

Keeping

Families
Together



CLINIC



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About Us

CLINIC advocates for transparent, fair and generous immigration policies. It represents one expression of the Catholic Church's commitment to the full membership of migrants in their chosen society. CLINIC and its member agencies serve the most vulnerable migrants, such as refugees, asylum seekers, detainees, families in need of reunification, laborers abused in the workplace, victims

of domestic violence, and survivors of human trafficking.

In 1988, the United States Catholic Conference (USCC) established CLINIC as a legally distinct nonprofit organization to support a rapidly growing network of community-based immigration programs. CLINIC's network originally comprised 17 programs. It has since increased to 155 programs in

248 office locations. The network employs roughly 1,000 attorneys and accredited representatives who assist more than 100,000 low-income immigrants each year. CLINIC and its member agencies serve low-income immigrants regardless of race, religion, gender, ethnic group, or other distinguishing characteristic.



CATHOLIC LEGAL
IMMIGRATION
NETWORK, INC.

Mission Statement

CLINIC fulfills its mission by:

- Providing a full range of legal and non-legal support services to 155 member agencies comprised of Catholic Charities and diocesan legal immigration programs that serve poor immigrants seeking family reunification, citizenship, and protection from persecution and violence.
- Creating, funding and managing direct legal service projects that are national in scope and thus overwhelm local member agency capacity or expertise.

- Representing archdioceses, dioceses, and religious congregations that need foreign-born priests, nuns and lay religious workers to serve immigrant communities in the United States.

CLINIC's mission and activities are guided by the Catholic principle of subsidiarity. Subsidiarity leads CLINIC to respect the roles and capacities of its community-based member agencies. It encourages them to assume as much responsibility for local needs as they can. This allows

CLINIC to focus its resources on needs that local member agencies cannot meet. In this way, CLINIC maximizes the productivity of its programs nationwide.

"To enhance and expand delivery of legal services to indigent and low-income immigrants principally through diocesan immigration programs and to meet the immigration needs identified by the Catholic Church in the United States."

“CLINIC’s ministry offers our nation a different vision for the treatment of immigrants. It recognizes, in the best of Catholic tradition, that justice for newcomers is not an option, but an imperative and a right.”

— Most Rev. Nicholas DiMarzio,
Bishop of Camden, Chairman,
CLINIC Board of Directors

Message from CLINIC’s Board Chairman and Executive Director

Catholic social teaching recognizes the right of a sovereign state to control its borders in furtherance of the common good. The common good cannot be furthered, however, by denying migrants their God-given rights, including the right to support themselves, to flee persecution, and to live with their families. The Church supports the improvement of conditions in immigrant-sending countries that would obviate the need of their nationals to leave. However, when a nation can no longer meet the basic necessities of its residents, they should not be denied the right to migrate. Newcomers, in turn, must be treated as equals, as “us” in fact.

Since 1988, the Catholic Legal Immigration Network, Inc. (CLINIC) has embodied Church teaching on migrants and newcomers. Among its many programs, CLINIC supports the nation’s largest network of community-based legal programs for immigrants, most of them located within Catholic Charities’ agencies. These programs reunify families,

protect those who fear persecution, secure work authorization, and help lawful permanent residents to become U.S. citizens. In short, their work reflects the Catholic imperative to treat newcomers as our “brothers and sisters.”

CLINIC’s work is challenging given the historic level of immigration to the United States, the complexity of U.S. immigration law, and increasingly restrictive immigration policies. Among other problems, application backlogs and processing delays mean that even those who qualify for legal status face multi-year periods of separation from their spouses, parents, and children. Under such circumstances, many choose to honor their moral commitment to family and live in the United States without proper documentation. The government’s response has been to tighten border controls. This approach has failed to deter migrants from entering the country, instead forcing them to cross the border in remote desert regions where hundreds have perished.

The Catholic Church in the United States supports a broad legalization program, coupled with a more generous and efficient immigration system. Legalization would allow newcomers to contribute more fully to their chosen country. It would also allow the U.S. to screen undocumented residents and would decrease the number of senseless deaths along the border. Of course, CLINIC’s network would play a crucial role in such a program, assisting the many millions who now live in the shadows. It is a role that CLINIC is uniquely qualified to fill and a challenge that it looks forward to embracing.



Nicholas DiMarzio

Most Rev.
Nicholas DiMarzio

Bishop of Camden



Donald Kerwin

Donald Kerwin

Making a Dream a Reality

CITIZENSHIP

THE NEED: The strength of the United States depends in part on its inclusiveness and the integration of its immigrant families. Newcomers need legal, social and educational assistance to guide them through the complex process of obtaining citizenship.

CLINIC's RESPONSE: CLINIC administers the nation's largest program of legal and educational services for citizenship applicants, which operates in 17 cities with large immigrant populations. It advocates nationally for fair, high-quality and affordable immigration services for all newcomers.

In the past five years, CLINIC and its network of member agencies have guided tens of thousands of immigrants and refugees on the journey towards citizenship.

CLINIC and its member agencies focus their citizenship efforts on the most vulnerable and disenfranchised immigrant populations. More than 40,000 elderly, low-income, low-literate, disabled and persecuted newcomers have achieved citizenship through CLINIC's projects. As a result,

these new citizens are experiencing freedom, economic security and a political voice.

In 2003, CLINIC citizenship projects produced 1,731 consultations, 1,462 citizenship applications, 2,588 permanent resident (green card) applications, and more than 4,666 hours of English language and citizenship-test preparation. CLINIC also promotes citizenship through:

- Advanced naturalization training to nonprofit immigration counselors.
- National advocacy with government immigration authorities.
- Public education through local media outlets.
- Publications, including *Citizenship for Us: A Handbook on Naturalization & Citizenship* which has been distributed to more than 1,000 agencies.



Immigration & Naturalization Service

An elderly refugee from Vietnam, Thi Bui strongly desired to become a U.S. citizen. Unfortunately, the high cost of application fees and her limited English skills presented obstacles to meeting her goal. CLINIC's citizenship project provided Ms. Bui with a Vietnamese-speaking representative that obtained an application fee waiver due to her low-income and disability, and referred her to an experienced citizenship teacher to help her study English, U.S. history and government. Two years after applying, Ms Bui was still waiting to become a citizen. Her representative notified immigration officials of the excessive delays, resulting in Ms. Bui finally being able to pass the citizenship test. She is now a proud American and thankful to CLINIC for seeing her through the lengthy process.

In 2003, CLINIC supported citizenship projects in the following cities:

- Arlington, VA
- Dallas, TX
- Detroit, MI
- Ft. Myers, FL
- Jacksonville, FL
- Los Angeles, CA
- Miami, FL
- Orlando, FL
- Pensacola, FL
- Phoenix, AZ
- Salt Lake City, UT
- San Diego, CA
- Seattle, WA
- St. Louis, MO
- St. Petersburg, FL
- Washington, DC
- West Palm Beach, FL

Beginning on September 20, 2003, an estimated 100,000 people boarded buses across the country to join the Immigrant Workers Freedom Ride. Inspired by the civil rights freedom ride of 1961, participants arrived in New York on October 4 for demonstrations and celebrations. The crowd called for fair policies to reunite families through increased visa quotas to protect laborers, especially the undocumented. All of CLINIC's 17 immigrant-led empowerment partners joined this historic event. The freedom ride gained national media attention, promoted a push for immigration reform, and encouraged immigrants that their voices could make a difference.

IMMIGRANT EMPOWERMENT, CIVIC PARTICIPATION AND INTEGRATION

THE NEED: Too many low-income immigrants live on the margins of our society. Immigrant communities must be empowered to identify and address barriers to their full participation in U.S. society.

CLINIC's RESPONSE: CLINIC and the Catholic Campaign for Human Development established the National Immigrant Empowerment Project (NIEP). NIEP provides financial support and technical assistance to 17 grassroots, immigrant-led organizations that identify and break down systemic barriers to the integration of immigrants in their chosen communities.

Bringing newcomers and communities together to improve our country's future

In its first year, NIEP grantees and their low-income members collectively:

- Identified and trained 421 women, 339 men and 211 youth to become immigrant leaders.



- Mobilized 3,135 women, 2,387 men and 1,245 youth to engage in 787 separate advocacy activities. These involved access to healthcare, affordable housing, employment, education, transportation, childcare, driver's licenses, and bank accounts.
- Held local leaders, public officials and institutions (such as school systems and city councils) accountable to immigrant needs and concerns.



Diana Mejia

NIEP promotes collective action among low-income immigrants to improve their communities and lives. NIEP-funded organizations:

- Help communities identify problems that impede their full participation and integration in this country.
- Develop action plans to address these problems.
- Draw upon a network of local and national agencies for support. To build grantee capacity, CLINIC provides targeted training and technical support through site visits, conference calls, the dissemination of materials, and one-on-one meetings.

