



U.S. Department of Justice

Executive Office for Immigration Review
Immigration Court

Buffalo Immigration Court
130 Delaware Avenue, Suite 300
Buffalo, NY 14202

Jennifer Kwon, Esq.
123 E. Broad Street
Richmond, VA 23219

Name: UCHE, Maureen

A 201-444-034

Date of Notice: August 23, 2019

**REJECTED FILING
NOTICE TO ATTORNEY OR REPRESENTATIVE**

This notice is to inform you that the filing received by the Immigration Court on May 2 & August 2, 2019, is being rejected for the reasons given below. We have returned your filing and all attachments for correction of the defects. If you return the documents, you must return them promptly to the Immigration Court. See Practice Manual Chapter 3.1(d)(i). You must also attach this rejection notice to the documents. In addition, you must serve a copy of the corrected filing on the Department of Homeland Security.

Documents being rejected: Motion to Change Venue

- ☐ **No Proof of Service** – The filing did not include a proof of service. An exact copy of your filing must be served on the opposing party. See *Practice Manual Chapter 3.2 and Appendix G*.
- ☐ **Improper Proof of Service** – The Proof of Service does not comply with the applicable requirements. See *Practice Manual Chapter 3.2 and Appendix G*. **The correct address for the Chief Counsel's Office in Buffalo is: 250 Delaware Avenue, Suite 773, Buffalo, NY 14202.**
- ☐ **No Fee Receipt, Other Proof of Payment, or Fee Waiver Request** – There is a fee required for this filing. The fee must be paid to the Department of Homeland Security. You did not provide a fee receipt, other proof of payment, or fee waiver request. See *Practice Manual Chapter 3.4*.
- ☐ **Fee Incorrectly Paid to Court** – You have attached a check or money order to this filing. The Immigration Court does not accept fees. For filings that require fees, you must submit the fee to the Department of Homeland Security. See *Practice Manual Chapter 3.4*.
- ☐ **No Name** – The filing is missing the respondent's name. See *Practice Manual Chapter 3.3 and Appendix F*.

- ☐ **No A-Number** – The filing is missing the respondent's A-number. See *Practice Manual Chapter 3.3 and Appendix F*.
- ☐ **No Notice of Entry of Appearance** – No Notice of Entry of Appearance (Form EOIR-28) has been filed indicating that you are the attorney or representative of record. Until you have filed a Form EOIR-28 with the court, you cannot represent this respondent before the court. See *Practice Manual Chapter 2.1*.
- ☐ **Other Counsel Entered** – A properly filed Form EOIR-28 indicates that the respondent is presently being represented by another attorney or accredited representative. The court cannot accept your Form EOIR-28 until you either file a motion to substitute or annotate your Form EOIR-28 to reflect an "on-behalf-of" appearance or an appearance as co-counsel, as appropriate. See *Practice Manual Chapter 2.3*.
- ☐ **Incorrect Filing Location (Case at Court)** This Immigration Court is not, at this time, the correct filing location. Our records indicate that the ___ Immigration Court is the correct filing location.
- ☐ **Incorrect Filing Location (Case at BIA)** – This Immigration Court is not, at this time, the correct filing location. Our records indicate that the Board of Immigration Appeals is the correct filing location.
- ☒ **Case not Pending** – According to our records, this case is not pending before this Immigration Court, nor does it appear in our national computer database as pending before any Immigration Court. Please check the A-number and name of the respondent and/or contact the Department of Homeland Security regarding the filing of a Notice to Appear. The Immigration Court cannot schedule a hearing or take any action unless the Department of Homeland Security has filed the charging document with the Immigration Court.
- ☐ **Missing or Improper Signature** – The filing is not properly signed. Most filings require an original signature by the filing party. See *Practice Manual Chapter 3.3(b)*.
- ☐ **No Translation or Improper Translation** – You did not provide an English translation for a foreign language document, or you provided an **improper translation**. See *Practice Manual Chapter 3.3(a)*.
- ☐ **No Cover Page** – You did not provide a cover page. See *Practice Manual Chapter 3.3(c)(vi) and Appendix F*.
- ☐ **Not Two-Hole Punched** – The filing was not two-hole punched. See *Practice Manual Chapters 3.3(c)(iv) and 3.3(c)(viii)*.
- ☐ **No Pagination** – The filing was not page-numbered. See *Practice Manual Chapter 3.3(c)(iii)*.
- ☐ **No Proposed Order** – You filed a motion seeking a ruling but did not provide a proposed order. See *Practice Manual Chapter 5.2(b) and Appendix Q*.
- ☐ **Other:**

The Immigration Court Practice Manual may be found at www.justice.gov/eoir.

