

CLINIC

2004 ANNUAL REPORT

JUSTICE

for Immigrants



CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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Man Holding Photo ("My Keepsake") by Paula Endo
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EXPLANATION OF AGENCIES

Legislation passed in the aftermath of the September 11 terrorist attacks dismantled the former **Immigration and Naturalization Service (INS)** and created the **Department of Homeland Security (DHS)**. This legislation brought about several important changes to the delivery of immigration services and enforcement of our nation's immigration laws. The immigration benefits functions and the immigration enforcement functions of the former INS were separated.

In March 2003, immigration petitions and applications such as immigrant visa petitions, naturalization applications, and applications for asylum status were transferred to **U.S. Citizenship and Immigration Services (USCIS)**.

Enforcement functions including the Border Patrol and inspections at points-of-entry were transferred to **Customs and Border Protection (CBP)**, while detention and removal operations, intelligence, and investigations were transferred to the **Immigration and Customs Enforcement (ICE)**.

The Immigration Courts and the Board of Immigration Appeals, part of the **Executive Office of Immigration Review (EOIR)**, remain within the U.S. Department of Justice. Similarly, the **Office of Refugee Resettlement (ORR)**, which works to assist refugee and other special populations, remains within the Department of Health and Human Services.

About Us

CLINIC advocates for transparent, fair and generous immigration policies. It represents one expression of the Catholic Church's commitment to the full membership of migrants in their chosen society. CLINIC and its member agencies serve the most vulnerable migrants, such as refugees, asylum seekers, detainees, families in need of reunification, laborers

abused in the workplace, victims of domestic violence and survivors of human trafficking.

In 1988, the United States Catholic Conference (USCC) established CLINIC as a legally distinct nonprofit organization to support a rapidly growing network of community-based immigration programs. CLINIC's network originally comprised 17

programs. It has since increased to 150 programs in 245 office locations. The network employs roughly 1,000 attorneys and accredited representatives who assist more than 100,000 low-income immigrants each year. CLINIC and its member agencies serve low-income immigrants regardless of race, religion, gender, ethnic group or other distinguishing characteristic.

Mission Statement

"To enhance and expand delivery of legal services to indigent and low-income immigrants principally through diocesan immigration programs and to meet the immigration needs identified by the Catholic Church in the United States."

CLINIC fulfills its mission by

- Providing a full range of legal and non-legal support services to 150 member Catholic Charities and diocesan legal immigration programs that serve poor

immigrants seeking family reunification, citizenship and protection from persecution and violence.

- Creating, funding and managing direct legal service projects that are national in scope and thus help overwhelmed, local member agencies.
- Representing archdioceses, dioceses and religious congregations that need foreign-born priests, nuns and lay religious workers to serve immigrant communities in the United States.

CLINIC's mission and activities are guided by the Catholic principle of subsidiarity. Subsidiarity leads CLINIC to respect the roles and capacities of its community-based member agencies. It encourages them to assume as much responsibility for local needs as they can. This allows CLINIC to focus its resources on needs that local member agencies cannot meet. In this way, CLINIC maximizes the productivity of its programs nationwide.



Nicholas DiMarzio

Most Rev. Nicholas DiMarzio
Bishop of Brooklyn
Chairman, CLINIC Board of Directors



Donald Kerwin

Donald Kerwin
Executive Director

Message from the Board Chairman and Executive Director

If the Catholic Legal Immigration Network, Inc. (CLINIC) did not exist, the Catholic Church would need to create it. CLINIC provides invaluable service to low-income and at-risk newcomers throughout the United States.

It does so primarily by providing training and support services to the nation's largest network of charitable legal programs for immigrants, which operate within Catholic Charities agencies and dioceses. CLINIC directly serves particularly vulnerable immigrant populations, including persons in detention, individuals fleeing persecution, elderly refugees, lawful permanent residents and low-wage laborers. It also represents Catholic dioceses, archdioceses and religious institutes who wish to sponsor foreign-born priests and religious to work in the United

States. By engaging the media and advocating with officials from the Department of Homeland Security and the Department of Justice, CLINIC helps to fix flaws in the U.S. immigration system.

CLINIC's work has never been more important. The terrorist attacks of September 11, 2001 led to a new emphasis on national security and our nation's immigration system. The Catholic Church values security and recognizes the right of a sovereign state to control its borders in furtherance of the common good. However, Church teaching also emphasizes the God-given rights and responsibilities of newcomers, including the right to migrate in order to work, to live with family and to be free from persecution.

In 2004, CLINIC's Board of Directors, along with the U.S. Conference of Catholic Bishops' Committee on Migration, initiated Justice for Immigrants, A Journey of Hope: The Catholic Campaign for Immigration Reform. This campaign will unify and focus the efforts of the Catholic Church in the United States in support of immigration reform. The Church supports legislation that would (1) enable undocumented residents to earn permanent legal status in the United States; (2) allow future workers to enter and to work in a safe, humane and regulated manner; and (3) allow for timely family reunification.

During the coming year, CLINIC looks forward to promoting and, hopefully, to implementing these changes that are aimed at promoting justice for immigrants in the United States.

Making a Dream a Reality

CITIZENSHIP

THE NEED: The strength of the United States depends in part on its inclusiveness and the integration of its immigrant families. Newcomers need legal, social and educational assistance to guide them through the complex process of obtaining citizenship.

CLINIC'S RESPONSE: CLINIC advocates nationally for fair, high-quality and affordable immigration services for all newcomers. In the past six years, CLINIC and its network of member agencies have guided tens of thousands of immigrants and refugees on the journey towards citizenship.

CLINIC and its member agencies focus their citizenship efforts on the most vulnerable and disenfranchised immigrant populations. More than 70,000 elderly, low-income, low-literate, disabled and persecuted newcomers have achieved citizenship through CLINIC's projects.

CLINIC also promotes citizenship through

- National advocacy with government immigration authorities who are working on a revision of the U.S. Naturalization Test.
- Recruitment of Knights of Columbus volunteers in Dallas, Los Angeles and Long Island to assist citizenship ceremonies and workshops.
- Publications, including the distribution of more than 1,200 copies of *Citizenship for Us: A Handbook on Naturalization & Citizenship*.
- The creation of a plan to naturalize the nearly 8 million legal permanent residents currently eligible for citizenship.
- Advanced naturalization training to nonprofit immigration counselors.