National Immigrant Empowerment Project (NIEP) Grantees:

- Austin Interfaith Sponsoring Committee, Austin, TX
- Border Network for Human Rights, El Paso, TX
- Catholic Charities of the Diocese of Rockville Center, Amityville, NY
- Central American Resource Center (CARECEN), Washington, DC
- Chelsea Latino Immigrant Coalition, Chelsea, MA
- Coalition for Humane Immigrant Rights of Los Angeles, Los Angeles, CA
- Colonias Development Council, Las Cruces, NM
- Contra Costa Interfaith Sponsoring Committee, Martinez, CA
- El Buen Samaritano, Austin, TX
- Iowa Immigrant Rights Network, Des Moines, IA
- National Association of Latino Elected and Appointed Officials Educational Fund, Los Angeles, CA
- National Coalition for Dignity and Amnesty for Undocumented Immigrants, Toledo, OH
- Sunflower Community Action, Wichita, KS
- Tenants' and Workers' Support Committee, Alexandria, VA
- VOZ Workers' Rights Education Project, Portland, OR
- Wind of the Spirit Immigrant Resource Center, Morristown, NJ
- The Workplace Project, Hempstead, NY

In Washington, D.C., NIEP grantee Central American Resource Center (CARECEN) has worked tirelessly to advocate for affordable housing. Due to local development initiatives that target historically mixed and low-income neighborhoods, many immigrants face eviction. In some cases, landlords employ pressure tactics to get low-income residents to vacate their apartments so they can be rented to higher-paying tenants.

To combat this trend, CARECEN has mobilized 40 low-income immigrant associations, each composed of tenants living in a separate building. These associations advocate for access to housing and for building renovations. In partnership with local banks, the Department of Housing and Community Development and non-profit organizations, the associations purchase buildings to ensure their use for affordable housing.

DRIS Program Highlights

- DRIS offered religious immigration law training sessions in Texas, Illinois, Wisconsin, and Washington, DC.
- Two new courses were introduced in 2003: a course for advanced training on religious immigration, and a course on immigration options for religious information.
- Division staff conducted 15 on-site visits in 4 states, serving 33 religious institutes and 18 foreign-born members. The on-site visits provided an opportunity to review, evaluate, and improve religious institutes' immigration policies, procedures, and practices.

Serving Those Who Serve

RELIGIOUS IMMIGRATION SERVICES

THE NEED: Because the number of US-born citizens opting to pursue vocations within the Church has steadily declined over the past several years, many dioceses are without anyone to serve the spiritual needs of Catholic immigrant communities. To minister to these underserved populations, the Church has sought to recruit foreign-born religious workers and help them navigate the complicated immigration process.

CLINIC's RESPONSE: CLINIC's Division of Religious Immigration Services (DRIS) assists arch/dioceses and religious institutes to bring an average of 160 foreign-born priests, sisters, seminarians and laypersons to the United States each year to serve in Catholic agencies, parishes, and schools.

Steady immigration to the United States of foreign-born Catholics is expanding the ethnic, cultural and linguistic diversity of the Catholic Church. At the same time, fewer U.S. men and women are entering the seminary or religious life. The Church is bringing foreign-born religious workers into the United States to minister among foreign- and native-born

Catholics. Their services enable the Church to make the sacraments more accessible, to deliver more comprehensive social services, to engage in effective spiritual and pastoral ministry, and to instruct children and adults in their faith.

DRIS is the primary agency in the Catholic Church assisting religious organizations to bring foreign-born religious workers to the United States. DRIS represents 204 religious organizations, 131 religious institutes and 73 arch/dioceses. DRIS has a staff of seven: five attorneys, one immigration specialist and a staff assistant. Together, they manage approximately 900 cases. In 2003, the Division opened 317 new cases and closed 199.

DRIS offers a variety of legal services to its clients. The cases most frequently handled involve:

- Nonimmigrant visas for religious workers.
- Petitions for special immigrant religious worker visas.
- Applications for adjustment of status to permanent resident.
- Responses to Requests for Evidence from immigration authorities.
- Changes of status from one nonimmigrant status to another.
- Extensions of stay.

Through these services, DRIS enables CLINIC to fulfill its mission to support the Catholic Church in the United States.

CLINIC



Making the System More Fair

ADVOCACY AND FEDERAL LITIGATION

THE NEED: Certain immigration laws and policies undermine the rights and dignity of immigrants.

CLINIC's RESPONSE: CLINIC advocates for the just treatment of immigrants, and litigates when necessary to overturn unfair immigration policies. CLINIC tackles problems faced by low-income immigrants that can only be resolved through advocacy and litigation. It focuses its efforts on administrative advocacy with the Department of Homeland Security (DHS) and the Department of Justice's Executive Office for Immigration Review (EOIR). It writes comments on proposed regulations, meets with government officials on priority issues, and authors sign-on letters and articles. CLINIC also provides

policy suggestions and immigrant case studies highlighting key issues to Migration and Refugee Services (MRS) of the United States Conference of Catholic Bishops (USCCB), which leads legislative efforts by the Catholic community.

The dissolution of the Immigration and Naturalization Services (INS) and the creation of the DHS has presented many obstacles for those seeking to become legal residents of the United States. DHS inherited many of the well-documented problems of the INS and underwent a number of internal reorganizations during its early months. The transition, coupled with concerns over the terrorist threat, has given rise to a host of new challenges for CLINIC and other immigrants' rights agencies. Confusing policies, lack of coordination between agencies, bureaucratic inefficiency, and increasingly restrictive legislation has made the prospect of gaining legal status unobtainable for far

too many immigrants, while also seriously jeopardizing their rights.

CLINIC's advocacy includes a special emphasis on detention-related policies and practices.

This is partially because CLINIC operates the nation's largest detention representation project for asylum seekers, victims of torture and indefinite detainees. CLINIC also organizes convenings and convocations on cutting-edge issues.

In 2003, CLINIC's advocacy priorities included addressing backlogs in processing applications for immigration benefits, alternatives to immigrant detention, extension of benefits for elderly refugees, release under appropriate safeguards for indefinite detainees, unacceptable delays in naturalization oath ceremonies, and the unjust prosecution of asylum seekers.

The dissolution of the Immigration and Naturalization Services (INS) and the creation of the Department of Homeland Security (DHS) has presented many obstacles for those seeking to become legal residents of the United States.



Joe Ziska

Kareem Shora of the American-Arab Anti-Discrimination Committee discussing post-9/11 immigration policy at a CLINIC convening.

“The BIA Pro Bono Project is one of our best sources of pro bono work. Attorneys affiliated with the project pre-screen cases, so that interesting issues are more likely to be presented, and they [CLINIC and its NGO Partners] do a wonderful job of providing support to our attorneys as they research and draft briefs.”

—David Lubitz, Pro Bono Counsel, Swidler Berlin Shereff Friedman, LLP

PRO BONO DEVELOPMENT

Board of Immigration Appeals (BIA) Pro Bono Project

THE NEED: Without legal representation, detained immigrants have little hope of winning their cases before the Board of Immigration Appeals (BIA), the nation’s highest administrative appeals court for immigration cases. Without a lawyer, it is extremely difficult for detainees to present a legal claim to remain in the county.

CLINIC’s RESPONSE: Implemented in 2001, CLINIC’s BIA Pro Bono Project has become one of the nation’s most successful pro bono initiatives. The BIA project matches detained, indigent immigrants with volunteer lawyers who represent them before the BIA. Since the project’s inception, CLINIC and its partners have recruited more than 350 pro bono attorneys, including law school immigration and appellate litigation clinics. More than 30 law firms are now involved in the project and CLINIC conducts several training sessions for pro bono attorneys every year.

In 2003, CLINIC sought to expand the Pro Bono Project and successfully advocated with senior staff at the EOIR and BIA to include non-detained asylum-seekers. While assisting detained immigrants remains the project’s priority, the project began serving non-detained indigent immigrants as well. The project concentrates on finding representation for asylum-seekers, minors and persons who received a favorable decision by an Immigration Judge, which was subsequently appealed by the government.

Over the course of the year, the project secured counsel for 60 immigration detainees who would otherwise have appeared unrepresented before the Board. In many cases, the BIA granted relief or remanded for additional hearings. Several detainees were released after months in custody, highlighting the importance of legal representation.

What types of individuals does the BIA Project assist?

