**U.S. DEPARTMENT OF JUSTICE**

*Departamento de Justicia de Los Estados Unidos*

# EXECUTIVE OFFICE FOR IMMIGRATION REVIEW

*Oficina Ejecutiva de Revisíon de Casos de Inmigración*

**IMMIGRATION COURT**

*Corte de Inmigración*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***City, State***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Cuidad, Estado*

In re: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ) In Removal Proceedings

 (your name, *su nombre*) ) *En Proceso de Expulsión*

 )

 Respondent ) A#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *El Demandado* ) *Numero de Archivo/Extranjero (9 digitos*

 ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

) (date, *fecha*)

**RESPONDENT’S MOTION TO REOPEN**

*MOCION DEL DEMANDADO PARA REABRIR*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, respectfully request the court to reopen my immigration case.

*Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, respetuosamente le pido a la corte que reabra mi caso de inmigración.*

In support of this motion I state the following:

*En apoyo de esta moción, afirmo lo siguiente:*

1.

2.

3.

4.

5.

Therefore, I request my motion to reopen be granted.

*Por lo tanto, solicito que se conceda mi moción para reabrir.*

 Respectfully submitted,

 *Presentada respetuosamente,*

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

 (your signature/*su firma*)

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

 (your name/*su nombre*)

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

 (your address/*su dirección*)

**Certificate of Service**

*Certificado de Servicio*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I mailed a copy of

 (name/*nombre*) (date/*fecha*)

*Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certifico que el \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ yo mandé una copia de*

these documents to:

*estos documentos a:*

U.S. Department of Homeland Security

Immigration & Customs Enforcement

Office of the Chief Counsel

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

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

Address/*Dirección*

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

Signature

*Firma*

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

Date

*Fecha*