FAX Request Form – From County DSS to EOIR
[Submit on letterhead of requesting agency]

To: Executive Office of Immigration Review   This FAX consists of __ pages.

      Immigration Court: _____ (insert name of city/state)
Attn: Court Administrator   Fax number: _____

This request is being submitted by:

Name (printed): _____ Title: _____

Agency name and address:
_____
_____

Fax Number: _____   Phone number: _____

Case ID (optional): _____

Item 1: The above-referenced requests that EOIR: (please check only one)

___ Verify that the individual referred to on the attached green card (a copy is attached) was granted relief under section 244(a)(3) (as in effect prior to April 1, 1997) or 240A(b)(2) of the Immigration and Nationality Act.

___ Verify that the attached order grants relief under section 244(a)(3) or 240A9(b)(2) of the Immigration and Nationality Act.

___ Verify that the EOIR has determined that the alien has demonstrated a prima facie (interim) case for suspension of deportation or cancellation of removal under section 244(a)(3) or 240A(b)(2) of the Immigration and Nationality Act.

Item 2: If you checked the last item above, please fill out the following information. If the applicant has a copy of a receipt notice or other documentation indicating that he or she filed an application for suspension of deportation or cancellation of removal, please attach a copy.

Applicant's full name: _____

Applicant's date of birth: _____

Applicant's best guess as to when petition was filed: _____(mo/yr)

Applicant's best guess as to which immigration court petition was filed: _____

Applicant's address at time of filing petition: _____
(street address)

_____
(city, state, zip code)