- Asylum seekers — persons forced to flee their homelands due to persecution.
- Long time U.S. lawful permanent residents (“green card” holders) who have valid claims to relief from removal (including claims to U.S. citizenship) and who risk separation from their family members and communities if removed.
- Minors in Detention — children who are detained and face the daunting process of presenting claims to relief from deportation without legal representation.
- Persons granted the right to stay in the United States, but who remain in detention because the U.S. government has appealed an Immigration Judge’s decision.

At its annual convening on May 14, 2004, CLINIC recognized the outstanding pro bono work of the law firm of Swidler Berlin Shereff Friedman, LLP. Throughout 2003, Swidler Berlin was the most active firm in the BIA Project, winning two-thirds of the dozen cases that it had assumed. CLINIC is grateful to Swidler Berlin for its strong support of the BIA Project and its commitment to indigent immigrants. Accepting the award were: David Lubitz, Pro Bono Counsel, Swidler Berlin Shereff Friedman, LLP, and Thurgood Marshall Jr., Partner, Washington, DC Office, Swidler Berlin Shereff

Joe Ziska



PUBLIC EDUCATION AND MEDIA RELATIONS

THE NEED: Our nation's immigration laws and policies are felt most acutely by "at-risk" or particularly vulnerable immigrants. Documentation and media coverage of the human impact of U.S. policies are crucial to advocacy efforts which seek to create a more just immigration system.

CLINIC's RESPONSE: CLINIC uses a variety of advocacy tools to bring about policy change. In the past year, CLINIC has assumed a leadership role among non-governmental organizations and the DHS in areas related to immigration enforcement. CLINIC regularly organizes national meetings with the leadership of DHS enforcement agencies to discuss issues concerning immigrants in removal proceedings, detention and interaction with inspections and the border patrol. CLINIC also regularly writes comments to federal rules and regulations and actively engages with the service component of DHS, Citizenship and Immigration Services (CIS), to address issues of concern. In addition to regular meetings with DHS leadership, CLINIC often drafts national sign-on letters opposing practices and policies that unduly interfere with immigrants' access to justice.

By engaging various media strategies, CLINIC has been proactive in raising awareness of the systemic barriers that obstruct newcomers to the United States from receiving legal status and that strip them of due process. Highlighting issues ranging from the unjust prosecution of asylum seekers to the lack of adequate benefits for elderly refugees, CLINIC generated news stories in media outlets throughout the country including the *Miami Herald*, *Los Angeles Times*, *Washington Times*, *Orlando Sentinel*, *Guardian UK*, *Wall Street Journal*, and the *San Francisco Chronicle*.

The importance of the media in bringing about change cannot be overemphasized.



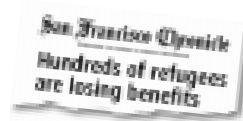
Lawmakers are slow to act unless flaws in their policies are identified and made public. The more the media and the public are aware of an issue, the more likely policymakers will be to make the necessary changes.



CLINIC has worked to generate greater awareness of issues through:

- Writing and placing op-eds for board members.
- Developing stories based on the experiences of the organization's clients and pitching them to journalists.
- Distributing press releases that draw attention to emerging issues.
- Serving as a knowledgeable and available resource for journalists researching immigration issues.
- Building a database of over 200 journalists who cover immigration issues.

By collecting individual stories from affiliates across the country, CLINIC has been able to identify patterns that clearly define problems with different aspects of immigration policy at a national level. Furthermore, stories of the hardships that individuals have suffered in their quest to gain legal status have allowed CLINIC to put a human face on the issues. Once policymakers, and more importantly, the voting public are able to see that these problems affect real



people, there is more pressure to make the appropriate changes.

CLINIC also works more closely with its affiliates and fellow advocacy groups in drafting and submitting op-eds to regional newspapers. Not only does this assist CLINIC in maximizing coverage of an issue, it ensures a consistent message and builds a stronger working relationship with its affiliates.

CLINIC also disseminated press releases on urgent issues, including the:

- Inadequacies in the proposed immigration reform plan.
- Need to review all counter-terrorism policies after several were deemed as "ineffective" by the 9/11 commission.
- Increase in fees for immigration applications, despite no improvement to the system.
- Use of electronic monitoring devices on asylum seekers.



Asylum cases are very resource-intensive, involving 40 hours or more of legal research, interviewing clients and witnesses, preparation of witness statements, and compiling extensive supporting evidence.

Defending At-Risk Women, Children and Families

ASYLUM SEEKERS AND TORTURE SURVIVORS

THE NEED: Asylum seekers fleeing political persecution come to the United States to find safety and protection. But many are detained upon arrival, locked up in jails for months or even years. Their access to legal representation is limited, and they are kept far away from family and other support systems.

CLINIC's RESPONSE: CLINIC operates the nation's largest legal representation program for asylum seekers in immigration detention.

The United States has a long and proud history of offering refuge to persons fleeing political persecution. Unfortunately, the United States sometimes undermines its international standing through its laws and policies related to those fleeing persecution. The detention of asylum seekers, often for prolonged periods, is an egregious example. Detention can cause particular anguish for asylum seekers because it can evoke the conditions that they fled in their home countries.

Asylum cases often require lengthy and complex preparation of legal arguments and supporting documentation. Many nonprofit organizations throughout the United States are able to represent non-detained, indigent asylum seekers, but the situation for detained asylum seekers is much more difficult.

Most detention centers are located far away from family, legal, and other support systems. Distance hinders access to legal representatives since traveling to the detention center for a meeting with the client can take all day. Detention also makes it more difficult for the asylum seeker to obtain help from friends and family members in getting necessary documentation to support the asylum claim. It can also preclude medical screenings by volunteer physicians who can substantiate torture claims.

Detention causes many worthy asylum seekers to abandon their cases altogether, and to return to

countries where they face renewed harm.

CLINIC attorneys work within detention facilities in Boston, Newark, Miami, New Orleans, Los Angeles, San Francisco, El Paso, and Lancaster, CA. These attorneys identify victims of persecution and torture that have strong asylum cases, and either represent them in removal hearings before Immigration Judges or assist them in locating pro bono counsel. CLINIC also plays a lead role in a nationwide program that represents and assists victims of torture.

Asylum cases are very resource-intensive, involving 40 hours or more of legal research, interviewing clients and witnesses, preparation of witness statements, and compiling extensive supporting evidence. The work is demanding, but the rewards are immeasurable; i.e., knowing that each client granted asylum will not perish at the hands of persecutors, but can live in safety in the United States.



Steve Rubin

MINORS IN DETENTION

THE NEED: Every year, the DHS places approximately 5,000 non-citizen children into detention. Most of these children, some as young as 8-years-old, are without a lawyer when facing an Immigration Judge in a hearing that will determine whether they can remain in the United States or will be returned to their home countries.

CLINIC's RESPONSE: CLINIC lawyers and their project partners in Los Angeles and San Francisco meet with all detained non-citizen children who are indigent and

unrepresented, to inform them about U.S. immigration law and to advise them of their legal rights in removal (deportation) proceedings. CLINIC, its nonprofit partners and pro bono lawyers represent all children detained by the government in these two cities who have some legal basis for remaining in the United States.

The DHS apprehends and detains children entering the United States to join their families or fleeing from violence or danger in their home countries. Most of

these children are teenagers, but some are as young as 8-years-old. They are often held in jail-like state and local juvenile facilities, and may be housed with U.S. children who have criminal backgrounds, while the DHS seeks to remove them to their home countries.

DHS does not provide indigent children with legal counsel. In fact, most detained non-citizen children appear before Immigration Judges alone. They must try to convince the court that, under complex U.S. immigration laws, they are eligible to remain in United States.

CLINIC lawyers in Los Angeles seek to assist children who have family ties in the United States to locate their family members, obtain release into their families' custody, and secure free legal services. Some children remain detained, but have viable claims to political asylum, to visas for victims of violence or human trafficking, or to other forms of relief from removal. CLINIC and its partner organizations either match these children with volunteer lawyers or represent them in Immigration Court.

Asylum Seekers and Torture Survivors Project Highlights

- CLINIC received a six-month contract to conduct outreach and referral for the State of Florida Refugee Services Department. The program assisted asylees in obtaining much-needed resettlement services such as job placement, English classes, cash assistance and health services. It also provided information in local print and broadcast media.
- CLINIC took the lead in documenting and voicing opposition to a pilot program in the State of Florida that requires asylum seekers to wear an electronic monitoring device (EMD) that restricts them to designated areas for the majority of the day. CLINIC maintains that the EMD program is just another form of detention for people who should be released.
- A grant from the Firedoll Foundation made possible a wide range of collaborations between CLINIC offices and other organizations for the benefit of asylum seekers. Firedoll funding supported monthly conference calls that allowed CLINIC detention attorneys to share information and legal strategies on complex asylum cases. A notable case involved a man from Uganda whose family had been subjected to lifelong persecution and violence because of their ethnicity. He was forced to flee when his inquiries into the deaths of his father and uncle resulted in his arrest and torture by the government.



