

### Referral Form for CLINIC's Motions to Reopen Assistance Project

To determine whether we will be able to place this motion to reopen case, we need the following information from you:

- Potential Client's full name:
- Potential Client's phone number and/or WhatsApp number:
- Potential Client's A number:
- Date of final order
- court that issued order:
- Was removal order *in absentia* or not? (if known):
- Confirmation that the Potential Client is not already represented by an attorney:
- If Potential Client was previously represented by an attorney, name of prior counsel:
- Potential Client's address or current location (if detained, the name of the detention facility):
- Potential basis for a motion to reopen (e.g., lack of notice, extraordinary circumstances, changed country conditions, etc.):
- Type of relief Potential Client may be eligible for:
- Will you be able to provide on the ground support, specifically through meeting with the client to draft a declaration and obtain any necessary documents?:
- Will you be able to review the ROP and/or audio recording of the hearing?:
- Is this client's removal imminent? If so, please provide an estimated date that the Potential Client could be removed or deported:
- If possible, provide the name and contact information for the deportation officer:

Please email completed forms to [amayersalins@cliniclegal.org](mailto:amayersalins@cliniclegal.org). Once we receive the information above, we will assess whether we currently have the capacity to take on this case.

Thank you for your assistance.