JAL SCHROF



A woman displays the U.S. flag at a naturalization ceremony in Seattle, WA.

Two deaf Afghani brothers attended a bittersweet citizenship ceremony in July 2004. Both brothers had applied for citizenship six years before, but only one brother took the naturalization oath that day.

Deaf Brothers Receive Contrasting Results for Citizenship

Their story highlights the capriciousness of the U.S. immigration system, according to Laura Burdick, a CLINIC program director who met the brothers at a citizenship workshop in Arlington, VA.

Satar Reangber, 43 at the time of his swearing-in ceremony, and his brother Salam, 40, arrived in Alexandria, VA almost twenty years ago as refugees fleeing the Soviet invasion of Afghanistan.

Experienced tailors in Afghanistan, they found jobs doing alterations in Washington, DC. The brothers, who never learned to read or write in their native Dari, communicate with each other in their unique sign language and with their family by reading lips in Dari. They tried taking sign language classes in English, but found them too difficult.

After their sister helped them apply for citizenship in 1998, Satar's file



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Born deaf and having never learned to read or write, Salam and Satar Reangber communicate in their own sign language.

was lost and Salam's application was rejected because immigration officials wrongly assumed he was capable of taking a citizenship test despite his disabilities.

Burdick helped appeal Salam's case and assisted Satar in reopening his application for citizenship. Salam eventually obtained a notice for a

citizenship ceremony in June 2005, the same day Satar's fiancée in Afghanistan received a visa to join him in the United States.

The Washington Post published an article about the Reangber brothers' story on the front page of its July 16, 2004 issue.

IMMIGRANT EMPOWERMENT, CIVIC PARTICIPATION AND INTEGRATION

THE NEED: Too many low-income immigrants live on the margins of our society. Immigrant communities must be empowered to identify and address barriers to their full participation in U.S. society.

CLINIC'S RESPONSE: Three years ago, CLINIC and the Catholic Campaign for Human Development established the National Immigrant Empowerment Project (NIEP). NIEP provided financial support and technical assistance to 17 grassroots, immigrant-led organizations in 15 cities that identified and broke down systemic barriers to the integration of immigrants into their communities.

Through NIEP, CLINIC has encouraged immigrants to become active participants in U.S. society while improving neighborhoods, schools, law enforcement practices, workplace conditions and laws that affect immigrant access to benefits and services.

The NIEP project concluded in November 2004 with significant results. NIEP-organizing agencies

- Collectively trained more than 1,549 women, 1,278 men and 643 youth to become immigrant leaders.
- Mobilized more than 14,267 women, 11,981 men and 6,400 youth to engage in 2,062 separate advocacy activities. These efforts involved promoting access to healthcare, affordable housing, employment, education, transportation, childcare, driver's licenses and bank accounts.
- Held local leaders, public officials and institutions (such as school systems and city councils) accountable to immigrant needs and concerns.

NATIONAL IMMIGRANT EMPOWERMENT PROJECT (NIEP) GRANTEES

- Austin Interfaith Sponsoring Committee, Austin, TX
- Border Network for Human Rights, El Paso, TX
- Catholic Charities of the Diocese of Rockville Centre, Amityville, NY
- Central American Resource Center (CARECEN), Washington, DC
- Chelsea Latino Immigrant Committee, Chelsea, MA
- Coalition for Humane Immigrant Rights of Los Angeles, Los Angeles, CA
- Colonias Development Council, Las Cruces, NM
- Contra Costa Interfaith Supporting Community Organization, Martinez, CA
- El Buen Samaritano, Austin, TX
- Iowa Immigrant Rights Network, Des Moines, IA
- National Association of Latino Elected and Appointed Officials Educational Fund, Los Angeles, CA
- National Coalition for Dignity and Amnesty for Undocumented Immigrants, Toledo, OH
- Sunflower Community Action, Wichita, KS
- Tenants' and Workers' Support Committee, Alexandria, VA
- VOZ Workers' Rights Education Project, Portland, OR
- Wind of the Spirit Immigrant Resource Center, Morristown, NJ
- The Workplace Project, Hempstead, NY

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HIGHLIGHTS OF THE NATIONAL IMMIGRANT EMPOWERMENT PROJECT

Justice in the Workplace

The Workplace Project held a meeting between the police chief of Suffolk County, NY and more than 40 workers to discuss enforcing laws against the non-payment of wages. The police chief agreed to initiate criminal investigations against delinquent employers and meet regularly with workers to follow up on these investigations regardless of workers' immigration status. The organization also held protests against five local employers that resulted in the recuperation of more than \$50,000 in lost wages.

Right to Housing

Austin Interfaith Sponsoring Committee in Austin, TX held immigrant-led meetings with city officials to discuss housing issues. As a result, residents of a dilapidated apartment building where 35 percent of the tenants are immigrants were able to get the owners to repair the plumbing and cooling systems, address safety issues and organize a resident council. Following this victory, immigrant residents from another local apartment complex began to organize to address similar problems in their building.

Promoting Parental Participation in Education

Chelsea Latino Immigrant Committee in Chelsea, MA registered more than 800 new voters in 2004 and witnessed a record Latino turnout in the local education committee election. Thirty percent of all voters in the election were Latino, and two Latinas were elected to serve on the school committee.

Serving Those Who Serve

RELIGIOUS IMMIGRATION SERVICES

THE NEED: Because the number of U.S.-born citizens pursuing vocations within the Catholic Church has steadily declined during the past several years, many dioceses are without individuals to serve the spiritual needs of rapidly growing Catholic immigrant communities.

CLINIC'S RESPONSE: CLINIC's Division of Religious Immigration Services (DRIS) assists dioceses, archdioceses and religious institutes to bring an average of 160 foreign-born priests, sisters, seminarians and laypersons to the United States each year to serve in Catholic agencies, parishes and schools.

Steady immigration to the United States of foreign-born Catholics is expanding the ethnic, cultural and

linguistic diversity of the Catholic Church. At the same time, fewer U.S. men and women are entering the seminary or religious life.

For these reasons, the Church brings foreign-born religious workers into the United States to provide for the spiritual needs of foreign- and native-born Catholics. Their services enable the Church to make the sacraments more accessible, deliver more comprehensive social services, engage in effective spiritual and pastoral ministry, and instruct children and adults in their faith.

