### UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT AGENCY APPEAL PRE-ARGUMENT STATEMENT (FORM C-A)

## □ APPLICATION FOR ENFORCEMENT

## $\Box$ **PETITION FOR REVIEW**

1. SEE NOTICE ON REVERSE.		2. PLEASE TYPE OR PRINT.		3. STAPLE ALL ADDITIONAL PAGES.		
CAPTION:			AGENCY NAME:		AGENCY NO .:	
			DATE THE ORDER UPON W REVIEW OR ENFORCEMEN SOUGHT WAS ENTERED B	IT IS	ALIEN NO : (Immigration On	ly)
			DATE THE PETITION OR APPLICATION WAS FILED:		cross-application	ition for review / for enforcement?
Contact Information for Petitioner(s) Attorney:	Counsel's Name:	Address:	Telephone No.:	Fa	□ YES x No.:	□ NO E-mail:
Contact Information for Respondent(s) Attorney:	Counsel's Name:	Address:	Telephone No.:	Fa	x No.:	E-mail:
JURISDICTION OF THE COURT OF APPEALS (provide U.S.C. title and section):	APPROX. NUMBER OF PAGES IN THE RECORD:	APPROX. NUMBER OF EXHIBITS IN THE RECORD:	Has this matter been before this C If Yes, provide the following: Case Name: 2d Cir. Docket No.:	-	ously? □ Yes Citation: ( <i>i.e.</i> , F.3d	□ No or Fed. App.)
	E ACTION; (2) THE RE	SULT BELOW; AN	FORM: (1) A BRIEF, BUT NOT I ND (3) A COPY OF ALL RELEVA REVIEW OR APPLICATION FOR	ANT OPIN	IONS/ORDERS I	
			FORM: (1) THE RELIEF REQU ATE STANDARD OF REVIEW F			
		PART A:	STANDING AND VENUE			
	<b>STANDING</b>		VENUE			
PETITIONER / AP	PLICANT IS: □ OTHER I (SPECIFY STANDING):		COUNSEL MUST PROVIDE IN THE SPACE BELOW THE FACTS OR CIRCUMSTANCES UPON WHICH VENUE IS BASED:			

#### IMPORTANT. COMPLETE AND SIGN REVERSE SIDE OF THIS FORM.

PART B: NATURE OF ORDER UPON WHICH REVIEW OR ENFORCEMENT IS SOUGHT (Check as many as apply)							
TYPE OF CASE:							
ADMINISTRATIV	'E REGULATION/ RULEMAKIN	NG IMMIGR.	IMMIGRATION-includes denial of an asylum claim				
BENEFITS REVIE	W	IMMIGR.	IMMIGRATION-does NOT include denial of an asylum clair				
UNFAIR LABOR		TARIFFS					
HEALTH & SAFE	ТҮ	OTHER:					
COMMERCE		(SPECIFY	()				
ENERGY							
<ul><li>2. To your knowledge, is there any c which:</li><li>(A) Arises from substantial</li></ul>	ase presently pending or about to ly the same case or controversy as	C		rative agency □ No			
(B) Involves an issue that i	s substantially similar or related to	o an issue in this petition or a	pplication ?	□ No			
If yes, state whether $\square$ "A," or $\square$ "B	" or □ both are applicable, and pr	ovide in the spaces below the	e following information on th	e other action(s):			
Case Name:	Docket No.	Citation:	Court or Agency:				
Name of Petitioner or Applicant:	I		I				

Date:	Signature of Counsel of Record:
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### **NOTICE TO COUNSEL**

# Once you have filed your Petition for Review or Application for Enforcement, you have only 14 days in which to complete the following important steps:

- 1. Complete this Agency Appeal Pre-Argument Statement (Form C-A); serve it upon your adversary, and file it with the Clerk of the Second Circuit in accordance with LR 25.1.
- 2. Pay the \$500 docketing fee to the Clerk of the Second Circuit, unless you are authorized to prosecute the appeal without payment.

# <u>PLEASE NOTE</u>: IF YOU DO NOT COMPLY WITH THESE REQUIREMENTS WITHIN 14 CALENDAR DAYS, YOUR PETITION FOR REVIEW OR APPLICATION FOR ENFORCEMENT WILL BE DISMISSED. *SEE* LOCAL RULE 12.1.