Certificate of Service

This document was served by: ☒ Mail ☒ Personal Service

To: ☐ Alien ☐ Alien c/o Custodial Officer ☒ Alien's Att/Rep ☒ DHS

Date: 8/23/19 By: Court Staff [Signature]

Attachments: ☐ EOIR-33 ☐ EOIR-28 ☐ Legal Services List ☐ Other



U.S. Department of Justice

Executive Office for Immigration Review

Immigration Court

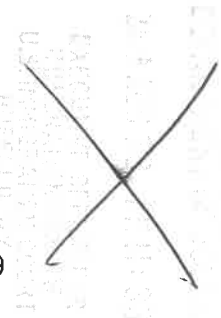
*Buffalo Immigration Court
130 Delaware Ave. Suite 300
Buffalo, New York 14202*

Maureen Uche
1532 High Street
Richmond, VA 23260

Name: UCHE, MAUREEN

A 201-444-034

Date of Notice: August 5, 2019



**REJECTED FILING
NOTICE TO NON-DETAINED UNREPRESENTED RESPONDENT**

On August 5, 2019, the Immigration Court received the attached documents from you. The Immigration Court is returning these documents to you. The documents are being returned to you because they were not correctly filed.

You can correct the mistake and return the documents to the Immigration Court. If you return the documents, you must return them promptly to the Immigration Court. You must also attach this rejection notice to the documents. In addition, you must give or mail a copy of your documents to the Department of Homeland Security, Office of the Chief Counsel. On your documents, you must state that you gave or mailed a copy to the Department of Homeland Security, Office of the Chief Counsel.

Documents being rejected: Motion for Change of Venue and Form EOIR-33.

The Immigration Court is returning your documents because:

- ☐ **No Proof of Service or Improper Proof of Service:** You must give or mail a copy of your document to the Department of Homeland Security. On your document, you must state that you gave or mailed a copy to the Department of Homeland Security. The address is: DHS/CCO, 130 Delaware Avenue, Suite 203, Buffalo, NY 14202.
- ☐ **No Name:** Your document is missing your name.
- ☐ **No A-Number:** Your document is missing your A-Number.

- ☐ **No Fee Receipt, Other Proof of Payment, or Fee Waiver Request:** There is a fee required to file these documents. The fee must be paid to the Department of Homeland Security. You did not provide a fee receipt, other proof that you paid the fee, or a request not to pay the fee.
- ☐ **Fee Incorrectly Paid to Court:** You have attached a check or money order to this filing. The Immigration Court does not accept fees. For filings that require fees, you must submit the fee to the Department of Homeland Security.
- ☐ **Incorrect Filing Location (Case at Court):** This Immigration Court is not, at this time, the correct location to file your document. You should file your submission at:
- ☐ **Incorrect Filing Location (Case at BIA):** This Immigration Court is not, at this time, the correct location to file your document. Our records indicate that the Board of Immigration Appeals is the correct location to file your document. The address is:

*Board of Immigration Appeals, Clerk's Office
5107 Leesburg Pike, Suite 2000
Falls Church, VA 22041*

- ☒ **Case not Pending:** The Immigration Court does not have a record of your case.

Please make sure that you have put your **correct name and A-number** on your documents.

If you did not put your correct name and A-Number on your documents, you should correct the mistake and return the documents to the Immigration Court. Please read the instructions at the top of this notice.

If you did put your correct name and A-number on your documents, the Department of Homeland Security has not started your case with the Immigration Court. To start your case, the Department of Homeland Security must file a Notice to Appear with the Immigration Court. You cannot file documents with the Immigration Court until the Department of Homeland Security files a Notice to Appear with the Immigration Court.

- ☐ **No Translation:** Part of this document is not in English. If you submit a document that is not in English, you must include a translation into English. You must also include a certification that the document was correctly translated.

Other:


☐

If you have any questions about how to file documents with the Immigration Court, you can find information in the Immigration Court Practice Manual at www.justice.gov/eoir.

Certificate of Service

This document was served by: ☒ Mail ☐ Personal Service

To: ☒ Alien ☐ Alien c/o Custodial Officer ☐ Alien's Att/Rep ☐ DHS

Date: 08/05/2019 By: Court Staff 

Attachments: ☐ EOIR-33 ☐ EOIR-28 ☐ Legal Services List ☐ Other



U.S. Department of Justice

Executive Office for Immigration Review

Immigration Court

Buffalo Immigration Court
130 Delaware Avenue, Suite 300
Buffalo, NY 14202

Maureen Uche
1532 High Street
Richmond, VA 23260

Department of Homeland Security
Office of Chief Counsel
250 Delaware Avenue, Suite 773
Buffalo, NY 14202

Name: Maureen Uche

A 201-444-034

Date of Notice: May 13, 2019

**REJECTED FILING
NOTICE TO NON-DETAINED UNREPRESENTED RESPONDENT**

On May 2, 2019, the Immigration Court received the attached documents from you. The Immigration Court is returning these documents to you. The documents are being returned to you because they were not correctly filed.

You can correct the mistake and return the documents to the Immigration Court. If you return the documents, you must return them promptly to the Immigration Court. You must also attach this rejection notice to the documents. In addition, you must give or mail a copy of your documents to the Department of Homeland Security, Office of the Chief Counsel. On your documents, you must state that you gave or mailed a copy to the Department of Homeland Security, Office of the Chief Counsel.

Documents being rejected: Motion to Change Venue and Form EOIR-33.

The Immigration Court is returning your documents because:

☐

No Proof of Service or Improper Proof of Service – You must give or mail a copy of your document to the Department of Homeland Security. On your document, you must state that you gave or mailed a copy to the Department of Homeland Security. The address is:

250 Delaware Ave., Suite 773
Buffalo, NY 14202

☐

No Name – Your document is missing your name.