DRIS is the primary agency in the Catholic Church assisting religious organizations to bring foreign-born religious workers to the United States. DRIS serves 251 religious institutes, dioceses and archdioceses, up from 135 in 1999.

MANDY MORGAN



A Kenyan priest chats in Spanish with members of his predominately Hispanic parish in Chicago.

The staff consists of five attorneys, one senior immigration specialist and an administrative assistant. The Division maintains more than 970 open cases, compared with five years ago when three staff handled about 400 cases.

DRIS offers a variety of legal services to its clients. The majority of DRIS cases involve helping religious immigrants

- Apply for religious worker visas to enter the United States.
- Extend or change their non-immigrant status.
- Seek permanent resident status as religious workers.
- Travel outside the United States.
- Obtain U.S. citizenship.

Through these services, DRIS enables CLINIC to fulfill its mission to support the Catholic Church in the United States.

DRIS Program Highlights:

■ In 2004 DRIS offered its diocesan and religious institute staff three workshops on basic and advanced religious immigration law in New York, Brooklyn and Boston. In Oakland, CA, DRIS presented a two-day conference focusing on religious worker and student visas for individuals in religious formation.

- The Division continued publishing a newsletter that gives immigration policy news and tips to clients and began work on a pamphlet that offers advice to individuals applying for a temporary stay in the United States.
- DRIS staff gave presentations at the annual meetings of national Catholic organizations and regional gatherings of religious leaders in Pennsylvania, Wisconsin, Illinois, Alaska and Washington, DC.

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Making the System More Fair

ADVOCACY AND FEDERAL LITIGATION

THE NEED: Certain immigration laws and policies undermine the rights and dignity of immigrants.

CLINIC'S RESPONSE: CLINIC advocates for the just treatment of immigrants and litigates when necessary to overturn unfair immigration policies. CLINIC tackles problems faced by low-income immigrants that can only be resolved through advocacy and litigation.

Concerns about terrorist threats have given rise to a host of challenges for CLINIC and other immigrant rights agencies. Confusing policies, lack of coordination among government agencies, bureaucratic inefficiency and increasingly restrictive legislation

have made the prospect of gaining legal status unobtainable for far too many immigrants.

CLINIC's Division of Public Education and Advocacy works in collaboration with Migration and Refugee Services of the United States Conference of Catholic Bishops to appeal to the Department of Homeland Security (DHS) and the Department of Justice Executive Office for Immigration Review to change the policies and procedures that impede newcomers from obtaining immigration benefits for which they are legally eligible.

CLINIC's advocacy efforts emphasize detention-related policies and practices because CLINIC operates the nation's largest detention representation project for asylum seekers,

victims of torture and indefinite detainees. CLINIC also organizes conferences on immigration policy issues.

CLINIC works with its partners to comment on proposed regulations and advocate for appropriate revisions. In addition, CLINIC serves as the lead agency among national immigrant advocacy groups on DHS transition issues related to immigration enforcement. CLINIC actively solicits the input of its affiliates and keeps them updated on policy changes.

CLINIC is effective on advocacy issues because it collaborates closely with diocesan affiliates and local partner agencies, and it provides direct services to detained noncitizens and immigrant religious.

Timothy J. Keefer of the Department of Homeland Security Office for Civil Rights speaks with Bishop Nicholas DiMarzio.

MANDY MORGAN



By sharing individual stories drawn from the cases of its partner agencies and in-house attorneys with government officials, CLINIC is able to illustrate problems, highlight troublesome patterns and give issues a face and a voice. In the past, it has produced detailed policy reports.

In 2004 CLINIC started publishing an electronic newsletter, *At Issue: News From CLINIC's Case Files*, which documents the cases of vulnerable clients served by its network. Sign-on letters, media outreach, personal meetings with government officials and the filing of amicus briefs in federal court on important immigration law and policy issues are some of the most common methods used by CLINIC to raise awareness of emerging issues and troublesome policies.

CLINIC's advocacy priorities in 2004 included reducing backlogs in processing applications for immigration benefits, supporting alternatives to immigrant detention, obtaining release under appropriate safeguards for indefinite detainees, eliminating unacceptable delays in naturalization oath ceremonies and fighting the unjust prosecution of asylum seekers.

PRO BONO DEVELOPMENT

Board of Immigration Appeals (BIA) Pro Bono Project

THE NEED: Without legal representation, detained immigrants have little hope of winning their cases before the Board of Immigration Appeals (BIA), the nation's highest administrative appeals court for immigration cases. Without a lawyer, it is extremely difficult for detainees to present a legal claim to remain in the country.

CLINIC'S RESPONSE: Implemented in 2001, CLINIC's BIA Pro Bono Project has become one of the nation's most successful pro bono initiatives. The BIA Project matches detained, indigent immigrants with volunteer lawyers who represent them before the BIA.

Since the Project's inception, CLINIC and its Project partners—the American Immigration Law Foundation, the National Immigration Project of the National Lawyers Guild and the Capital Area Immigrants' Rights Coalition—have recruited more than 350 pro bono attorneys, including students from law school immigration and appellate

CLINIC Executive Director Donald Kerwin presents an award to Augusta Ridley, an attorney from King & Spalding LLP. King & Spalding attorneys won the U.S. Supreme Court case *Leocal v. Ashcroft* on behalf of a client they received through the BIA Project.



MANDY MORGAN

litigation clinics. More than 30 law firms are now involved in the Project and CLINIC conducts several training sessions for pro bono attorneys every year. In Los Angeles, attorneys were recruited during immigration workshops given by CLINIC staff.

In 2004, the Division continued to coordinate and expand the Board of Immigration Appeals (BIA) Pro Bono Project. The Project was initially implemented in January 2001 to increase the level of pro bono representation to detained immigrants who are without representation before the BIA.

While assisting detained immigrants remains the Project's priority, CLINIC continued its efforts in 2004 to expand the BIA Project to include non-detained, indigent individuals.

BIA PROJECT CLIENT WINS SUPREME COURT CASE

Josue Leocal, a lawful permanent resident of the United States for nearly 20 years and the father of four U.S. citizen children, was placed in removal proceedings after pleading guilty to driving under the influence of alcohol (DUI).

