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COMMUNITY EDUCATION CENTER • IMMIGRATION POLICY CENTER • INTERNATIONAL EXCHANGE CENTER • LEGAL ACTION CENTER

## QUESTIONNAIRE FOR POTENTIAL PLAINTIFFS

### ASYLUM CLOCK LITIGATION

*Please complete the form by answering each question, attaching additional pages if the space provided is not sufficient. You may fax or e-mail the completed form. Contact information is provided at the end of the form.*

*Thank you!*

**Please be sure to include copies of the following documents, if available, with this questionnaire:**

- **Underlying Form I-589 (without attachments)**
- **Form I-765**
- **Receipt notice and/or file stamp showing receipt numbers and dates of filing for both Form I-589 and Form I-765**
- **Any relevant written correspondence or documented phone calls to or from the Asylum Office and/or EOIR regarding the asylum clock**
- **Any motions or other correspondence requesting that EOIR start/restart the clock**

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**PLEASE COMPLETE A SEPARATE FORM FOR EACH POTENTIAL PLAINTIFF**

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Date questionnaire is completed:

Completed by:

***Attorney Contact Information:***

Name:

Email:

Firm:

Address:

**[www.americanimmigrationcouncil.org](http://www.americanimmigrationcouncil.org)**

Telephone:

Fax:

***Asylum Applicant Information:***

Name:

Address:

Phone:

Email:

Nationality or citizenship:

Alien Number:

Applicant Address:

Applicant marital status:

Applicant children names and dates of birth:

If applicable, applicant criminal record information (arrests/convictions/sentences, including relevant courts and dates) :

If applicable, any immigration fraud issues related to your client (please explain):

***Asylum Application Information:***

Date I-589 filed:

Asylum Office or Immigration Court where I-589 was initially filed:

Immigration Court where I-589 is currently pending:

Name of Immigration Judge:

If the I-589 was an affirmative application and referred to Immigration Court, please specify what date the case was referred:

If the case was referred to Immigration Court and re-filed in Immigration Court, please specify the date that the case was re-filed:

***EAD Information (answer any of the following that apply):***

Date I-765 filed:

Date I-765 denied:

Is the I-765 still pending (Y/N)?

If I-765 has not been filed, would your client be willing to file?

***Procedural History of Case (answer any of the following that apply):***

Initial master calendar hearing date:

Initial master calendar hearing result:

Subsequent master calendar hearing dates and results:

Individual merits hearing date:

Individual calendar hearing result:

BIA appeal date:

BIA appeal status (pending/granted/denied/remanded) and date of any decision:

Petition for Review (Court of Appeals) filing date:

Petition for Review docket number:

Please identify the Court of Appeals:

Court of Appeals appeal status (pending/granted/denied/remanded) and date of any decision:

***Asylum Clock Information:***

*If the asylum clock never started*, 1) the date you believe the clock should have started, 2) why you believe the clock should have started, and 3) the explanation, if any, given for why it has not started:

*If the asylum clock started and then stopped*, 1) the date the asylum clock started, 2) the date it stopped, 3) why you believe the Asylum Office or Immigration Court stopped the clock and 4) when and why you believe it should not have stopped and/or should restart:

What efforts were made to start/restart the clock (as indicated above, please attach any correspondence or court filings)?

What response did you receive from the Asylum Office, Court Administrator or Immigration Judge as a result of your efforts to start/restart the clock (if possible, please specify dates of any phone calls)?

***Hardship to Asylum Applicant due to inability to secure EAD:***

Please describe any hardship that the asylum applicant has suffered or is continuing to suffer due to the lack of an EAD. Examples include, but are not limited to, threatened or actual loss of employment, threatened or actual loss of ability to provide financial support for self and/or family members (please provide details of family members, including relationship and immigration status), inability to pursue profession (please provide details); mental/physical suffering of self or family members due to threatened or actual loss of employment.

Please return this form and documents by email or fax to:

[asylumclock@immcouncil.org](mailto:asylumclock@immcouncil.org)

Fax: (202) 742-5619