☐

No A-Number – Your document is missing your A-Number.

- ☐ **No Fee Receipt, Other Proof of Payment, or Fee Waiver Request** – There is a fee required to file these documents. The fee must be paid to the Department of Homeland Security. You did not provide a fee receipt, other proof that you paid the fee, or a request not to pay the fee.
- ☐ **Fee Incorrectly Paid to Court** – You have attached a check or money order to this filing. The Immigration Court does not accept fees. For filings that require fees, you must submit the fee to the Department of Homeland Security.
- ☐ **Incorrect Filing Location (Case at Court)** – This Immigration Court is not, at this time, the correct location to file your document. You should file your submission at:
- ☐ **Incorrect Filing Location (Case at BIA)** – This Immigration Court is not, at this time, the correct location to file your document. Our records indicate that the Board of Immigration Appeals is the correct location to file your document. The address is:

*Board of Immigration Appeals, Clerk's Office
5107 Leesburg Pike, Suite 2000
Falls Church, VA 22041*

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- ☐ **No Translation** – Part of this document is not in English. If you submit a document that is not in English, you must include a translation into English. You must also include a certification that the document was correctly translated.

☐ **Other:**

If you have any questions about how to file documents with the Immigration Court, you can find information in the Immigration Court Practice Manual at www.usdoj.gov/eoir.

Certificate of Service

This document was served by: ☒ Mail ☒ Personal Service

To: ☒ Alien ☐ Alien c/o Custodial Officer ☐ Alien's Att/Rep ☒ DHS

Date: **May 13, 2019** By: Court Staff *[Signature]*

Attachments: ☐ EOIR-33 ☐ EOIR-28 ☐ Legal Services List ☐ Other

**Alien's Change of Address Form/
Immigration Court**

If you move or change your phone number, the law requires you to file this Change of Address Form with the Immigration Court. You must file this form within five (5) working days of a change in your address or phone number. You will only receive notification as to the time, date, and place of hearing or other official correspondence at the address which you provide. Changes in address or telephone numbers communicated through any means except this form, e.g., pleadings, motion papers, correspondence, telephone calls, applications for relief, etc. will not be recognized and the address information and record will remain unchanged.

Failure to appear at any hearing before an Immigration Judge, when notice of that hearing or other official correspondence was served on you or sent to the address you provided, may result in one or more of the following actions:

• If you are not already detained, you may be taken into custody by the Department of Homeland Security (DHS) and held for further action; and

If you are in removal proceedings:

Your hearing may be held in your absence under Section 240 of the Immigration and Nationality Act (INA), and an order of removal may be entered against you. Furthermore, you may become ineligible for the following forms of relief from removal for a period of 10 years after the date of the entry of the final order:

1. Voluntary Departure as provided for in Section 240B of the INA;
2. Cancellation of Removal as provided for in Section 240A of the INA;
3. Adjustment of Status or Change of Status as provided for in Section(s) 245, 248, or 249 of the INA.

If you are in deportation proceedings:

Your hearing may be held in your absence under Section 242B of the Immigration and Nationality Act (INA) (1995), and an order of deportation may be entered against you. Furthermore, you may become ineligible for the following forms of relief from deportation for a period of 5 years after the date of the entry of the final order:

1. Voluntary Departure as provided for in Section 242(b) of the INA (1995);
2. Suspension of Deportation or Voluntary Departure as provided for in Section 244 of the INA (1995);
3. Adjustment of Status or Change of Status as provided for in Section(s) 245, 248, or 249 of the INA (1995).

If you are in exclusion proceedings:

Your application for admission to the United States may be considered withdrawn, and your hearing may be held in your absence and an order of exclusion and deportation entered against you.

Name: Maureen Uche Alien Number: A 201-444-034

My OLD address was:

N/A
("In care of" other person, if any)

(Number, Street, Apartment)

(City, State and ZIP Code)

(Country, if other than U.S.)

My NEW address is:

("In care of" other person, if any)

1532 High Street
(Number, Street, Apartment)
Richmond, VA 23260
(City, State and ZIP Code)

(Country, if other than U.S.)

None
(New Telephone Number)



SIGN HERE →

X

Maureen Uche

Signature

4/18/19

Date

PROOF OF SERVICE (You Must Complete This)

I Jennifer Kwon mailed or delivered a copy of this Change of Address Form on

(Name)

05/01/2019

(Date)

to the Office of the Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement-ICE) at

250 Delaware Ave., Ste. 773, Buffalo, NY 14202
(Number and Street, City, State, Zip Code)



SIGN HERE →

X

Jennifer Kwon

Signature

May 1, 2019

VIA USPS PRIORITY EXPRESS

U.S. Department of Justice
Immigration Court
130 Delaware Avenue, Suite 300
Buffalo, NY 14202

Re: Maureen Uche, A# 201-444-034

Dear Sir or Madam:

Per the request of Ms. Maureen Uche, a *pro se* respondent, enclosed please find:

- Motion to Change Venue (including attachments); and
- Form EOIR-33/IC, Alien's Change of Address Form/Immigration Court.

