

Notice of Appeal from a Decision of an
Immigration Judge

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

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

Sarah P. COLBERT, A011-222-333

For Official Use Only



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 7850 Metro Pkwy, Suite 320, Bloomington, MN 55425 (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 September 1, 2010.
- ☐ I am filing an appeal from the Immigration Judge's decision in **bond** proceedings dated _____ . (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.

- 1) The Immigration Judge erred in applying the standard for cumulative harm as articulated in *Matter of O-Z & I-Z-*, 22 I&N. Dec. 23 (BIA 1998). The Immigration Judge erroneously found that the harm suffered by the Respondent was just one event, when the Respondent credibly testified about numerous incidents of threats and persecution.
- 2) The Immigration Judge's finding that Respondent did not fear harm by the government or a group the government cannot control was clearly erroneous, as Respondent credibly testified that she feared harm from the FARC, which her testimony and the record show the Colombian government is unable to control. The Immigration Judge's finding should be reviewed as it is clearly erroneous under 8. CFR §1003.1(d)(3)(i).

(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 #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

Sarah P. Gilbert

Signature of Person Appealing
(or attorney or representative)

09/12/10

Date

10.

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

Sarah P. Colbert

(Name)

555 1st Ave. S.

(Street Address)

#4

(Apartment or Room Number)

St. Paul, MN 55105

(City, State, Zip Code)

555-867-5309

(Telephone Number)

11.

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

John Q. Public

(Name)

89 Front Street

(Street Address)

Suite 200

(Suite or Room Number)

St. Paul, MN 55101

(City, State, Zip Code)

555-867-1111

(Telephone Number)

NOTE: You must notify the Board within five (5) working days if you move to a new address. You must use an alien's Change of Address Form (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 John Q. Public mailed or delivered a copy of this Notice of Appeal
(Name)

on 09/12/10 to Office of Chief Counsel - ICE
(Date) (Opposing Party)

at 2901 Metro Drive, Suite 100, Bloomington, MN 55425
(Number and Street, City, State, Zip Code)



X

John Public
Signature

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