Like thousands of detained immigrants each year, Leocal appeared unrepresented at his removal hearing, where an immigration judge ruled that his DUI conviction constituted a crime of violence and ordered him removed from the United States as an aggravated felon. Faced with the prospect of being permanently separated from his family, Leocal filed an appeal to the Board of Immigration Appeals (BIA), the nation's highest administrative immigration appeals court.

Through the BIA Project, Leocal's case was matched with a team of pro bono attorneys at King & Spalding LLP, which represented him before the BIA, the 11th U.S. Circuit Court of Appeals and ultimately the U.S. Supreme Court.

Without the pro bono representation of King & Spalding, it is unlikely that Leocal's case would have progressed beyond the BIA and onto the Supreme Court, allowing for the unanimous decision that enabled Leocal to return to the country and his family.

CLINIC's BIA Pro Bono Project concentrates on finding representation for asylum seekers, minors and persons who received a favorable decision by an immigration judge, only to have that decision subsequently appealed by the government.

The Project concentrates on finding representation for asylum seekers, minors and persons who received a favorable decision by an immigration judge, only to have that decision subsequently appealed by the government.

Additionally in 2004, the Department of Justice completed an independent study to evaluate the BIA Project. The study found that immigrants provided with representation through the Project were up to four times more likely to win a favorable decision before the Board than those without legal counsel. In addition, the study found that the briefs filed on behalf of immigrants by pro bono attorneys presented the Board with a better understanding of the appellate issues, expediting the review process.

In 2004, the Project secured counsel for 50 immigrant detainees who would otherwise have appeared unrepresented before the Board. In many cases, the BIA ruled in their favor or returned the cases to lower courts for additional hearings. Several detainees were released after months in custody, highlighting the importance of legal representation. Several attorneys who received unfavorable BIA decisions have filed appeals in federal court.

What types of individuals does the BIA Project assist?

- Asylum seekers – persons forced to flee their homelands due to persecution.
- Long-time U.S. lawful permanent residents (“green card” holders) who have valid claims to relief from removal (including claims to U.S. citizenship) and who risk separation from their family members and communities if removed.
- Minors in Detention – children who are detained and face the daunting process of presenting claims to relief from deportation without legal representation.
- Persons granted the right to stay in the United States, but who remain in detention because the U.S. government has appealed an immigration judge’s decision.

PUBLIC EDUCATION AND MEDIA RELATIONS

THE NEED: Our nation’s immigration laws and policies are felt most acutely by at-risk or particularly vulnerable immigrants. Documentation and media coverage of the human impact of U.S.

policies are crucial to advocacy efforts, which seek to create a more just immigration system.

CLINIC’S RESPONSE: CLINIC uses a variety of advocacy tools to bring about policy change. In the past year, CLINIC has assumed a leadership role among non-governmental organizations and the Department of Homeland Security (DHS) in areas related to immigration enforcement.

CLINIC regularly organizes national meetings with the leadership of DHS enforcement agencies to discuss issues concerning immigrants in removal proceedings and detention, inspections at ports-of-entry, and the Border Patrol.

CLINIC also regularly writes comments on proposed federal rules and regulations and actively engages with U.S. Citizenship and Immigration Services (USCIS), the service component of DHS. CLINIC often drafts national sign-on letters opposing practices and policies that unduly interfere with immigrants’ access to justice.

By engaging various media strategies, CLINIC has been proactive in raising awareness of the systemic barriers that obstruct newcomers to the United States from receiving legal status and

By engaging various media strategies, CLINIC has been proactive in raising awareness of the systemic barriers that obstruct newcomers to the United States from receiving legal status and that strip them of due process.

that strip them of due process. Highlighting issues ranging from the unjust prosecution of asylum seekers to the ordeal of immigrants that are detained indefinitely, CLINIC generated news stories in media outlets throughout the country including *The Miami Herald*, *The Washington Post*, the *South Florida Sun-Sentinel* and *The Star-Ledger*.

The media plays an important role in bringing about change. Lawmakers are slow to act unless flaws in their policies are identified and made public. The more the media and the public are aware of an issue, the more likely policymakers will be to make the necessary changes. CLINIC has worked to generate greater awareness of issues through

- Writing and placing op-eds for board members.
- Developing stories based on the experiences of the network's clients and pitching them to journalists.
- Distributing press releases that draw attention to emerging issues.
- Serving as a knowledgeable and available resource for journalists researching immigration issues.
- Building a database of more than 200 journalists who cover immigration issues.

By collecting individual stories from affiliates across the country, CLINIC has been able to identify patterns of problems with different aspects of immigration policy at a national level.

Stories of the hardships that individuals have suffered in their quest to gain legal status have allowed CLINIC to put a human face on the issues. Once policymakers, and more importantly, the voting public are able to see that these problems affect real people, there is even more pressure to make the appropriate changes.

CLINIC works closely with its affiliates and fellow advocacy groups in developing localized stories for regional newspapers. This allows CLINIC to maximize coverage of an issue and ensures a consistent message and stronger working relationships with its affiliates.

AN ALTERNATE FORM OF DETENTION

CLINIC is the only national organization in the country that is monitoring the implementation of the Department of Homeland Security's Intensive Supervision Appearance Program (ISAP). ISAP is now operating in eight cities. It requires formerly detained asylum seekers to wear an electronic monitoring device and restricts them to their sponsors' homes for the majority of the day.

The program is the result of a Congressional appropriation for "alternatives to detention." Current law allows asylum seekers arriving at U.S. borders who demonstrate a credible fear of persecution to be released while awaiting a hearing before an immigration judge.

In some parts of the country, asylum seekers are routinely released. The widespread use of electronic monitoring devices on asylum seekers is not an "alternative" to detention, but rather an alternate form of detention for people who have met the criteria for release.

Defending At-Risk Women, Children and Families

ASYLUM SEEKERS AND TORTURE SURVIVORS

THE NEED: Asylum seekers fleeing political persecution come to the United States to find safety and protection. But many are detained upon arrival, locked in jails for months or even years. Their access to legal representation is limited since most detention centers are located far away from family, legal and other support systems.

CLINIC'S RESPONSE: CLINIC operates the nation's largest legal representation program for asylum seekers in immigration detention. Distance hinders access to legal representatives since traveling to the detention center to meet with the client can take all day.