Photo Credit: "Remembering" by Antonio Paz (self portrait) © 1999 CHW Teen Photo Project

Lisa, 16, (not pictured) came to the U.S. to escape a life of forced prostitution in China. In an attempt to win asylum, Lisa's aunt and uncle hired an attorney to represent her before the immigration judge. The attorney failed to give proper attention to her case and did not even meet with her until the day of the hearing. Without competent representation, Lisa was denied asylum. After attending one of the CLINIC rights presentations in which the legal staff described what a lawyer should and should not do, Lisa realized where her attorney had failed and asked for help. A CLINIC staff attorney has taken her case on appeal and is pursuing having her released to her aunt and uncle.

VICTIMS OF VIOLENCE: LEGAL AND SOCIAL SERVICES

THE NEED: Tens of thousands of immigrants need protection from domestic violence, human trafficking and involuntary servitude. CLINIC gives abused and victimized newcomers a new beginning in safety and freedom.

CLINIC's RESPONSE: CLINIC supports legal and social service programs to help foreign-born women escape from abusive spouses and obtain legal residence on their own. These programs provide shelter, long-term housing, food, clothing, employment, job training, and mental health and legal counseling.

CLINIC advocates with immigration authorities for effective implementation of the new "T" and "U" visas for victims of trafficking and other criminal activity, and provides training on the use of these visas.

Violence Against Women

Foreign-born women often stay in abusive personal relationships if they must rely on being married to a U.S. citizen or permanent resident to legalize their immigration status. Without this status, undocumented women cannot legally work and become economically independent. Victims of

domestic violence are often trapped in violent relationships because they fear deportation, separation from their children and impoverishment.

In 1994, Congress enacted the Violence Against Women Act (VAWA), which was intended to prevent violence against women and to increase methods of intervention in abusive situations. Many immigrant women are now able to apply on their own for legal permanent residence by showing evidence of abuse, rather than relying on their abusive husband to file their applications for them.

Fear of being alone, poverty, lack of resources, and cultural and language barriers remain obstacles to seeking help. In addition, there is an immense need for expanded outreach and legal immigration services.

CLINIC provides funding and training to member agency staff to identify foreign-born women and children in violent relationships. CLINIC has supported Victims of Violence Projects in Boston, New York City, Washington, D.C., Silver Spring, Miami, Arlington and Richmond.

When a battered woman seeks help, she receives a legal and social assessment allowing her to determine the services and protection she needs. In each program, a community collaborative coordinates referrals made by Catholic Charities' immigration attorneys for social services including: shelter care; long-term housing; food and clothing; employment and job training; mental health counseling; and legal counseling for restraining orders, child custody and support payments. In the past two years, CLINIC-led projects have assisted more than 300 women and children to live in the United States permanently, independently, and in safety. CLINIC continues to seek private and federal funding to expand this successful project.

Human Issues Collaborative, Inc



Trafficking and Enslavement

Another form of violence against migrants is human trafficking and enslavement. Victims of human trafficking often leave their countries because of desperate economic circumstances.

Trafficked workers find themselves enslaved or indentured for many reasons. Most must pay off immense transportation debts or risk violence to themselves or their families. Others are lured to the United States with the promise of a well-paying job, but instead find themselves forced to work in sweatshops, agricultural fields or as prostitutes.

Dislocated women and children separated from family and friends are often targeted to be victims of crimes. Their undocumented status makes it more difficult for them to come forward for help.

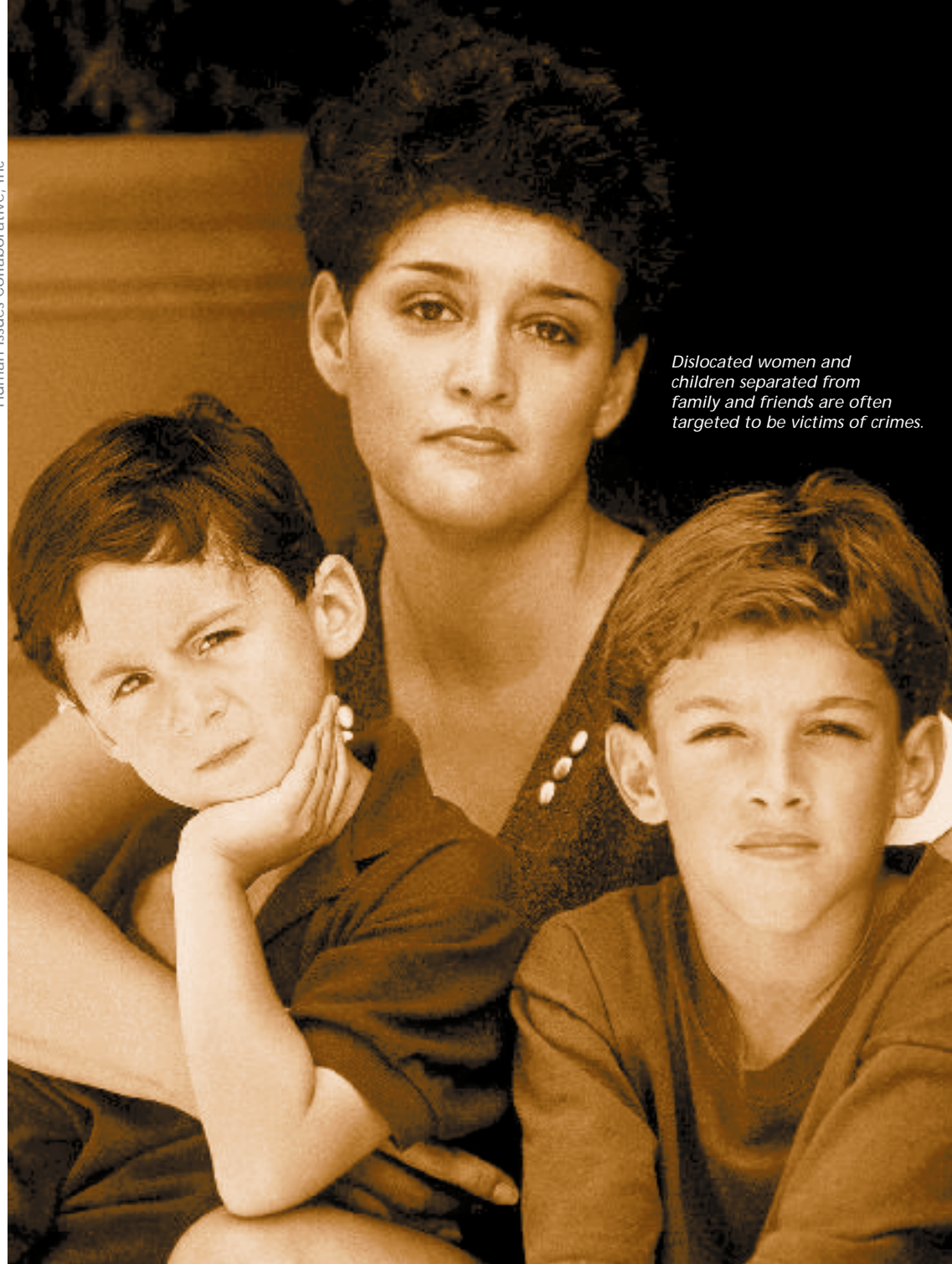
The Victims of Trafficking and Violence Protection Act of 2000 recognized this problem by creating a new nonimmigrant visa classification so victims can report crimes, participate in the prosecution of those who preyed upon them, and begin to normalize their lives. The "T" visa applies to victims of severe

forms of human trafficking who are also able to participate in the prosecution of the trafficker. The "U" visa applies to non-citizens who suffer substantial physical or mental abuse due to criminal activity against them, including trafficking and domestic abuse.

CLINIC works with government agencies to ensure that these measures effectively address victims' needs. CLINIC provides training and has produced a manual, *Immigration Relief for Abused Immigrants*, for its member agencies on "T" and "U" visa applications. CLINIC also participates in a consortium of 22 Catholic social service and policy agencies working in tandem on outreach and education to assist victims of human trafficking.

CLINIC launched a Victims of Trafficking/"U" Visa Working Group through its Midwest Field Office in Chicago with startup funding from the Hospital Sisters of the Third Order of St. Francis. This working group educates Chicago community-based organizations about the law's potential benefits for victims of trafficking.

Human Issues Collaborative, Inc



Dislocated women and children separated from family and friends are often targeted to be victims of crimes.