Please note, Ms. Uche could not list a prior address on FORM EOIR-33/IC because she was homeless. While she is still homeless, the new address listed is the emergency shelter at which she is currently staying.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Jennifer Kwon

~~U.S. DEPARTMENT OF JUSTICE
IMMIGRATION COURT
BUFFALO, NY~~

~~REJECT
U.S. DEPARTMENT OF JUSTICE
IMMIGRATION COURT
BUFFALO, NY~~

Maureen Uche
1532 High Street
Richmond, VA 23260

PRO SE

U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE OF IMMIGRATION REVIEW
IMMIGRATION COURT
BUFFALO, NEW YORK

In the Matter of)
)
)

Maureen Uche)
)
)

File No.: A 201-444-034

In Removal Proceedings)
_____))

Immigration Judge: Not Yet Assigned

Next Hearing: May 14, 2019 at 1:00 p.m.

MOTION TO CHANGE VENUE

RECEIVED
EXECUTIVE OFFICE FOR
IMMIGRATION REVIEW
U.S. IMMIGRATION COURT
BUFFALO, NY
MAY 13 16
DEPARTMENT OF JUSTICE

1

March 1, 2019, the same day she was detained. *See* Ex. B.

3. Upon her release by DHS, Respondent was immediately hospitalized at Erie County Medical Center for schizophrenia. She was released from the Erie County Medical Center on April 5, 2019. *See* Ex. C.

4. Respondent returned to Virginia after she was released from the hospital, where she had been residing before she was detained by DHS.³

5. Respondent is homeless and currently resides at an emergency shelter operated by Congregations Around Richmond To Assure Shelter (“CARITAS”), a non-profit organization located in Richmond, Virginia.

6. Without a change of venue, Respondent will experience severe hardship and inconvenience in her immigration case. She is indigent and schizophrenic. All of her support networks, including her health care provider, are located in Richmond, Virginia.

7. The Department of Homeland Security will not suffer any prejudice as a result of a change of venue to Arlington, Virginia.

8. Due to her mental health issues, Respondent respectfully requests that the Court waive the requirements that she admit or deny the factual allegations and charges in the NTA; designate a country of removal; and identify the relief she will request, until an Immigration Judge determines whether she is competent for purposes of immigration proceedings and appropriate safeguards are required. *See Matter of M-A-M-*, 25 I&N Dec. 474 (BIA 2011).⁴

³ The NTA listed Respondent’s home address as 50 Wyoming Ave., Buffalo, NY 14215. *See* Ex. A. To the best of Respondent’s knowledge, however, she does not know how or why this address was listed as she did not reside at this address.

⁴ After screening and assessing the available information, LAJC has determined that Respondent may be eligible for asylum or withholding of removal.

WHEREFORE: Respondent respectfully requests that this Honorable Court grant the Motion to Change Venue from the Buffalo Immigration Court to the Arlington Immigration Court.

Respectfully Submitted,

5/1/19
Date

Maureen Uche
Maureen Uche
1532 High Street
Richmond, VA 23260
bigmaryemail@gmail.com
Respondent

~~REJECT~~
DEPARTMENT OF JUSTICE
4-15-19 4:10:16
EXECUTIVE SECRET FOR
IMMIGRATION REVIEW
U.S. IMMIGRATION COURT
BUFFALO, NY

~~U.S. IMMIGRATION COURT
BUFFALO, NY~~

Exhibit A

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID : 364103192

FIN #: 1272155308

File No: A201 444 034

SIGMA Event: 25840940

DOB: 09/07/1971

Event No: PBB1903000002

In the Matter of: Maureen Maduabunachukwu UCHE

Respondent: UCHE, MAUREEN

currently residing at:

50 WYOMING AVE , BUFFALO NEW YORK 142154022

(716) 692-4354

(Number, street, city and ZIP code)

(Area code and phone number)

- ☐ 1. You are an arriving alien.
- ☐ 2. You are an alien present in the United States who has not been admitted or paroled.
- ☒ 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:
See Continuation Page Made a Part Hereof

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 237(a)(1)(C)(i) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you failed to maintain or comply with the conditions of the nonimmigrant status under which you were admitted.

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- ☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30(f)(2) ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:
130 Delaware Avenue, Suite 410 Buffalo NEW YORK US 14202

(Complete Address of Immigration Court, including Room Number, if any)

on May 14, 2019 at 01:00 P.M. to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above.

P. SCOMA

CBP WATCH COMMANDER

(Signature and Title of Issuing Officer)

Date: March 1, 2019

BUFFALO, NY

(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to one of the offices listed in 8 CFR 241.16(a). Specific addresses on locations for surrender can be obtained from your local DHS office or over the internet at <http://www.ice.gov/about/dro/contact.htm>. You must surrender within 30 days from the date the order becomes administratively final, unless you obtain an order from a Federal court, immigration court, or the Board of Immigration Appeals staying execution of the removal order. Immigration regulations at 8 CFR 241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Act.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to a 10-day period prior to appearing before an immigration judge.

Before:

(Signature of Respondent)

Date: _____

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on March 1, 2019, in the following manner and in compliance with section 239(a)(1)(F) of the Act.