Detained asylum seekers face the difficulty of gathering supporting documents from friends and family far away from detention facilities. Detention can also preclude medical screenings by volunteer physicians who can substantiate torture claims. Detention causes many worthy asylum seekers to abandon their cases altogether and return to countries where they face renewed harm.

CLINIC's Special Projects Division supports detention lawyers in six CLINIC offices: Boston, MA; New Orleans, LA; Los Angeles, San Francisco and Lancaster, CA; and El Paso, TX. Detention lawyers in these offices represent asylum seekers and victims of torture as well as other noncitizens.



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Asylum Seekers and Torture Survivors Project Highlights:

- In the fall of 2004, the Special Projects Division devolved two of its most successful asylum representation sites to diocesan affiliates in Miami and Newark.
- CLINIC managed the New Jersey Detention Representation Project, a collaboration of four nonprofit organizations that represent detained asylum seekers in Elizabeth, NJ.
- CLINIC served as the lead agency for a group of nonprofit organizations that represents detained torture survivors in New York/New Jersey, Miami and New Orleans under a subcontract issued by the Department of Health and Human Services' Office of Refugee Resettlement.
- CLINIC attorneys worked in detention facilities to identify immigrants with strong cases for political asylum or Torture Convention relief. CLINIC staff received favorable decisions in nine of 15 asylum and torture survivor cases.

MINORS IN DETENTION

THE NEED: In 2004, immigration authorities detained an estimated 8,000 unaccompanied noncitizen children. Some of these children were apprehended while trying to enter the United States, either alone or in the company of smugglers or traffickers. Others had been abused, abandoned or otherwise separated from their families in the United States.

Most detained children are teenagers, but some are as young as 2 years old. They are generally held in shelters, and some are placed in jail-like state and local juvenile facilities. They remain in custody while the Department of Homeland Security (DHS) seeks to return them to their home countries.

The federal government does not provide indigent, unaccompanied children with legal counsel, or any other form of adult guidance, while they undergo the removal process. The federal government also makes no attempt to ensure that children have a safe place to stay if they are deported to their home countries.

Most detained children are teenagers, but some are as young as 2 years old. They are generally held in shelters, and some are placed in jail-like state and local juvenile facilities.



A Burmese asylum seeker sleeps after being released from an immigration detention facility in Guam.

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During 2004, CLINIC held 83 legal rights workshops for 90 children, consulted individually with 211 children, fielded more than 2,000 phone calls for advice and referrals on detained children's issues, and represented children seeking release and permanent status in the United States.

CLINIC'S RESPONSE: In 2004, CLINIC lawyers in Los Angeles met with all detained noncitizen children in the area who were indigent and unrepresented to inform them about U.S. immigration law and advise them of their legal rights in removal proceedings. The lawyers sought to assist the children in locating family members and securing release and free legal services.

For children who remained detained and had a viable claim to political asylum or some other form of relief from removal, CLINIC lawyers either matched the children with volunteer lawyers or represented the children in immigration court themselves. In 2004, changes in the government's detention policies resulted in far fewer children being detained in Los Angeles than in previous years. In 2005, the federal government once again plans to increase the number of children detained in Los Angeles.

During 2004, CLINIC held 83 legal rights workshops for 90 children, consulted individually with 211 children, fielded more than 2,000 phone calls for advice and referrals on detained children's issues, and represented children seeking release and permanent status in the United States. On the basis of knowledge gained

through this work, CLINIC has been in the forefront of advocacy with federal government agencies to improve the conditions of detention for detained children.

VICTIMS OF VIOLENCE: LEGAL AND SOCIAL SERVICES

THE NEED: Violence by family members and strangers afflicts immigrants just as it does their U.S. citizen neighbors. Immigrant survivors of violence are particularly vulnerable to the power and control of abusers because they typically rely upon their permanent resident or U.S. citizen spouses to legalize their immigration status.

Without this status, undocumented noncitizens cannot legally work, and they may become economically dependent on their spouse. Victims of domestic violence are often trapped in violent relationships because they fear deportation, separation from their children and impoverishment.

In 1994, Congress enacted the Violence Against Women Act (VAWA), which was intended to prevent family violence and increase methods of intervention in abusive



HUMAN ISSUES COLLABORATIVE

situations. Many immigrants are now able to apply on their own for lawful permanent residence by showing evidence of abuse, rather than relying on their abusive spouses to file their applications for them.

Immigrant children also find themselves victims of violence. VAWA permits child survivors of domestic violence to apply for immigration status. In addition, abused and abandoned noncitizen children may be

CLINIC advocates with immigration authorities for effective implementation of visas for victims of trafficking and other criminal activity and provides training on the use of these visas.

eligible to apply for Special Immigrant Juvenile status, which, if granted, provides them with permanent status in the United States.

Survivors of human trafficking and other serious crimes are also eligible for temporary or permanent legal status.

Although these favorable laws are on the books, survivors of violence often do not seek help due to ignorance of the law's protections, intimidation by the abuser, lack of resources, and cultural and language barriers. There is an immense need for expanded outreach and local immigration practitioners with expertise in this area of the law.

CLINIC'S RESPONSE: CLINIC supports legal and social service programs to help foreign-born women and men to escape from abusive spouses and to obtain legal residence on their own. CLINIC works closely

with diocesan and other community programs that provide shelter, emergency housing, food, clothing, employment, job training, restraining orders, and mental health and legal counseling.

CLINIC advocates with immigration authorities for effective implementation of visas for victims of trafficking and other criminal activity and provides training on the use of these visas.

As part of its program to help survivors of violence, CLINIC has continued to offer training sessions on the types of immigration relief available to those who have suffered from abuse or other crimes. It also provides technical assistance to Catholic Charities offices around the country that represent these victims.

Through its detention program, CLINIC provides direct representation to children, including children eligible for VAWA, Special Immigrant Juvenile Status and temporary visas for crime and trafficking victims.

CLINIC has co-authored two important manuals for advocates representing victims of abuse and crime: *The VAWA Manual: Immigration Relief for Abused Immigrants*, written with the Immigrant Legal Resource Center through a generous grant from the California Endowment; and *A Guide for Legal Advocates Providing Services to Victims of Human Trafficking*, written with Migration and Refugee Services of the United States Conference of Catholic Bishops and the Legal Aid Foundation of Los Angeles through generous grants from the U.S. Office of Refugee Resettlement.