The U.S.-Mexico border

Immigration & Naturalization Service

Serving Vulnerable Newcomers

BORDER PROJECT

THE NEED: Too many people along both sides of the U.S.-Mexico border live in poverty, without access to adequate housing, sanitation, clean water, medical care, and living-wage employment opportunities. Hundreds die each year attempting to cross the border.

CLINIC's RESPONSE: CLINIC thoroughly documented problems on the border in its report titled *Chaos on the U.S.-Mexico Border*. CLINIC has joined forces with several other Catholic organizations to focus its programmatic and advocacy efforts on the border crisis.

The U.S.-Mexico border region highlights some of our nation's most deep-seated challenges. These include the tension between national security and U.S. dependence on foreign-born workers, its role in the global economy and its heritage as a nation of immigrants. Migrant crossing deaths, high poverty rates, substandard housing, inadequate health care,

poor working conditions, and families divided by U.S. immigration laws characterize the border region. Many of these conditions are documented in CLINIC's publication, *Chaos on the U.S.-Mexico Border: A Report on Migrant Crossing Deaths, Immigrant Families and Subsistence-Level Laborers*. In 2003, the U.S. and Mexican bishops' conferences issued a historic joint pastoral statement dealing with the movement of people across the border. This statement, *Strangers No Longer: Together on the Journey of Hope*, calls for greater solidarity with migrants and between the people of Mexico and the United States.

As the result of increased attention to the border region, a unique, bi-national collaboration between local border dioceses and national Catholic agencies has been formed. CLINIC has partnered in this initiative with U.S. and Mexican border dioceses, Catholic Relief Services, the Catholic Campaign for Human

Development, Migration and Refugee Services and numerous other departments of the United States Conference of Catholic Bishops. This coalition allows participants to address problems that require a multidisciplinary, bi-national solution. The initiative combines advocacy, public education, community and worker organizing, and increased legal, pastoral and social services.

CLINIC's Border Project highlights include re-opening its El Paso Field Office, with an attorney representing non-citizens in detention. CLINIC has also begun funding two immigrant-led community-based organizations on the border through its National Immigrant Empowerment Project. Under this project, the Border Network for Human Rights in El Paso and Colonias Development Council in Las Cruces, New Mexico develop local immigrant leadership and seek local solutions to systemic problems in their communities.

IMMIGRANT WORKERS' JUSTICE PROJECT

THE NEED: Immigrant laborers too often do not reap the just benefits of their work. They suffer from low, often sub-minimum wages, and other violations of employment and labor law.

CLINIC's RESPONSE: CLINIC established the Immigrant Workers' Justice Project to help improve the lives of immigrant workers across the country through training, technical assistance, advocacy, and program development.

Immigrant laborers enrich our nation and improve our quality of

life but too often do not reap the just benefits of their work. Instead, they endure sub-minimum and non-payment of wages, or receive regular paychecks but still do not earn enough to escape poverty. Immigrants work disproportionately in jobs that do not provide health insurance or other benefits that most workers take for granted. Many immigrant laborers also suffer from occupational hazards, including pesticide poisoning, exposure to dangerous chemicals, perilous construction sites, repetitive stress injuries, and cuttings.

CLINIC believes that the approach to these problems needs to go beyond improving wages and working conditions. As a nation, the United States needs to recognize that immigrant laborers personify core U.S. values: patriotism; hard work; strong families; an effort to better one's condition; and a desire to contribute. By allowing these negative conditions to persist, we dishonor these values. In treating low-income immigrants with dignity and respect, we build a better future for these laborers and ourselves.

CLINIC provides technical advice and assistance on employment and labor law issues to member offices nationwide. It also assists member agencies in outreach to employment and labor groups in their local areas.

CLINIC's labor attorney provides legal advice and materials to educate member agencies and assists them in responding to their clients' concerns. The attorney also provides advice and assistance on issues such as Social Security no-match letters, correction of Social Security Administration earning

statements, applications for Individual Tax Identification Numbers (ITIN), workers' compensation for undocumented workers, and the use of matricula consular cards. In addition, the attorney provides substantive articles for CLINIC's monthly newsletter.

Immigrant Workers' Justice Project Highlights

- CLINIC organized and conducted a full-day workers' rights training program in Austin, Texas.
- CLINIC participated in discussions with union leaders, particularly with the AFL-CIO, to expand immigrants' and workers' rights training.
- CLINIC provided small grants to its member agencies to expand labor education and representation in their communities.
- CLINIC's labor attorney served on the Board of Directors for the National Interfaith Committee for Worker Justice.



Laura Sikes

After fleeing persecution and torture in Colombia, the Rivera family received political asylum in the U.S. Shortly thereafter, a disabling car accident left Mr.



Paula Endo

Rivera unable to work and provide for his wife and three children. Needing to support her family, Mrs. Rivera searched for a job but had difficulty because of her limited job skills and knowledge of English. Stressed and facing

growing financial burdens, she called CLINIC's National Asylee Information and Referral Line for help. The counselor provided information to help the Rivera family meet their needs, including obtaining financial assistance, free health screenings and English classes. An additional referral was made for employment services at a nearby CLINIC member agency, allowing Mrs. Rivera to get a job. The family was then able to improve their situation and avert the crisis.

ASYLEE OUTREACH, INFORMATION AND REFERRAL PROJECTS

THE NEED: Immigrants granted political asylum need assistance in navigating the labyrinth of public and private resources available to help them become self-sufficient and integrate more fully into their new communities.

CLINIC's RESPONSE: CLINIC's National Asylee Information and Referral Line provides a centralized source of information about asylee eligibility for services and where these services can be obtained.

Each year, approximately 25,000 people from 128 nations are granted political asylum in the United States. Asylees have suffered persecution in their countries of origin, forced migration, detention in the United States, and the uncertainty of the asylum adjudication process. Many need well-coordinated and prompt social services to ease their transition.

CLINIC's National Asylee Information and Referral Line, funded by the Office of Refugee Resettlement, provides a single, centralized source of accurate information about service eligibility and programs across the country. The toll-free phone number is listed in all asylum grant letters issued by the DHS Asylum Office.

In 2003, 5,396 newly-approved asylees called the information line. They received 12,491 referrals to services to help them become self-sufficient and integrated. These included English and employment training, immigration counseling and health care.

Catholic Charities Community Services of the Archdiocese of New York, a CLINIC member agency and subgrantee, employs multilingual immigration counselors that speak a total of 19 languages. Counselors refer asylee callers to one or more of 550 agencies serving refugees and asylees nationwide.

CLINIC focused its outreach, information and referral efforts in Florida where many asylees, particularly from Columbia and Cuba, find freedom and protection. With funding from the State of Florida Refugee Services Office, CLINIC assisted up to 700 asylees in receiving employment, education, health care, housing and immigration services to secure their self-sufficiency as vulnerable newcomers.

Federal regulations specify that refugees and asylees are eligible for the same benefits and services. (People apply for refugee status before they arrive in the United

States, while migrants apply for asylum when physically present in the United States.) But while all newly-arriving refugees are sponsored by resettlement agencies, asylees are not. Thus, asylees are at a disadvantage in finding the public and private resources to help smooth their adjustment.

Laura Sikes



Expanding Legal Services

ATTORNEY-OF-THE-DAY TOLL-FREE HELP LINE

THE NEED: Member agencies and community-based legal agencies face constant challenges in interpreting immigration law and choosing the most effective strategies for representing clients.

CLINIC'S RESPONSE: A toll-free help line offers local immigration practitioners advice from CLINIC's veteran immigration attorneys on specific legal questions.

CLINIC takes pride in the high-quality legal representation that its member agencies provide to

low-income immigrants nationwide. CLINIC offers local practitioners case-specific advice and information. Its help line receives an average of 20 calls per day, or well over 5,000 calls per year. Each question is promptly researched and answered.

Affiliates answer questions that cover such topics as family-based immigration, naturalization, temporary employment authorization, and relief from removal. Most inquiries involve both

substantive legal questions and requests for practical advice on effective strategies in representing clients. CLINIC's staff provides technical support based on their knowledge, access to legal reference materials, and collective experience practicing immigration law. In addition, the hotline serves as a way for CLINIC to monitor trends in immigration problems, allowing the organization to determine future training subjects, newsletter articles and administrative advocacy priorities.

CONVENING AND CONVOCATION

THE NEED: Immigration and refugee service providers can increase their effectiveness through training, sharing of best practices and discussion of current legal issues. They also benefit from a sense of community and shared touchstones.

CLINIC'S RESPONSE: CLINIC's sixth annual convening was held in conjunction with the National Migration Conference from July 6-

10 in Washington, DC. Co-sponsored by Migration and Refugee Services (MRS), the gathering's theme, "All Come Bearing Gifts," stressed the many ways newcomers enrich the culture and society of the United States, in contrast to public opinion that often views immigrants as burdens and security risks.