- ☒ in person ☐ by certified mail, returned receipt requested ☐ by regular mail
☐ Attached is a credible fear worksheet.
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the ENGLISH language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Refused to sign
(Signature of Respondent if Personally Served)

M. PRYER
CBP OFFICER

(Signature and Title of officer)


Alien's Name Maureen Maduabunachukwu UCHE	File Number A201 444 034 SIGMA Event: 25840940 Event No: PBB1903000002	Date March 1, 2019
<p>THE SERVICE ALLEGES THAT YOU:</p> <p>=====</p> <ol style="list-style-type: none">1. You are not a citizen or national of the United States;2. You are a native of Nigeria and a citizen of Nigeria;3. You were admitted to the United States at Los Angeles, California on or about November 1, 2001 as a B-2 non-immigrant visitor for pleasure with authorization to remain in the United States for a temporary time not to exceed May 1, 2002;4. You filed for a change of status from a B-2 non-immigrant visitor for pleasure to an F-1 non-immigrant student on October 29, 2002;5. Your change of status to an F-1 non-immigrant student was approved under receipt number SRC0302150190 on November 19, 2002;6. You were authorized to attend Virginia Union University in Richmond, Virginia from September 9, 2006 until May 30 2006;7. You then transferred and authorized to attend Union Presbyterian Seminary in Richmond, Virginia from July 7, 2206 until May 26, 2007;8. You then transferred and authorized to attend Virginia Commonwealth University in Richmond, Virginia from June 4, 2007 until December 31, 2009;9. You were authorized to attend Virginia Commonwealth University in Richmond, Virginia from January 11, 2010 until May 31, 2013;10. You did not carry a full course of study from January 11, 2010 to May 31, 2013 and was terminated as a student for unauthorized drop below full course on November 24, 2010.		
Signature  P. SCOMA	Title CBP WATCH COMMANDER	

Exhibit B

SIGMA Event: 25840940

File No: A201 444 034

Date: March 1, 2019

Event No: PBB1903000002

Name: Maureen Maduabunachukwu UCHE AKA:
UCHE, MAUREEN MADUABUNACHUKWU

You have been arrested and placed in removal proceedings. In accordance with section 236 of the Immigration and Nationality Act and the applicable provisions of Title 8 of the Code of Federal Regulations, you are being released on your own recognizance provided you comply with the following conditions:

- ☒ You must report for any hearing or interview as directed by the Department of Homeland Security or the Executive Office for Immigration Review.
- ☒ You must surrender for removal from the United States if so ordered.
- ☒ You must report in (writing) (person) to D 511 KRYGIER SDDO

(Name and Title of Case Officer)

at 250 DELAWARE AVE, 7TH FLOOR

(Location of DHS Office)

on

MARCH 5, 2019

(Day of each week or month)

at 10:00 AM

(Time)

If you are allowed to report in writing, the report must contain your name, alien registration number, current address, place of employment, and other pertinent information as required by the officer listed above.

- ☒ You must not change your place of residence without first securing written permission from the immigration officer listed above.
- ☒ You must not violate any local, State, or Federal laws or ordinances.
- ☒ You must assist the Department of Homeland Security in obtaining any necessary travel documents.
- ☐ Other: _____

- ☒ See attached sheet containing other specified conditions (Continue on separate sheet if required)

NOTICE: Failure to comply with the conditions of this order may result in revocation of your release and your arrest and detention by the Department of Homeland Security.

(Signature of DHS Official)

D 511 KRYGIER
SDDO

(Printed Name and Title of Official)

Alien's Acknowledgment of Conditions of Release on Recognizance

I hereby acknowledge that I have (read) (had interpreted and explained to me in the ENGLISH language) and understand the conditions of my release as set forth in this order. I further understand that if I do not comply with these conditions, the Department of Homeland Security may revoke my release without further notice.

M. FRYER(Signature of Immigration Officer Serving Order) *Digitally Acquired Signature*Refused to sign

(Signature of Alien)

MAR 1, 2019

(Date)

*Digitally Acquired Signature***Cancellation of Order**

- I hereby cancel this order of release because: ☐ The alien failed to comply with the conditions of release.
- ☐ The alien was taken into custody for removal.

(Signature of Immigration Officer Canceling Order)

(Date)

SIGMA Event: 25840940

Subject ID : 364103192

Event No: PBB1903000002

FINS #: 1272155308

File No: A201 444 034

Name: Maureen Maduabunachukwu UCHE (AKA: UCHE, MAUREEN MADUABONACHUKWU)

NOTICE OF RIGHTS

You have been arrested because immigration officers believe that you are illegally in the United States. You have the right to a hearing before the Immigration Court to determine whether you may remain in the United States. If you request a hearing, you may be detained in custody or you may be eligible to be released on bond, until your hearing date. In the alternative, you may request to return to your country as soon as possible, without a hearing.

You have the right to contact an attorney or other legal representative to represent you at your hearings, or to answer any questions regarding your legal rights in the United States. Upon your request, the officer who gave you this notice will provide you with a list of legal organizations that may represent you for free or for a small fee. You have the right to communicate with the consular or diplomatic officer from your country. You may use a telephone to call a lawyer, other legal representative, or consular officer at any time prior to your departure from the United States.

REQUEST FOR DISPOSITION

☒ I request a hearing before the Immigration Court to determine whether or not I may remain in the United States.