ADVOCATING FOR IMMIGRANTS IN THE SOUTHWEST

CLINIC began a pilot program in October 2003 to assist farm workers and other low-wage workers in the El Paso, TX and Las Cruces, NM area. Throughout 2004, CLINIC's labor attorney in El Paso consulted with farm workers and community leaders to learn about the issues confronting these workers and to provide legal assistance.

In two instances, the attorney convinced employers to pay their workers the wages owed to them without resorting to litigation. The attorney conducted 17 "Know Your Rights" presentations, educating roughly 1,150 farm workers.

The CLINIC attorney assisted the Las Americas Refugee & Asylum Project by representing undocumented immigrant children in immigration court. He also represented adult detainees and gave numerous "Know Your Rights" presentations to detained individuals. By the end of 2004, CLINIC had negotiated the transfer of the attorney's position to Diocesan Migrant and Refugee Services of El Paso.

Serving Vulnerable Newcomers

IMMIGRANT WORKERS' JUSTICE PROJECT

THE NEED: Immigrant laborers too often do not reap the just benefits of their work. They suffer from low, often sub-minimum wages, and other violations of employment and labor law. Many immigrant laborers also suffer from occupational hazards and work disproportionately in jobs that do not provide health insurance or other benefits.

CLINIC'S RESPONSE: CLINIC established the Immigrant Workers' Justice Project to help improve the lives of immigrant workers across

the country through training, technical assistance, advocacy and program development.

CLINIC provides technical advice and assistance on employment and labor law issues to member offices nationwide. It also assists member agencies in outreach to employment and labor groups.

CLINIC's labor attorney responded to calls from affiliates for legal advice and materials on enforcement actions by federal authorities, the Social Security No-Match Program, applications for Individual Tax Identification Numbers, workers' compensation for undocumented workers, correction of

Social Security Administration earning statements, driver's license requirements, and the validity and use of *matricula consular* cards.

In 2004, CLINIC's labor attorney wrote several articles about immigration employment and labor issues for CLINIC's newsletter, served on the board of directors of the Interfaith Committee for Worker Justice and conducted a full-day workers' rights training program in Houston, TX.

Immigrant Workers' Justice Project Highlights:

- The Immigrant Workers' Justice Project collaborated with national immigrant organizations and unions to promote immigrant workers' rights.
- CLINIC's labor attorney met with staff from Immigration and Customs Enforcement and staff of the U.S. Citizenship and Immigration Services to discuss their priorities on worksite law enforcement.

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Bending Over All Day

■ CLINIC provided small grants to its member agencies to expand labor education and representation in their communities.

ASYLEE INFORMATION AND REFERRAL PROJECT

THE NEED: Individuals granted political asylum need assistance in navigating the labyrinth of public and private resources available to help them become self-sufficient and integrate more fully into their new communities.

CLINIC'S RESPONSE: CLINIC's National Asylee Information and Referral Line provides a centralized source of information about asylee eligibility for services and where these services can be obtained.

Each year, about 23,000 people from 128 nations are granted political asylum in the United States. Asylees have suffered persecution in their countries of origin, forced migration, detention in the United States and the uncertainty of the asylum adjudication process. Many need well-coordinated and prompt social services to ease their transition.

CLINIC's National Asylee Information and Referral Line, funded by the U.S. Office of Refugee Resettlement, provides a single, centralized source of accurate information about service eligibility and programs across the country. The toll-free phone number is listed in all asylum grant letters issued by the U.S. Citizenship and Immigration Services Asylum Office.

The referral line informs asylees about more than 500 local providers of resettlement services such as English language classes, employment training and placement assistance, temporary cash assistance and health care.

Speaking 19 languages, the counselors offer asylees access to the resources they need to become integrated into their new communities. In 2004, 4,984 asylees from 69 nations took advantage of the line, receiving nearly 13,000 referrals.

Colombians, Haitians, Venezuelans, Cameroonians and Ethiopians accounted for the largest amount of calls, with service providers in Florida, New York, California, Maryland and Virginia receiving the most referrals.

In addition, CLINIC completed and distributed more than 1,300 copies of an informational pamphlet for

MANDY MORGAN



CLINIC's National Asylee Information and Referral Line offers information in 19 languages.

service providers entitled *Asylee Eligibility for Resettlement Assistance: A Short Guide*.

Federal regulations specify that refugees and asylees are eligible for the same resettlement benefits and services. (People apply for refugee status before they arrive in the United States, while migrants apply for asylum when physically present in the United States.) But while all newly arriving refugees are sponsored by resettlement agencies, asylees are not. Thus, asylees are at a disadvantage in finding the public and private resources to help smooth their adjustment.

CALLING CLINIC PAYS OFF FOR ASYLEE

Once Ashok, a native of India, received asylum status in July 2004, he was entitled to receive a Social Security card, work authorization, temporary cash assistance and food stamps.

Ashok applied for all of these—and hit every snag possible. Repeated visits to immigration offices, frustrating meetings with unhelpful office workers, inconsistent government regulations and long hours on the phone proved to be an exasperating and bewildering experience.

It was after his second trip to the Baltimore immigration office—and the second time he was denied an employment authorization card—that he read about CLINIC's National Asylee Information and Referral Line and called CLINIC. Laura Burdick, a CLINIC program manager, helped sort out his problems.

"Laura contacted others in her network and personally took up the issue with the Baltimore district office," Ashok said.

In addition to the employment authorization card, Burdick also helped Ashok obtain a Social Security card and apply for a driver's license—all of which are crucial documents for achieving employment and self-sufficiency.

In 2004, CLINIC co-sponsored an immigration law and policy conference in Washington, DC with Georgetown University Law Center and the Migration Policy Institute. This one-day conference included panel discussions on (1) the Department of Homeland Security (DHS) transition; (2) temporary worker and legalization measures; (3) national security and civil liberties issues; and (4) detention, interdiction and enforcement developments.

Expanding Legal Services

CONFERENCES AND THE ANNUAL CONVENING

THE NEED: Immigration and refugee service providers can increase their effectiveness through training, sharing best practices and discussion of current legal issues. They also benefit from the sense of community fostered by gathering together.

