**Client Name NON-DETAINED**

**Address**

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**IMMIGRATION COURT**

**FORT SNELLING, MINNESOTA**

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

**)**

**In the Matter of: )**

**)**

**) A#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST, First )**

**)**

**In removal proceedings )**

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

**Immigration Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Next Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRO SE I-589, APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL, AND RELIEF UNDER THE CONVENTION AGAINST TORTURE**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATE OF SERVICE**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, served a copy of the following documents on the Office of the Principal Legal Advisor at 1 Federal Drive, Suite 1800, Fort Snelling, MN 55111, by [mail, hand delivery, Fedex]:

Form I-589

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

Signature Date

**Client Name NON-DETAINED**

**Address**

**UNITED STATES DEPARTMENT OF JUSTICE**

**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**

**IMMIGRATION COURT**

**FORT SNELLING, MN**

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

**)**

**In the Matter of:** **)**

**) A# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST NAME(s), First and Middle Names )**

**)**

**In removal proceedings )**

**)**

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

**EXHIBITS IN SUPPORT OF RESPONDENT’S PRO SE I-589** **APPLICATION FOR ASYLUM, WITHHOLDING OF REMOVAL, AND RELIEF UNDER THE CONVENTION AGAINST TORTURE**

|  |  |
| --- | --- |
| **Tab A: IDENTITY/CASE DOCUMENTS** | **Page(s)** |
| *Copy of Applicant’s Honduran Identification Card and Translation* |  |

|  |  |
| --- | --- |
| **Tab B: COUNTRY CONDITIONS** | **Page(s)** |
| U.S. Department of State, Bureau of Democracy, Human Rights and Labor, El Salvador, 2018 Human Rights Report, available at https:/ /www .state.gov/wp-content/uploads/2019/03/EL-SAL V ADOR2018.pdf |  |

Dated: Respectfully submitted,

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

Name

*Attorney Assisting Pro Se Respondent*

Address of Attorney

**TAB A**

**TAB B**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATE OF SERVICE**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, served a copy of the following documents on the Office of the Principal Legal Advisor at 1 Federal Drive, Suite 1800, Fort Snelling, MN 55111, by [mail/hand delivery/Fedex]:

Exhibits in Support I-589

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

Signature Date