Initials

☐ I believe I face harm if I return to my country. My case will be referred to the Immigration Court for a hearing.

Initials

☐ I admit that I am in the United States illegally, and I believe that I do not face harm if I return to my country. I give up my right to a hearing before the Immigration Court. I wish to return to my country as soon as arrangements can be made to effect my departure. I understand that I may be held in detention until my departure.

Initials

Refused to sign

Signature of Subject

MAR 1, 2019

Date Digitally Acquired Signature

CERTIFICATION OF SERVICE

☐ Notice read by subject.

☒ Notice read to subject by M. PRYER, in the ENGLISH language.

M. PRYER

Name of Officer (Print)

Name of interpreter (Print)

MP

Signature of Officer Digitally Acquired Signature

March 1, 2019 10:45 AM

Date and Time of Service

Exhibit C

Image
Not
Available

Patient: UCHE, MAUREEN
Account Number: V00005536031
Medical Record: M001301141
Location: 5Z3
Physician: BOGGIANO, WILLIAM E MD
Discharge Date: 04/05/2019

~ Patient Discharge Instructions ~

DISCHARGE FOLLOW-UP APPTS

BELOW ARE YOUR APPOINTMENTS!

Appointment Type #1: Outpatient BH

Appointment #1 Place/Provider: Daily Planet Health Services

Address: 517 West Grace Street, Richmond, BA 23220

Date: 04/08/19

Time: 0730

Reason for Appointment: Mental Health Follow-up

Number to Call: 804-783-0678

Comments::

Intake for Mental Health Counseling is by walk-in appointments only. Walk-in appointments are held on Mondays, Wednesdays and Thursdays at 7:30am.

Care Coord Place/Provider: Best Self Health Home

Number to call: 716-710-4393

Appointment Comments:

You have enrolled in Care Coordination Services through Best Self Health Home.

DISCHARGE MEDICATIONS

NEW PRESCRIPTIONS

Docusate Sodium (Colace) 100 Mg Capsule	Dose: 100 MILLIGRAM	ORAL, TWICE A DAY for constipation for 30 Days	Dispense: 60 CAPSULE No Refills	Sent to Pharm 1
Magnesium Hydroxide Conc Liq* (MOM Conc Liq*) 2,400 Mg/10 Ml Oral.susp	Dose: 10 MILLILITER	ORAL, ONCE DAILY for constipation for 30 Days	Dispense: 300 MILLILITER No Refills	Sent to Pharm 1
Mineral Oil/Petrolatum, White (Hydrocerin Cream) 454 Gm Cream..g.	Dose: 1 APPLICATION	TOPICALLY, TWICE A DAY for skin for 30 Days	Dispense: 2 TUBE No Refills	Sent to Pharm 1
RisperidONE ODT* (RisperDAL M-Tab*) 2 Mg Tablet, Orally Disintegrating	Dose: 2 MILLIGRAM	ORAL, DAILY AT BEDTIME for mood for 30 Days	Dispense: 30 TAB No Refills	Sent to Pharm 1
Sodium Chloride (Deep Sea) 0.65 % Spray	Dose: 2 SPRAY	EACH NOSTRIL, EVERY 4 HOURS as needed for dry nostrils for 30 Days	Dispense: 2 SPRAY No Refills	Sent to Pharm 1

Pharmacy Details



Patient: UCHE,MAUREEN
Account Number: V00005536031
Medical Record: M001301141
Location: 5Z3
Physician: BOGGIANO,WILLIAM E MD
Discharge Date: 04/05/2019

~ Patient Discharge Instructions ~

Pharm 1: Metcare - ECMC Pharmacy, 462 Grider St. Driveway 3, Buffalo, NY, 14215 (716)332-2866

Your Preferred Pharmacy

Metcare - ECMC Pharmacy
462 Grider St. Driveway 3, Buffalo, NY 14215
(716)332-2866

DISCHARGE DOCUMENTATION

Keep for your records!

BRING YOUR MEDICATION LIST TO EVERY APPOINTMENT WITH YOUR PSYCHIATRIST OR PRIMARY CARE DOCTOR! THANK YOU!

IF YOU RUN OUT OF YOUR MEDICATIONS BEFORE YOU SEE YOUR DOCTOR, CALL THE MAP CLINIC 716-898-4245.

Allergies

Coded Allergies	Type	Severity	Reaction	Last Updated	Verified
UNABLE TO OBTAIN				3/1/19	No

✓ Reason for Admission

psychotic and suicidal

Discharge Date: Apr 5, 2019

Discharge to: home

Physician in charge of care:

William Boggiano MD

✓ Discharge Diagnosis:

Schizophrenia

Had Labs/image/ECT during stay: Yes

Labs/studies pending at DC: No

LABORATORY TESTS

Test	3/21/19	4/2/19
	11:09	06:12



Patient: UCHE,MAUREEN
Account Num: V00005536031
Med Rec Num: M001301141
Location: 5 ZONE 3 - 5North
Physician: NAGRA,BALWANT S MD
Date: 03/01/19



Risperidone (RisperDAL, RisperDAL M-Tab, risperiDONE M-Tab) - (By mouth)

Why this medicine is used:

Treats schizophrenia, bipolar disorder, and irritability caused by autistic disorder.