The convening combined plenary sessions and substantive workshops that focused on the many issues

faced by immigrants who have escaped unjust and inhumane conditions in their countries of origin, only to be subjected to policies that deprive them of full membership in U.S. society.

The convening also featured 29 plenary presenters who spoke on some of the most pressing issues concerning immigration. Senator Samuel Brownback (R-KS), Congresswoman Zoe Lofgren

"Over the past ten years, CLINIC has helped our Agency create a successful, well-run program that is recognized in the community as being one of the best non-profit legal service providers in Arizona. We have benefited tremendously from having immediate access to nationally recognized experts in the area of immigration law who can answer any question or provide up-to-date changes in U.S. Immigration Law and Policy. The training provided by CLINIC is always of the highest quality."

— Bill DeSantiago
Attorney, Catholic Social Services
Phoenix

continued

“Our Immigration program began with a part-time position and a broken typewriter. Though the support of CLINIC, we now have three offices at which we are fully prepared to represent complicated cases before the Immigration courts, handle waivers, appeals, motions to reopen and complex adjustments. We owe almost all of our success to the CLINIC network and the superior trainings they provide.”

— Nilda Cardenas de Lara, Immigration Counselor, Catholic Social Services, Winston-Salem



“Convening and Convocation” continued

(D-CA), Mexican Secretary of State Santiago Creel, Bureau of Citizenship and Immigration Services Director Eduardo Aguirre, Jr., and Secretary of Housing and Urban Development Mel Martinez were among those who participated.

More than 800 persons participated in 38 workshops on select immigration topics that were designed to impart practical knowledge of immigration and immigrant issues including: Better Management of Case Worker Services; Fundamentals of Religious Worker Visas; Catholic Collaboration for Meeting Client Employment and Health Needs; Serving Asylees: Challenges and Considerations for Diocesan Programs.

Other convening activities included daily liturgies, networking functions, and an awards banquet. The Washington, D.C. location also gave many participants the opportunity to travel to Capitol Hill to meet with elected officials and voice their concerns over the direction of immigration policy.

IMMIGRATION LAW TRAINING

THE NEED: Immigration law is highly complex and evolving. Low-income immigrants depend on the skill and expertise of nonprofit immigration counselors.

CLINIC’s RESPONSE: CLINIC provides high-quality immigration training to its member agencies’ legal staff. Each year CLINIC helps more than 1,000 nonprofit immigration attorneys and legal counselors expand their expertise.

With the creation of DHS in March 2003, restrictive new procedures and policies have developed in response to security concerns. To stay current with these changes, affiliate staff need updated information.

CLINIC provides an annual training schedule on substantive legal issues, as well as on practical skills. Training manuals are regularly updated and distributed to trainees. These publications are valuable assets to hundreds of nonprofit immigration programs nationwide.

CLINIC field office attorneys located in Boston, New York City, Washington, D.C., Miami, Chicago

and San Francisco also conduct local training for member agencies and other organizations. Staff also speak at national conferences and assist other networks in training their member agency staff. CLINIC also conducts specialized on-site training at member agency offices upon request.

Immigrant Law Training Program Highlights

- CLINIC conducted full- or multi-day training sessions in 21 cities. Training sessions covered: family-based immigration; survey of immigration law; relief for battered spouses; naturalization; immigration law for refugee resettlement staff; and the impact of criminal law on immigrants.
- CLINIC also conducted training on program management (intake, case management, fiscal accounting, fundraising) and on improving general immigration skills (interviewing, research, writing).



IMMIGRATION MANAGEMENT PROJECT

THE NEED: Local nonprofit immigration service providers need to develop, adopt, and share best practices in program management, advocacy, and fundraising.

CLINIC's RESPONSE: For the past several years, CLINIC has collaborated with Immigration and Refugee Services of America (IRSA) and Lutheran Immigration and Refugee Services (LIRS) to identify and propagate model management practices and strategies for charitable immigration legal services programs. The Immigration Management Project is focused on providing education for partici-

pating charitable programs to impact the management practices that affect their clients.

CLINIC has conducted management trainings in Dallas, TX; Portland, OR; Miami, FL; Savannah, GA; and Washington, DC. These trainings include participants that represent a diverse mix of faith-based and community-based organizations. Programs that were engaged primarily with refugee resettlement are now providing for immigration legal services to reunite families and assist individ-

uals fleeing desperate conditions in their respective countries.

During the year, CLINIC delivered best practice information along with timely immigration legal and policy information to its network of 155 charitable immigration program offices via a broadcast e-mail list. This has created a greater sense of cohesion and community within the network. CLINIC is in the process of creating a pilot project, in the form of a website, to showcase how the numerous legal support centers, legal assistance groups, voluntary agencies and anti-domestic violence

projects provide “one-stop” legal immigration services. The website will also include a customized listserv menu and cross-topic expertise portals.

CLINIC has continued to provide management consultation to Catholic and non-Catholic agencies. In 2003, CLINIC conducted on-site needs assessments in Boise, ID; Gillette, WY; and San Diego, CA. The Immigration Management Project has enabled CLINIC to increase its efforts to ensure that the BIA recognizes all member agencies and appropriate staff.

PUBLICATIONS AND NEWSLETTERS

THE NEED: U.S. immigration law and policy often fails to respect the integrity of families, protect those at risk of violence and persecution, or offer appropriate paths to citizenship. CLINIC seeks to build awareness among policy makers, news media, advocates and the general public on problem issues. It supports reform based on the compelling message of Catholic social teaching.

CLINIC's RESPONSE: CLINIC produces numerous written materials in the form of training

manuals, handbooks, position papers, journal articles, news reports, and a monthly newsletter. Through these publications, CLINIC aims to increase the knowledge of practitioners and the general public on laws and regulations impacting immigrants and ways to better serve them.

In 2003, CLINIC updated its six substantive immigration law manuals which it distributed in conjunction with its national trainings: *Family-Based Immigration Law*, *Survey of Immigration Law*, *The Impact of Crimes*, *Relief from Removal*,

and *The VAWA Manual: Immigration Relief for Abused Immigrants*.

The Catholic Legal Immigration News, CLINIC's monthly newsletter, has evolved into a widely read legal reference tool for immigration practitioners. The newsletter focuses on providing practical information for nonprofit immigration service providers. Each issue includes substantive immigration law articles on timely issues, an update on CLINIC's advocacy efforts, updates from the network, notices on upcoming training and new resources, and the most

recent Visa Bulletin. It also includes faith-based articles and “news from the field” articles from affiliate staff. Circulation in 2003 exceeded 1,000.

CLINIC also launched *In The Balance* to disseminate its activities to a wider audience. The quarterly newsletter's initial circulation of 2,500 has already been increased to 4,000 and will continue to grow along with CLINIC's network of friends.



Until the late 1980s, non-citizens with significant family, community, and employment ties to the United States were not likely to be detained while removal proceedings were pending against them.

Upholding the Rights of Detained Immigrants

DETAINED LONG-TERM RESIDENTS

THE NEED: Non-citizens with significant family, community, and employment ties to the United States are increasingly vulnerable to removal (deportation) and to detention for long periods while they await removal hearings.

CLINIC'S RESPONSE: CLINIC helps individuals with strong cases to apply for relief from removal, and to apply for release while awaiting their hearings. CLINIC detention attorneys have also represented non-citizens who, despite having no terrorist connections, were caught up in the government's post-September 11th sweep.

Until the late 1980s, non-citizens with significant family, community, and employment ties to the United States were not likely to be

detained while removal proceedings were pending against them. Beginning in 1988, and continuing through the 1990s, a series of laws were enacted that: (1) defined more activities as deportable offenses; (2) greatly expanded the use of detention during the period preceding a removal hearing; and (3) made it much more difficult even for long-term residents with strong U.S. ties to obtain relief from removal.

CLINIC provides a variety of services for detained long-term

residents facing removal proceedings. CLINIC assists individuals with strong claims to relief from removal (whose cases are in judicial circuits where release is legally possible) to apply for pre-hearing release and reunification with U.S. family members. CLINIC also provides full representation in Immigration Court for selected long-term residents who have claims for relief. Represented non-citizens are far more likely to succeed in making such a claim.

Steve Rublin



DETENTION PROGRAM DEVELOPMENT

THE NEED: Detainees and their families in hundreds of communities across the country need legal information and representation. The need greatly exceeds the ability of CLINIC and other detention representation programs to assist them.

CLINIC's RESPONSE: CLINIC works with its member agencies nationwide to set up detainee legal service programs in local communities, using models that address the particular needs of local detainee populations and that are sensitive to member agencies' individual capacities.