CLINIC'S RESPONSE: CLINIC's seventh annual convening was held in Milwaukee, WI from May 13-15. The convening offered 260 participants a combination of plenary sessions, workshops and opportunities for networking on an array of immigration issues.

The first plenary session captured the convening theme of "Give Me Your Tired, Your Poor ... The Importance of Legal Services in Defending the American Dream" by highlighting the important role of legal service providers in the context of the larger immigrant rights movement and stressing the need for agencies to plan for the next legalization program.

The second plenary session focused on advocacy and provided practice tips and strategies for engaging in local and national advocacy.

Participants at the convening chose from 24 workshops on selected topics, including non-immigrant visas for victims of human trafficking and other crimes; media relations; temporary protected status; public benefits; special immigrant juvenile status; and legal research.

CLINIC showed *Farmingville*, a documentary film about the conflict and tension that arose when the community of Farmingville, NY on Long Island attempted to deal with an influx of about 1,500 day laborers. CLINIC's Rockville Centre, NY affiliate shared with attendees their firsthand experiences on how they found a workable solution for the laborers and the community.

Other convening activities included daily liturgies and an awards luncheon to honor affiliate staff for their many years of service. CLINIC also presented its first pro bono award to the law firm of Swidler Berlin Shereff Friedman, LLP. Thurgood Marshall,

Jr., a partner in the firm, was present to accept the award on the firm's behalf.

In 2004, CLINIC co-sponsored an immigration law and policy conference in Washington, DC with Georgetown University Law Center and the Migration Policy Institute. This one-day conference included panel discussions on (1) the Department of Homeland Security (DHS) transition; (2) temporary worker and legalization measures; (3) national security and civil liberties issues; and (4) detention, interdiction and enforcement developments. The panelists included academics, advocates and high-level DHS officials. Nearly 200 people participated in what is hoped will be an annual event.

CLINIC's executive director spoke at numerous conferences during the year, including the American Bar Association's Seneca Project presentation, the annual meeting of the National Legal Aid and Defender Association, National Immigration Forum strategy sessions, Notre Dame University's Theology and Migration Conference, the St. Thomas

University Law School's immigration reform roundtable, the Center for Migration Studies' annual legal conference, UNITY, Inc.'s annual gathering of minority journalists and a meeting of the Grantmakers Concerned with Immigrants and Refugees.

ATTORNEY-OF-THE-DAY HOTLINE

THE NEED: Member agencies and community-based legal agencies face constant challenges in interpreting immigration law and choosing the most effective strategies for representing clients.

CLINIC'S RESPONSE: The Attorney-of-the-day Hotline is a toll-free number available to CLINIC affiliates in need of immediate access to technical assistance provided by immigration law experts. Staff assigned to the hotline alternate receiving calls, answering questions and performing research.

In 2004, the hotline received about 20 calls per day. Questions asked by affiliates covered such topics as family-based immigration, naturalization, employment authorization and relief from removal.

Most inquiries involve both substantive legal questions and requests for practical advice on effective strategies in representing clients. CLINIC's staff provides technical support based on their knowledge, access to legal reference materials and collective experience practicing immigration law. In addition, the hotline serves as a way for CLINIC to monitor problems across the immigration field, allowing the organization to determine future training subjects, newsletter articles and administrative advocacy priorities.

IMMIGRATION LAW TRAINING

THE NEED: Immigration law is highly complex and evolving. Low-income immigrants depend on the skill and expertise of nonprofit immigration counselors.

CLINIC'S RESPONSE: CLINIC provides quality immigration training to its member agencies' legal staff. Each year CLINIC helps more than 1,000 nonprofit immigration attorneys and legal counselors expand their expertise.

In response to security concerns in a post-9/11 climate, U.S. immigration policies and procedures have become

more restrictive. Federal court decisions and agency memoranda continually impact the way statutes and immigration programs are implemented. To stay current with these changes, affiliate staff need updated information.

CLINIC offers an annual training schedule on substantive legal issues as well as practical skills. Training manuals are regularly updated and distributed to trainees. These publications are valuable assets to hundreds of nonprofit immigration programs nationwide.

CLINIC field office attorneys located in Boston, New York City, Washington, DC, Miami, Chicago and San Francisco conduct local training for member agencies and other organizations. Staff also speak at national conferences and assist other networks in training their member agency staff. CLINIC conducts specialized on-site training at member agency offices upon request.

One of CLINIC's goals is to offer regional training sessions and reduce travel costs often associated with attending courses in distant cities.

MANDY MORGAN



CLINIC attorney Shiu-Ming Cheer reviews training materials.

"This was my first year as a lawyer and a program manager. I was intimidated at first, but CLINIC's array of technical support and management training and consulting helped me to grow our program and to make a good thing better."

Siohvan Sheridan-Ayala
Program Director, Attorney
Immigration Legal Services
Catholic Charities of Portland, OR

Immigration Law Training Program Highlights:

- CLINIC conducted 57 full or multi-day training sessions in 24 cities across the country. Workshops covered family-based immigration; basic immigration law; relief for battered spouses; religious immigration; citizenship and naturalization; trafficking issues; employment-based immigration; and the impact of criminal law on immigrants.
- CLINIC staff also presented training on how to improve trial advocacy and immigration interviewing, research, and writing skills.
- CLINIC attorneys guided more than 100 affiliate staff in the process of securing and renewing accreditation credentials to represent immigrants.

IMMIGRATION MANAGEMENT PROJECT

THE NEED: Local nonprofit immigration service providers need to develop, adopt and share best practices in program management, advocacy and fundraising.

CLINIC'S RESPONSE: For the past 10 years, CLINIC has identified and propagated model management practices and strategies for charitable immigration legal services programs.

The Immigration Management Project (IMP) focused on providing education for participating charitable programs to improve their management practices.

This last year marked a turning point for the IMP as CLINIC ended its decade-long IMP partnership. CLINIC also expanded its efforts to assist vulnerable groups outside its traditional core of Catholic refugee resettlement and immigration programs.

CLINIC's efforts at improving program management with both its core Catholic constituency and new groups were supported by Arab, Muslim and South Asian community-based programs; groups offering immigration legal services to survivors of domestic violence; and non-profit agencies in the San Francisco Bay Area.

