**[Attorney Name] DETAINED**

***Pro bono counsel***

**[Attorney Address Block]**

**[Attorney Address Block]**

**[Attorney Address Block]**

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**IMMIGRATION COURT**

**FT. SNELLING, MINNESOTA**

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

 **)**

**In the Matter of: )**

 **)**

**[Client LAST, First] ) File No. A [A number]**

 **)**

 **)**

**In removal proceedings )**

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

**Immigration Judge [Last] Next Master Calendar Hearing: [Date] at[time]**

### RESPONDENT’S evidence in support of Bond REdetermination

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| **TAB** | **DESCRIPTION** | **PAGES** |
|  | Respondent’s Birth Certificate, with translation. |  |
|  | Copy of Respondent’s passport and U.S. Visa.  |  |
|  | Community Support |  |
|  | Letter from [\_], Respondent’s U.S. citizen girlfriend.*[May insert compelling quote or summary here]* |  |
|  | Letter from [\_], Respondent’s Pastor.*[May insert compelling quote or summary here]* |  |
|  | Letter from [\_], Respondent’s employer.*[May insert compelling quote or summary here, especially if they are interested in employing Respondent again upon release from detention.]* |  |
|  | Letter from [\_], Respondent’s neighbor.*[May insert compelling quote or summary here]* |  |
|  | Criminal History |  |
|  | Respondent’s MNCIS Register of Actions |  |
|  | Respondent’s conviction record for [\_] dated [\_]*[May highlight compelling facts/information here]* |  |
|  | Certified Court Record showing Respondent’s charge of [\_] was dismissed. |  |
|  | Rehabilitation Documentation |  |
|  | *[Insert any rehabilitative documents here, e.g. drug rehab, AA, Rule 25 plans, etc.]*  |  |
|  | Education and Training Documentation  |  |
|  | [Insert available school and training records, including from jail programs] |  |

DATE: Respectfully submitted,

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

 [Attorney Name]

*Pro Bono Counsel for Respondent*

 [Attorney Address Block]

**[Respondent First LAST]**

**A [A number]**

**CERTIFICATE OF SERVICE**

On [Date], I, [Attorney/person serving], served a copy of Respondent’s Evidence in Support of Bond Redetermination and any attached pages on the Office of the Principal Legal Advisor at the following address: 1 Federal Drive, Suite 1800, Ft. Snelling, MN 55111, by [certified mail/courier/in-person delivery].

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

Date [Attorney Name]