Working with detainees can be overwhelming. Many detainees need assistance, and local immigration service providers already have many demands upon their time and resources.

CLINIC believes that every effort to assist detainees, no matter how modest, can make a profound difference in the lives of individual non-citizens, their families and their communities. It can also help to change the way that communities view widespread detention of non-citizens.

CLINIC's Special Projects Division worked closely in 2003 with Catholic diocesan immigration programs in the Miami and Los Angeles areas, sharing information and strategies about individual cases, and engaging in joint advocacy before local DHS officials. CLINIC also collaborated with Catholic Charities in New Orleans to serve detained torture survivors held by DHS in state and local contract prisons in the New Orleans area.

CLINIC helps additional Catholic immigration programs to design legal-assistance initiatives that address detainee needs and that are sustainable over time. These programs:

- Assist other nonprofit agencies by agreeing periodically to represent particularly vulnerable detainees.
- Provide accurate and timely legal information to families of detainees who are helping the detainees represent themselves in Immigration Court.
- Offer legal orientation programs in detention centers and organize pro bono lawyers to represent particularly vulnerable detainees.



East C Pod, York County Prison (based on a drawing by a former DHS detainee).

Illustration Credit: Jenny Polak

INDEFINITE DETAINEES

THE NEED: Thousands of non-citizens who have received removal (deportation) orders have been imprisoned for months or even years in the United States because their home countries have refused to take them back.

CLINIC's RESPONSE: CLINIC lawyers across the country represent indefinite detainees, working to return them to their U.S. families under government-supervised release until they can be removed from the United States.

The United States is detaining thousands of immigrants who cannot be deported because their countries of origin will not take them back. Most indefinite detainees come from countries without diplomatic ties to the United States, such as Cuba, or ineffective diplomatic ties. Others are stateless, or come from countries that have no functional or central government.

Non-citizens with removal orders, many of them nonviolent offenders, are held in detention until the DHS effects their removal. Unable to return home but barred from resuming life in the United States, these so-called "lifers" languish indefinitely in detention facilities across the country.

Some indefinite detainees manage to navigate the U.S. legal system successfully on their own. Most, however, cannot. CLINIC's detention lawyers identify and represent indefinite detainees, advocating with the Department of Homeland Security in an effort to obtain release. When continued detention is egregious and advocacy does not succeed, CLINIC's lawyers bring cases to federal court.



Steve Rubbin

LEGAL RIGHTS ORIENTATION

THE NEED: Few indigent detainees are able to obtain legal representation. CLINIC and its nonprofit partners lack the resources to represent every deserving detainee without a lawyer. Unrepresented detainees face deportation hearings alone, without knowing whether they can assert a legal claim to remain in the United States, and without information about how to assert any rights they might have.

CLINIC'S RESPONSE: CLINIC and its partner organizations hold workshops in DHS detention facilities to inform detainees about their rights under immigration law. These workshops help detainees decide whether they have legal grounds to fight deportation, and, if so, how they can assert their rights before the Immigration Court.

A legal rights orientation (also called a “Know Your Rights” presentation) is a workshop by an immigration lawyer provided to non-citizen detainees whom the DHS is seeking to remove from the United States.

The format for legal rights orientations varies between CLINIC programs. In some detention facilities for adults, CLINIC lawyers make a classroom-type presentation to a large group of DHS detainees, and then answer questions posed by the detainees. In other facilities, specifically those housing non-citizen children, orientation is conducted in the form of one-on-one consultations.

In the orientations, lawyers tell detainees what they can expect to occur in Immigration Court. They then discuss the “charges,” or infractions of immigration law, that immigration authorities can bring against detainees to start the removal (deportation) process. They then cover “relief from removal”: i.e., waiver applications that a non-citizen may be able to make to an Immigration Judge which, if approved, will permit the non-citizen to remain lawfully in the United States.

CLINIC also provides attendees with written legal-orientation materials to help prepare them to represent themselves in Immigration Court.

These sessions permit CLINIC to identify individuals who are particularly vulnerable or have another compelling need for representation by a lawyer. As resources permit, CLINIC represents vulnerable individuals directly, or seeks to find them pro bono counsel. CLINIC lawyers provide extensive mentoring and technical assistance for pro bono lawyers who take on cases.

In 2003, CLINIC was awarded a contract by the Executive Office of Immigration Review (EOIR) to expand the program and conduct legal orientation workshops for detainees at the Mira Loma detention facility in Lancaster, California. According to EOIR estimates, detainees spend fewer days in the detention facility as a result of the knowledge they gain from these legal orientation presentations.

Zadvydas v. Davis: A Strong Precedent against Indefinite Detention

On June 28, 2001, the United States Supreme Court issued a landmark decision in *Zadvydas v. Davis*, ruling that the government does not have the power to hold non-citizens indefinitely and must consider, on a case-by-case basis, supervised release of detainees within a reasonable period after they are ordered removed.

Under the *Zadvydas* decision, non-citizens who do not pose a danger to the community, and who have no significant likelihood of returning to their countries in the foreseeable future, should be released after no longer than six months in DHS custody.

Unfortunately, individualized DHS reviews in response to *Zadvydas* have not operated effectively. Most detainees do not receive timely custody reviews and fewer are released as a result of these determinations. CLINIC has, with the generous support of the Firedoll Foundation, tracked the limited success of the *Zadvydas*-inspired DHS review programs in a series of reports, finding the programs to be an empty promise for most indefinite detainees.

Steve Rubin



2003 CLINIC Staff Directory

Donald Kerwin, Executive Director

Division of National Operations and Support

Regina Brantley, *MIS Coordinator*
Laura Burdick, *Deputy Director, National Programs Management*
Jeff Chenoweth, *Director*
Emilynda Clomera, *Accounting Assistant*
Ysabel Hernandez, *Project Coordinator*
Malcolm Herndon, *Controller*
Kierre Jackson, *Administrative Secretary*
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Anne Li, *Deputy Director, Resource Development*
Maria Marks, *Resource Development Associate*
Carolyn Moore, *Human Resources Manager*
Kimberly Neely, *Staff Assistant*
Juakeita Norman, *Staff Assistant*
Donald Pitcock, *Deputy Director, Operations*
Joseph Ziska, *Major Gifts Coordinator*

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Hiroko Kusuda, *Detention Attorney*
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Kathleen Sullivan, *Director*
Julia Smith-Aman, *Project Assistant*
Michael Vastine, *Detention Attorney*
Allison Wannamaker, *Managing Attorney*
Teresa Woods, *Detention Attorney*

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Kristina Karpinski, *Field Office Attorney*
Christine Ozaki, *Staff Assistant*
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Tom Shea, *Field Office Attorney*
Jill Sheldon, *Field Office Attorney*
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Vanessa Waldref, *Project Assistant*

Division of Religious Immigration Services

Paul Buono, *Attorney*
Kimberly Frank, *Staff Assistant*
Anne Marie Gibbons, *Attorney*
James Hoffman, *Senior Immigration Specialist*
Andrea Maaseide, *Attorney*
Sr. Margaret Perron, *RJM, Director*
Kate Sinkins, *Attorney*

2003 Board of Directors

CLINIC's Board of Directors is composed of both episcopal and non-episcopal members who serve staggered terms, ensuring the carry-over of institutional knowledge from one year to the next. CLINIC's viability depends on the active engagement of its board of directors in governance, resource development, and finance and budget oversight.

2003 CLINIC Board of Directors

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CHAIRMAN

Bishop of Camden

Most Reverend James A. Tamayo

VICE PRESIDENT

Bishop of Laredo

Most Reverend Armando X. Ochoa

TREASURER

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Catholic Charities, Diocese of San Diego

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Fragomen, Del Rey, Bernsen & Loewy P.C.

Mr. Mark Franken

Executive Director

USCCB/Migration and Refugee Services

Ms. Lily Gutierrez

Former Southwest Regional Coordinator

Catholic Legal Immigration Network, Inc.

