



**APPLICATION FOR THE  
ATTORNEY OF THE DAY PROGRAM**

Thank you for your interest in the Attorney of the Day (AOD) Program. Please complete this application and submit it via mail, email, or fax:

Mail: Immigrant Legal Defense Program  
The Justice & Diversity Center  
301 Battery Street, 3rd Floor  
San Francisco, CA 94111

Email: AOD@sfbar.org  
Fax: (415) 477-2389

All applicants must complete an application, interview with Justice & Diversity Center (JDC) staff, attend an orientation, and undergo any further training specified before being approved as an AOD. JDC will also conduct a background check for any disciplinary actions by state or federal agencies and may request further information about your qualifications.

Please refer to the *Attorney of the Day Handbooks* (detained and non-detained versions) for more information by visiting [www.sfbar.org/jdc/legal-services/immigration/sfildc/aod.aspx](http://www.sfbar.org/jdc/legal-services/immigration/sfildc/aod.aspx).

**A. BIOGRAPHICAL DATA**

1. Name: \_\_\_\_\_
2. For which dockets are you applying?     Non-detained adult     Non-detained juvenile     Detained adult
3. Licensing State(s) and State Bar number(s): \_\_\_\_\_
4. Please attach your resume and/or provide a link to your LinkedIn page: \_\_\_\_\_
5. Contact information  
 Telephone: \_\_\_\_\_    Email address: \_\_\_\_\_  
 Office address: \_\_\_\_\_  
 Mailing address (if different): \_\_\_\_\_
6. Years of active practice in immigration law (total number and list of years): \_\_\_\_\_
7. Years of active practice in removal defense (total number and list of years): \_\_\_\_\_
8. Languages spoken fluently other than English:     English     Spanish     Other: \_\_\_\_\_
9. If you do not speak fluent Spanish, do you have an interpreter who could regularly assist you in Court?     Yes     No

10. Are you currently or have you ever been the subject of an investigation or prosecution for professional misconduct/discipline?  Yes  No

If yes, please explain:

11. Are you a member of the American Immigration Lawyers Association Northern California Chapter (AILA NorCal)?  Yes  No

If not, do you have a reliable way to receive and access all AILA NorCal communications (required for AOD program participation)?  Yes  No

12. Are you currently covered by legal malpractice insurance for practicing immigration law (required for AOD program participation)?  Yes  No

13. Are you an immigration and nationality law specialist?  Yes  No

If yes, will your certification last through the current membership year?  Yes  No

Date originally certified: \_\_\_\_\_ Most recently certified: \_\_\_\_\_

**B. REMOVAL DEFENSE EXPERIENCE**

1. Approximately how many full-scope removal defense consultations do you conduct monthly (i.e., consultations where you advise an individual regarding all available challenges to removability and applications for relief)?

Indicate any types of cases in which you or your agency specializes:

2. Approximately how many cases do you take on each year for representation in removal proceedings, including cases where you provide mentorship or supervision to the attorney of record; OR, approximately what percentage of your total caseload is comprised of cases in removal proceedings, including mentorship and supervision?

3. Have you represented clients in master calendar hearings?  Yes  No

If yes, how frequently (per month or year)? \_\_\_\_\_

4. Have you represented clients in cases regarding contested removability?  Yes  No

If yes, how frequently (per month or year)? \_\_\_\_\_

Please describe the issues raised in those hearings:

5. Have you represented clients in merits hearings regarding applications for relief from removal?  Yes  No

If yes, how frequently (per month or year)? \_\_\_\_\_

Please describe the types of applications.

6. Do you represent detained individuals?  Yes  No

If yes, how frequently (per month or year)? \_\_\_\_\_

Have you represented clients at bond hearings?  Yes  No

If yes, how frequently (per month or year)? \_\_\_\_\_

Please describe some of the issues involved, such as criminal history, mandatory detention, and *Rodriguez* bond hearings.

7. How comfortable are you assessing, advising and assisting respondents with criminal history? How often and in what capacity do you do so in your daily practice of law? What percentage of your clients have a criminal history?

8. How much experience do you have advising and assisting juveniles with their immigration cases, independent of assisting their parents? How often and in what capacity do you work with juveniles? What percentage of your clients are unaccompanied minors or juveniles with cases independent of their parents?

9. Do you have any other past or present experience that relates to your ability to act as a competent and zealous advocate on behalf of pro se respondents?

**C. EXPECTATIONS AND REQUIREMENTS FOR ALL AOD PANELISTS:**

I have reviewed the contents of the Non-detained and/or Detained Attorney of the Day Handbook, and I am willing and able to comply with the following terms:

*Please initial:*

- \_\_\_\_\_ TIME COMMITMENT: I agree to commit 3½ hours for each non-detained docket and 6 hours for each detained docket. I agree to serve as an AOD at least 6 times per year (every other month).
- \_\_\_\_\_ LANGUAGE: If I do not speak Spanish fluently, I will bring a Spanish interpreter to each non-detained docket or request interpretation assistance from JDC in advance. I understand that I will need specific clearance from JDC to use an interpreter for the detained dockets.
- \_\_\_\_\_ APPEARANCES: I will competently and zealously assist all pro se individuals, complete and submit intake forms to JDC, and provide additional counsel as needed. Non-detained: I will provide respondents with relevant pro se materials available, including pro bono and low-fee referral information. Detained: I will indicate if such information should be mailed to detainees.
- \_\_\_\_\_ ANNUAL UPDATES: I will submit the Annual AOD Update Form by February 1 of each year (documenting CLE completion and other requirements).
- \_\_\_\_\_ MALPRACTICE: I agree to maintain malpractice insurance covering my immigration law practice and inform JDC of any interruption in my coverage.
- \_\_\_\_\_ AILA: I agree to maintain membership with the American Immigration Lawyers Association, Northern California Chapter (AILA NorCal) or receive specific clearance from JDC.
- \_\_\_\_\_ CONDUCT: I agree to inform JDC if I become the subject of any state or federal investigation or prosecution for professional misconduct or discipline.
- \_\_\_\_\_ COMPLIANCE: I agree to comply with all policies and procedures established in the AOD Handbooks and in other communications from JDC.

I hereby declare under penalty of perjury that all of the information I am submitting with this application is true and correct and that I understand and will comply with the requirements above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_