

**Notice of Appeal from a Decision of an
Immigration Judge**

1. List Name(s) and "A" Number(s) of all Respondent(s)/Applicant(s):

A [REDACTED] K [REDACTED] A [REDACTED]

Staple Check or Money Order Here [Include Name(s) and
"A" Number(s) on the face of the check or money order]

For Official Use Only

2017 JUL 21 PM 14:15
OFFICE OF THE CLERK
STEWART, GEORGIA

! **WARNING:** Names and "A" Numbers of everyone appealing the
Immigration Judge's decision must be written in item #1. The names and
"A" numbers listed will be the only ones considered to be the subjects of
the appeal.

2. I am the Respondent/Applicant DHS-ICE (Mark only one box.)

3. I am DETAINED NOT DETAINED (Mark only one box.)

4. My last hearing was at Stewart Detention Center, Lumpkin, Georgia (Location, City, State)

5. What decision are you appealing?

Mark only one box below. If you want to appeal more than one decision, you must use more than one Notice of Appeal (Form EOIR-26).

I am filing an appeal from the Immigration Judge's decision *in merits proceedings* (example: removal, deportation, exclusion, asylum, etc.) dated _____.

I am filing an appeal from the Immigration Judge's decision *in bond proceedings* dated 7/14/2017. (For DHS use only: Did DHS invoke the automatic stay provision before the Immigration Court? Yes. No.)

I am filing an appeal from the Immigration Judge's decision *denying a motion to reopen or a motion to reconsider* dated _____.

(Please attach a copy of the Immigration Judge's decision that you are appealing.)

6.

State in detail the reason(s) for this appeal. Please refer to the General Instructions at item F for further guidance. You are not limited to the space provided below; use more sheets of paper if necessary. Write your name(s) and "A" number(s) on every sheet.

The IJ erred as a matter of fact and law in finding that Respondent failed to meet his burden of showing he was not a flight risk where Respondent submitted exhaustive evidence that he had strong family and community ties to the U.S., an exceptionally strong claim for relief, and a history of complying with immigration laws of other countries.

Review by a three-member panel is requested and appropriate in this case because it presents the need to reverse the decision of an IJ other than under 8 CFR 3.1(e)(5), to review a clearly erroneous factual determination by an IJ, to establish a precedent regarding the appropriate application of Matter of Guerra to recent-entrant asylum-seekers, and to review an IJ decision that is not in conformity with applicable precedent decisions such as Matter of Patel, Matter of Guerra, and others.

(Attach additional sheets if necessary)



WARNING: You must clearly explain the specific facts and law on which you base your appeal of the Immigration Judge's decision. The Board may summarily dismiss your appeal if it cannot tell from this Notice of Appeal, or any statements attached to this Notice of Appeal, why you are appealing.

7. Do you desire oral argument before the Board of Immigration Appeals? Yes No
8. Do you intend to file a separate written brief or statement after filing this Notice of Appeal? Yes No



WARNING: If you mark "Yes" in item #7, you should also include in your statement above why you believe your case warrants review by a three-member panel. The Board ordinarily will not grant a request for oral argument unless you also file a brief.

If you mark "Yes" in item #8, you will be expected to file a written brief or statement after you receive a briefing schedule from the Board. The Board may summarily dismiss your appeal if you do not file a brief or statement within the time set in the briefing schedule..

9.



X

Signature of Person Appealing
(or attorney or representative)

7/21/2017

Date

Form EOIR-26
Revised Oct. 2016

10.

Mailing Address of Respondent(s)/Applicant(s)

A [REDACTED] K [REDACTED]

(Name)

146 CCA ROAD

(Street Address)

(Apartment or Room Number)

LUMPKIN, GA 31815

(City, State, Zip Code)

(Telephone Number)

11.

Mailing Address of Attorney or Representative for the Respondent(s)/Applicant(s)

[REDACTED]

(Name)

PO BOX 158

(Street Address)

(Suite or Room Number)

LUMPKIN, GA 31815

(City, State, Zip Code)

[REDACTED]

(Telephone Number)

NOTE: You must notify the Board within five (5) working days if you move to a new address or change your telephone number. You must use the Change of Address Form/Board of Immigration Appeals (Form EOIR-33/BIA).

NOTE: If an attorney or representative signs this appeal for you, he or she must file *with this appeal*, a Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals (Form EOIR-27).

12.

PROOF OF SERVICE (You Must Complete This)

I [REDACTED] mailed or delivered a copy of this Notice of Appeal
 (Name)

on 7/21/2017 to ICE OFFICE OF CHIEF COUNSEL
 (Date) (Opposing Party)

at hand delivery - 146 CCA ROAD, LUMPKIN, GA 31815
 (Number and Street, City, State, Zip Code)



X

Signature

2017 JUL 21 PM 11:16
 OFFICE OF THE CLERK
 BOARD OF IMMIGRATION APPEALS
 U.S. DEPARTMENT OF HOMELAND SECURITY
 U.S. DEPARTMENT OF JUSTICE

NOTE: If you are the Respondent or Applicant, the "Opposing Party" is the Assistant Chief Counsel of DHS - ICE.

WARNING: If you do not complete this section properly, your appeal will be rejected or dismissed.

WARNING: If you do not attach the fee or a completed Fee Waiver Request (Form EOIR-26A) to this appeal, your appeal may be rejected or dismissed.

HAVE YOU?

- | | |
|---|---|
| <input type="checkbox"/> Read all of the General Instructions
<input type="checkbox"/> Provided all of the requested information
<input type="checkbox"/> Completed this form in English
<input type="checkbox"/> Provided a certified English translation for all non-English attachments
<input type="checkbox"/> Signed the form | <input type="checkbox"/> Served a copy of this form and all attachments on the opposing party
<input type="checkbox"/> Completed and signed the Proof of Service
<input type="checkbox"/> Attached the required fee or Fee Waiver Request
<input type="checkbox"/> If represented by attorney or representative, attach a completed and signed EOIR-27 |
|---|---|