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Associate General Secretary

U.S. Conference of Catholic Bishops (USCCB)

Most Reverend Jaime Soto

Auxiliary Bishop of Orange

Most Reverend Thomas G. Wenski

Auxiliary Bishop of Miami

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CHAIRPERSON

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Catholic Social Services
Winston Salem, NC

Sue Colussy, Program Director
Catholic Social Services, Inc.
Immigration Services
Atlanta, GA

William DeSantiago, Supervising Attorney
Catholic Social Services of Phoenix
Immigration Program
Phoenix, AZ

Donna Gann, Immigration Program Coordinator
Catholic Charities
Refugee Resettlement Program
Nashville, TN

Alma Garza-Cruz, Program Director
Catholic Charities, Diocese of Beaumont
Immigration Services
Beaumont, TX

Greg Kepferle, Executive Director
Catholic Charities of Central New Mexico
Albuquerque, NM

Jo Marcel Vu, Program Director
Catholic Charities
Immigration and Refugee Department
Los Angeles, CA

Carmen Maquilon, Legal Services Coordinator
Catholic Charities, Diocese of Rockville Centre
Immigrant Services/Refugee Resettlement
Amityville, NY

Shelley Schrader, Program Director
Catholic Charities
Interfaith Immigration Services
Omaha, NE

Jonathan Scop, Attorney
Catholic Charities
Immigration Services
Portland, OR

Vanna Slaughter, Administrator
Catholic Charities
Immigration Counseling Services
Dallas, TX

Joan Stamm, Citizenship Project Coordinator
Archdiocesan Housing Authority
Refugee Assistance Program
Seattle, WA

Beatriz Zapata, Director
Catholic Charities
CRIS Immigration Services
Salina, KS

Diocesan Advisory Committee

Formed in 1998, CLINIC's Diocesan Advisory Committee provides advice and feedback on the full range of training, support, and programmatic activities that CLINIC offers to its affiliate members. The input of the committee enables CLINIC to determine which issues it should address to improve the effectiveness of its programs and services. The Diocesan Advisory Committee represents a diverse group of diocesan immigration programs. It serves as an excellent source of information for CLINIC's Board of Directors and staff.

2003 CLINIC Affiliate Member Agencies

Alabama

Catholic Social Services *Birmingham*
Catholic Social Services/Catholic
Refugee Services *Mobile*

Alaska

Catholic Social Services *Anchorage*
Diocese of Fairbanks *Fairbanks*

Arizona

Catholic Social Services *Phoenix*
Catholic Social Services/Catholic
Community Services *Tucson*

Arkansas

Catholic Immigration Services *Little Rock*

California

Catholic Charities Immigration Legal Services *San Jose*
Catholic Charities Immigration Services *Salinas*
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Catholic Charities/Immigration Services *San Diego*
Valley Catholic Charities *Fresno*

Colorado

Catholic Charities *Denver*
Catholic Charities, Southern Colorado
Center for Immigrants Rights *Pueblo*

Connecticut

Diocese of Bridgeport, Immigration
and Resettlement Program *Bridgeport*
Catholic Charities, Migration and
Refugee Services *Hartford*

Delaware

Catholic Charities *Wilmington*

District of Columbia

Catholic Charities Immigration Legal Services *Washington*

Florida

Catholic Charities Immigration
and Refugee Service *Pensacola*
Catholic Charities Immigration Services *Charlotte Harbor*
Catholic Charities Legal Services *Miami*
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Catholic Charities of DeSoto County *Arcadia*
Catholic Charities *Palm Beach Gardens*
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Inpios, Inc. *Indian Town*
PAEC-Migration *Quincy*

Georgia

Catholic Social Services/Immigration Services *Atlanta*

Hawaii

Catholic Charities Community and
Immigrant Services *Honolulu*

Idaho

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La Posada Ministries *Twin Falls*

Illinois

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Indiana

Catholic Charities, Immigration and
Refugee Resettlement. *Ft. Wayne*
Catholic Charities. *South Bend*
Hispanic Outreach Program *Evansville*

Iowa

Catholic Hispanic Ministry *Des Moines*
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Catholic Community Services
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Immigration Services *Portland*

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Hispanic Ministries Cultural Center *Saginaw*
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Refugee Resettlement Program. *Grand Rapids*
Refugee Services *Lansing*

Minnesota

Catholic Charities Refugee Resettlement *Rochester*
Migration and Refugee Services *St. Paul*
St. Odilia Church *Shoreview*

Mississippi

Catholic Social and Community Services, Inc. *Biloxi*
Office of Hispanic Ministry *Jackson*

Missouri

Catholic Immigration Law Project. *St. Louis*
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and Immigration Services *Jefferson City*

Nebraska

Catholic Charities Juan Diego Center *Omaha*
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Hispanic Outreach *Columbia*

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Refugee Resettlement and Immigration Program *Memphis*

Refugee Resettlement Program *Nashville*



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Catholic Charities,
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Catholic Social Services. *Laredo*
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Diocese of Austin, Vocation Office. *Austin*
Immigration Counseling Services. *San Juan*
Sisters of the Holy Family of Nazareth. *Grand Prairie*
Catholic Charities of San Antonio *San Antonio*

Utah

Catholic Community Services,
Immigration and Resettlement Program. *Salt Lake City*

Virginia

Catholic Charities, Hogar Hispano *Falls Church*
Refugee and Immigration Services *Richmond*

Washington

Catholic Charities Refugee Resettlement Program . . . *Spokane*
Refugee Assistance Program/USCCB *Seattle*

West Virginia

Department of Catholic Charities *Wheeling*

Wisconsin

Catholic Charities of the Diocese of LaCrosse . . . *Stevens Point*
Catholic Charities, Legal Services for Immigrants . . *Milwaukee*
Diocese of Green Bay, Refugee Resettlement
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Sisters of the Holy Family of Nazareth
Sisters of the Incarnate Word and Blessed Sacrament
Sisters of the Third Order of St. Francis
Sisters, Servants of Mary
The Society of the Sisters of Christian Charity

Statement of Financial Position

ASSETS

CURRENT ASSETS December 31	2003	2002
Cash and Cash Equivalents:		
Operating Cash	\$ 318,296	\$ 321,501
Savings and Short-Term Investments	\$ 282,077	\$ 344,182
Restricted Cash – Foundation Support	\$ 419,105	\$ 590,542
Total Cash and Cash Equivalents	\$ 1,019,478	\$ 1,256,225
Accounts Receivable (Net of Allowance for Doubtful Accounts of \$10,000 for 2003 and 2002)	\$ 77,920	\$ 71,748
Contributions Receivable	\$ 573,706	\$ 204,751
Grants Receivable	\$ 128,739	\$ 847,275
Receivable from Sub-Grantees	\$ 0	\$ 0
Prepaid Expenses and Other Current Assets	\$ 22,904	\$ 21,437
Total Current Assets	\$ 1,822,743	\$ 2,401,436
Restricted Investments	\$ 1,036,505	\$ 750,008
Property and Equipment:		
Furniture and Equipment	\$ 348,909	\$ 348,909
Leasehold Improvements	\$ 45,787	\$ 45,787
	\$ 394,696	\$ 394,696
Less Accumulated Depreciation and Amortization	\$ (363,075)	\$ (321,097)
NET PROPERTY AND EQUIPMENT	\$ 31,621	\$ 73,599
CONTRIBUTIONS RECEIVABLE, Net of Current Position	\$ 40,900	\$ 58,600
DEPOSITS	\$ 3,250	\$ 3,250
TOTAL ASSETS	\$ 2,935,023	\$ 3,286,893

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES, December 31	2003	2002
Accounts Payable	\$ 121,569	\$ 124,731
Contributions Payable	\$ 195,250	\$ 124,391
Grants Payable and Refundable Advances	\$ 77,612	\$ 650,077
Accrued Expenses	\$ 133,296	\$ 132,436
TOTAL CURRENT LIABILITIES	\$ 527,727	\$ 1,031,635
NET ASSETS		
Unrestricted	\$ 456,237	\$ 748,368
Unrestricted – Board Designated	\$ 536,505	\$ 250,008
Total Unrestricted	\$ 992,742	\$ 998,376
Temporarily Restricted	\$ 1,414,554	\$ 1,256,882
TOTAL NET ASSETS	\$ 2,407,246	\$ 2,255,258

TOTAL LIABILITIES AND NET ASSETS

\$2,935,023

\$3,286,893

continued

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Statement of Activities

For the Year Ended December 31, 2003

TOTAL

REVENUES, GRANTS AND OTHER SUPPORT

MRS/USCCB Support	\$	2,256,000
Professional and Religious Contracts	\$	459,936
Federal and Non-Federal Grants and Contributions	\$	4,036,907
Training, Publications and Other Fees for Service	\$	159,510
Membership Fees	\$	63,519
Interest Income	\$	31,468
Net Realized and Unrealized Gain	\$	133,518

TOTAL REVENUES, GRANTS AND OTHER SUPPORT **\$ 7,140,858**

EXPENSES

Program Services	\$	5,803,727
Fundraising and Development	\$	292,325
Management and General	\$	892,768

TOTAL EXPENSES **\$ 6,988,820**

CHANGE IN NET ASSETS \$ 152,038

NET ASSETS AT BEGINNING OF YEAR \$ 2,255,258

NET ASSETS AT END OF YEAR **\$2,407,296**



CATHOLIC LEGAL
IMMIGRATION
NETWORK, INC.