one who has engaged in prostitution or unlawful commercialized vice? ☐ Yes involved in a serious criminal offense and asserted immunity from prosecution? ☐ Yes a polygamist? ☐ Yes one who brought in or attempted to bring in another to the United States illegally? ☐ Yes a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)? ☐ Yes inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA? ☐ Yes one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been cancelled under section 240A of the INA? If you answered "Yes" to any of the above questions, explain: 58) Name of School, Type of School, Degree Earned / Date (if any), Location (City/Country), Attended From (MM/YY) To (MM/YY) 59) The following certificates or other supporting documents are attached hereto as part of this application (Refer to the Instructions for documents which should be attached.)

PART 8 - SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

(Read the following information and sign below)

I declare that I have prepared this application at the request of the person named in Part 1, 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 a language the applicant speaks fluently 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 EOIR-42A may subject me to civil penalties under 8 U.S.C. § 1324c.

| Signature of Preparer: | | Print Name: | Date: |
|--|----------------------------------|--------------------------------------|--|
| Daytime Telephone #: | Address of Preparer: | (Number and Street, City, State, Zip | Code) |
| | PART 9 |) - SIGNATURE | |
| APPLICATION NO | | ELOW UNTIL APPLICA GRATION JUDGE | ANT APPEARS BEFORE |
| | | | documents and supplements, and that they, if any, that were made by me or at |
| | | (Signature of Applican | nt or Parent or Guardian) |
| Subscribed and sworn to before me | by the above-named applicant | at | |
| | | | mmigration Judge |
| | | | :: (Month, Day, Year) |
| | PART 10 - P | ROOF OF SERVICE | |
| I hereby certify that a copy of the fo | oregoing Form EOIR-42A was: | - delivered in person | - mailed first class, postage prepaid |
| onto t | ne Assistant Chief Counsel for t | he DHS (U.S. Immigration and Cust | toms Enforcement-ICE) |
| at | (Number and | Street, City, State, Zip Code) | |
| ☐ No service needed. I electronic | cally filed this document, and | d the opposing party is participat | ing in ECAS. |
| | | Signature of An | plicant (or Attorney or Representative) |