Contact a nurse or doctor right away if you have:

- **Fast, pounding, or uneven heartbeat; lightheadedness or fainting**
- **Fever, sweating, confusion, muscle stiffness**
- **Jerky muscle movements you cannot control (often in your face, tongue, or jaw)**
- **Increased hunger or thirst, change in how much or how often you urinate**
- **Painful, prolonged erection of the penis (men)**

Common side effects:

- Swelling of breasts or unusual milk production (especially in children)
- Weight gain, constipation, diarrhea, nausea, vomiting, dry mouth
- Fever, chills, cough, sore throat, stuffy or runny nose, body aches, drowsiness

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Patient: UCHE, MAUREEN
Account Num: V00005536031
Med Rec Num: M001301141
Location: 5 ZONE 3 - 5North
Physician: NAGRA, BALWANT S MD
Date: 03/01/19



Paliperidone (Invega Sustenna, Invega Trinza) - (By injection)

Why this medicine is used:

Treats schizophrenia and schizoaffective disorder.

Contact a nurse or doctor right away if you have:

- **Fast, slow, pounding, or uneven heartbeat**
- **Chills, cough, sore throat, body aches**
- **Fever, confusion, sweating, muscle stiffness**
- **Jerky muscle movements you cannot control (often in the face, tongue, or jaw), seizures**
- **Lightheadedness, dizziness, or fainting**
- **Unusual bleeding, bruising, or weakness**

Common side effects:

- Anxiety, restlessness, headache, sleepiness or unusual drowsiness
- Pain, itching, burning, swelling, or a lump under your skin where the shot was given

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Patient: UCHE,MAUREEN
Account Num: V00005536031
Med Rec Num: M001301141
Location: 5 ZONE 3 - 5North
Physician: NAGRA,BALWANT S MD
Date: 03/01/19

Bipolar Disorder

WHAT YOU NEED TO KNOW:

Bipolar disorder is a long-term chemical imbalance that causes rapid changes in mood and behavior. High moods are called mania. Low moods are called depression. Sometimes you will feel manic and sometimes you will feel depressed. You can have alternating episodes of mania and depression. This is called a mixed bipolar state.

DISCHARGE INSTRUCTIONS:

Call 911 if:

- You think about hurting yourself or someone else.

Contact your healthcare provider or psychiatrist if:

- You are having trouble managing your bipolar disorder.
- You cannot sleep, or are sleeping all the time.
- You cannot eat, or are eating more than usual.
- You feel dizzy or your stomach is upset.
- You cannot make it to your next meeting.
- You have questions or concerns about your condition or care.

Medicines:

- **Medicines** may be given to help keep your mood stable, or to help you sleep. Changes in medicine are often needed as your bipolar disorder



Patient: UCHE, MAUREEN
 Account Num: V00005536031
 Med Rec Num: M001301141
 Location: 5 ZONE 3 - 5North
 Physician: NAGRA, BALWANT S MD
 Date: 03/01/19

changes.

- **Take your medicine as directed.** Contact your healthcare provider if you think your medicine is not helping or if you have side effects. Tell him or her if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your healthcare provider or psychiatrist as directed: Write down your questions so you remember to ask them during your visits.

Manage bipolar disorder: Watch for triggers of bipolar disorder symptoms, such as stress. Learn new ways to relax, such as deep breathing, to manage your stress. Tell someone if you feel a manic or depressive period might be coming on. Ask a friend or family member to help watch you for bipolar symptoms. Work to develop skills that will help you manage bipolar disorder. You may need to make lifestyle changes. Ask your healthcare provider or psychiatrist for resources.

For support and more information:

- National Institute of Mental Health (NIMH), Public Information & Communication Branch
 6001 Executive Boulevard, Room 8184, MSC 9663
 Bethesda, MD 20892-9663
 Phone: 1-301-443-4513
 Phone: 1-866-615-6464
 Web Address: <http://www.nimh.nih.gov/>
- Depression and Bipolar Support Alliance (DBSA)
 730 N. Franklin Street, Suite 501
 Chicago, IL 60610-7224
 Phone: 1-800-826-3632
 Web Address: <http://www.dbsalliance.org>



Patient: UCHE,MAUREEN
Account Num: V00005536031
Med Rec Num: M001301141
Location: 5 ZONE 3 - 5North
Physician: NAGRA,BALWANT S MD
Date: 03/01/19

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The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.



Patient: UCHE,MAUREEN
Account Num: V00005536031
Med Rec Num: M001301141
Location: 5 ZONE 3 - 5North
Physician: NAGRA,BALWANT S MD
Date: 03/01/19

Schizoaffective Disorder

WHAT YOU NEED TO KNOW:

Schizoaffective disorder is a long-term mental illness that may change how you think, feel, and act around others. You may not know what is real and what is not real.

