



REQUEST TO REVIEW CASE FILE EOIR Record of Proceeding (ROP)

_____ *A Number*

_____ *Respondent's Name*

Request to:

_____ *Date*

Review ROP

Obtain Copies of
Case Documents

Obtain Copies of DAR
Recordings (*Audio CD*)

Access to ROP Based on:

Requesting party is **Attorney of Record** *
(*Identity verified*)

Requesting party is an **Attorney with a Signed
Release** from respondent (*Copy of letter attached*)

Requesting party is the **Respondent in
Proceedings** (*Identity verified*)

DHS Officer/Government Attorney

** Includes attorneys and representatives as identified
by an EOIR-28 Appearance form on file for the case.*

_____ *Requestor's Name (Printed)*

_____ *Telephone*

_____ *E-Mail Address*

_____ *Requestor's Signature*

Item(s) Requested from Case File:

(Please list specific documents to be copied and/or hearing dates for audio recordings. Provide an office mailing address if items are to be sent by U.S. Mail.)

Date fulfilled: _____

Court Clerk: _____