DISCHARGE INSTRUCTIONS:

Medicines:

- **Antipsychotics:** These medicines help decrease psychotic symptoms or severe agitation. You may need antiparkinson medicine to control muscle stiffness, twitches, and restlessness caused by antipsychotic medicines.
- **Antianxiety medicine:** This medicine may be given to decrease anxiety and help you feel calm and relaxed.
- **Antidepressants:** These medicines are given to decrease or stop the symptoms of depression, anxiety, and behavior problems.
- **Mood stabilizers:** These medicines help control mood swings.
- **Anticonvulsants:** This medicine is given to control seizures. It may also be used to decrease violent behavior and control your mood swings.
- **Blood pressure medicines:** These may be used to help decrease motor tics (uncontrolled movements). They may also help you feel calmer, more focused, and less irritable.
- **Anticholinergics:** This medicine decreases the side effects of other medicines.
- **Take your medicine as directed.** Contact your healthcare provider if you think your medicine is not helping or if you have side effects. Tell him or her



Patient: UCHE,MAUREEN
 Account Num: V00005536031
 Med Rec Num: M001301141
 Location: 5 ZONE 3 - 5North
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 Date: 03/01/19

if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your healthcare provider or psychiatrist as directed: You may need to return to have your blood pressure and other symptoms checked. You may need blood tests to check the level of medicine in your blood. Write down your questions so you remember to ask them during your visits.

Manage your symptoms: The following may help you feel better or prevent symptoms of schizoaffective disorder from coming back:

- **Find support for yourself and your family:** Talk with others to help you cope with your illness better. This may also help to improve how you relate to others.
- **Keep all medical appointments:** This will help manage your disease and the side-effects from medicines you may be taking.
- **Use your medicines as directed:** Put your medicines in a pillbox placed in an area you can easily see. Use a watch with an alarm to help you remember when it is time to take your medicine. Tell your healthcare provider if you know or think you might be pregnant. Do **not** stop taking your medicines without your healthcare provider's okay. A sudden stop can cause serious medical problems.
- **Watch for early signs of a relapse and seek help immediately:**
 - How you think, feel, and see things has changed.
 - You behave differently than usual.
 - You become more nervous and upset, but do not know why.



Patient: UCHE, MAUREEN
 Account Num: V00005536031
 Med Rec Num: M001301141
 Location: 5 ZONE 3 - 5North
 Physician: NAGRA, BALWANT S MD
 Date: 03/01/19

-
- You eat less and have trouble sleeping.
 - You have little or no interest in friends or activities.

For support and more information:

- American Psychiatric Association
 1000 Wilson Boulevard, Suite 1825
 Arlington, VA 22209
 Phone: 1-703-907-7300
 Phone: 1-888-357-7924
 Web Address: <http://www.psych.org>
- National Institute of Mental Health (NIMH), Public Information & Communication Branch
 6001 Executive Boulevard, Room 8184, MSC 9663
 Bethesda, MD 20892-9663
 Phone: 1-301-443-4513
 Phone: 1-866-615-6464
 Web Address: <http://www.nimh.nih.gov/>

Contact your healthcare provider or psychiatrist if:

- You think you are having a relapse.
- You are having side effects from your medicine, or they are not helping.
- You are not sleeping well or are sleeping more than usual.
- You cannot eat or are eating more than usual.



Patient: UCHE,MAUREEN
Account Num: V00005536031
Med Rec Num: M001301141
Location: 5 ZONE 3 - 5North
Physician: NAGRA,BALWANT S MD
Date: 03/01/19

- You have muscle spasms, stiffness, or trouble walking.
- Your sad feelings or thoughts change the way you function during the day.
- You have questions or concerns about your condition or care.

Seek care immediately or call 911 if:

- You feel like hurting or killing yourself or others.
- You feel that your condition is getting worse.
- You feel very upset, threaten someone, or you feel violent.
- You suddenly have changes in your vision.
- You suddenly have chest pain, trouble breathing, or a fever.

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)	
In the Matter of)	
)	
Maureen Uche)	File No.: A 201-444-034
)	
)	
In Removal Proceedings)	
)	

Upon consideration of the Respondent's Motion to Change Venue, it is HEREBY ORDERED that the motion be ☐ **GRANTED** ☐ **DENIED** because:

- ### Deadlines:

- ☐ The application(s) for relief must be filed by _____.
- ☐ The respondent must comply with DHS biometrics instructions by _____.

Immigration Judge

This document was served by: ☐ Mail ☐ Personal Service
To: ☐ Alien ☐ Alien c/o Custodial Officer ☐ Alien's Atty/Rep ☐ DHS

Date: _____ By: Court Staff _____

**U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE OF IMMIGRATION REVIEW
IMMIGRATION COURT
BUFFALO, NEW YORK**

In the Matter of)
)
)

Maureen Uche)
)
)

File No.: A 201-444-034

In Removal Proceedings)
_____))

CERTIFICATE OF SERVICE

I hereby certify that on May 1, 2019, I served a copy of this Motion to Change Venue and accompanying exhibits by first class mail to the following:

U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Chief Counsel
250 Delaware Avenue, Suite 773
Buffalo, NY 14202



Jennifer Kwen, Esq.
Legal Aid Justice Center
123 E. Broad Street
Richmond, VA 23219
Tel: (804) 521-7318
Fax: (804) 643-2059
jennifer@justice4all.org

~~U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE OF IMMIGRATION REVIEW
IMMIGRATION COURT
BUFFALO, NY~~

~~U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE OF IMMIGRATION REVIEW
IMMIGRATION COURT
BUFFALO, NY~~
REJECT
MAY 10 2019
PM 10:46