Seven trainings were given on immigration program start-up and management in Tucson, AZ, Detroit,

MI, New York, NY, Washington, DC, Chicago, IL, Milwaukee, WI, and Santa Ana and Oakland, CA. Nearly 200 staff from 118 programs participated in the trainings.

CLINIC attorneys and affiliates in Boston, MA, New York, NY, Washington, DC, Miami, FL, Chicago, IL, San Francisco, CA and Dallas, TX, supported existing immigration programs and start-ups with expert consulting on management issues. CLINIC provided 139 programs in more than 40 states and the District of Columbia with on-site, telephonic and Internet consulting on management issues.

In 2004, CLINIC also initiated collaboration with Pro Bono Net, a nonprofit group seeking to maximize the use of the Internet for indigent, poor and middle income Americans and immigrants in need of legal resources. The partnership will explore creating a Web site linking all pro-immigrant providers of legal services and providing the public with access to timely, accurate and multilingual immigration information and local charitable and pro bono referrals.

PUBLICATIONS AND NEWSLETTERS

THE NEED: U.S. immigration law and policy often fails to respect the integrity of families, protect those at risk of violence and persecution, or offer appropriate paths to citizenship. CLINIC seeks to build awareness among policy makers, news media, advocates and the general public on problem issues. It supports reform based on the compelling message of Catholic social teaching.

CLINIC'S RESPONSE: Each year CLINIC produces training manuals, handbooks, position papers, journal articles, reports, monthly and quarterly newsletters, and short public education announcements. Through these publications, CLINIC aims to

increase the knowledge of practitioners and the general public on laws and regulations impacting immigrants and ways to better serve them.

In 2004, CLINIC updated its five substantive immigration law manuals, which it distributed in conjunction with its national trainings: *Family-Based Immigration Law*; *Survey of Immigration Law*; *The Impact of Crimes*; *Relief from Removal*; and *The VAWA Manual: Immigration Relief for Abused Immigrants*. The *Catholic Legal Immigration News*, CLINIC's monthly newsletter, has evolved into a widely read legal reference tool for immigration practitioners. The newsletter focuses on providing practical information for nonprofit immigration service providers. Each issue includes

substantive immigration law articles on timely issues, an update on CLINIC's advocacy efforts, updates from the network, notices on upcoming training and new resources, and the most recent U.S. State Department Visa Bulletin. It also includes faith-based articles and "news from the field" articles from affiliate staff. Circulation in 2004 exceeded 1,000.

CLINIC continues to distribute the quarterly newsletter *In The Balance* to aid the organization's fundraising and marketing efforts. The newsletter's circulation of about 2,500 will continue to grow because visitors to CLINIC's Web site can sign up for a free subscription.

The Catholic Legal Immigration News, CLINIC's monthly newsletter, has evolved into a widely read legal reference tool for immigration practitioners. The newsletter focuses on providing practical information for nonprofit immigration service providers.

Children are harmed in material and emotional ways when parents are detained for months or years even if parents eventually win their removal cases and are permitted to return home.

Upholding the Rights of Detained Immigrants

DETAINED LONG-TERM RESIDENTS

THE NEED: Noncitizens with significant family, community and employment ties to the United States are increasingly vulnerable to deportation as well as detention for long periods while they await removal hearings.

CLINIC'S RESPONSE: CLINIC helps individuals with strong cases apply to stay in the country with their U.S. family members and for release while awaiting their hearings.

Until the mid-1980s, noncitizens with significant family, community and employment ties to the United States were much less likely to be detained and deported than they are today.

Beginning in 1988, and continuing through the 1990s, several laws were enacted that (1) defined more minor activities as deportable offenses; (2) greatly expanded the use of detention during the period preceding a removal hearing; and (3) made it much more difficult even for long-term lawful

residents with strong U.S. ties to remain in the United States, consigning them to prolonged or even permanent separation from their families.

One in five U.S. children is either foreign-born or has an immigrant parent. The vast majority of immigrant detainees are adult men, and many of them are bread winners for their families.

Children of these detainees suffer serious emotional and economic consequences when a parent is removed from the United States. Children are harmed in material and emotional ways when parents are detained for months or years even if parents eventually win their removal cases and are permitted to return home.

CLINIC provides a variety of services for detained long-term residents facing removal proceedings. It consults with detainees about their eligibility for relief and fields phone calls from detained immigrants, their

families and supporters seeking information and assistance with removal cases. In 2004, CLINIC performed about 1,600 consultations for detainees and fielded nearly 9,000 phone calls.

CLINIC assists detainees who are eligible to apply for pre-hearing release so that they may more effectively participate in working on their removal cases. In 2004, CLINIC attorneys represented 14 clients in release applications.



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CLINIC also provides full representation in immigration court for selected long-term residents who have claims for relief, such as political asylum and certain waivers available for long-term residents with strong ties to U.S. families and communities.

DETENTION PROGRAM DEVELOPMENT

THE NEED: Detainees and their families in hundreds of communities across the country need legal information and representation. The need greatly exceeds the ability of CLINIC and other detention representation programs to assist them.

CLINIC'S RESPONSE: CLINIC works with its member agencies nationwide to set up detainee legal service programs in local communities, using models that address the particular needs of local detainee populations and that are sensitive to member agencies' individual capacities.

Working with detainees can be overwhelming. Many detainees need assistance, and local immigration service providers already have many demands upon their time and resources.

Detention Watch Network (DWN) was founded by CLINIC and two partner agencies in 1997 in response to the rapid growth of the U.S. immigration detention system. More than 100 religious, civil, immigrant and human rights organizations, as well as some 1,500 individuals, have been involved in the work of the network.

In 2003-2004, at CLINIC's urging, many of the more active DWN organizations participated in a wide-ranging reevaluation of the network's goals and operations. CLINIC currently participates on a steering committee of 13 organizations that is working to reestablish DWN as a membership coalition composed of organizations and individuals concerned with the vast increase in immigration detention and the lack of protection for the rights of those detained.

Formal membership participation is being solicited from individuals and organizations that provide direct legal, social, health and pastoral services to people in immigration detention or are personally affected by U.S. detention policies. These organizations and individuals also focus on advocacy and public education regarding detention issues.

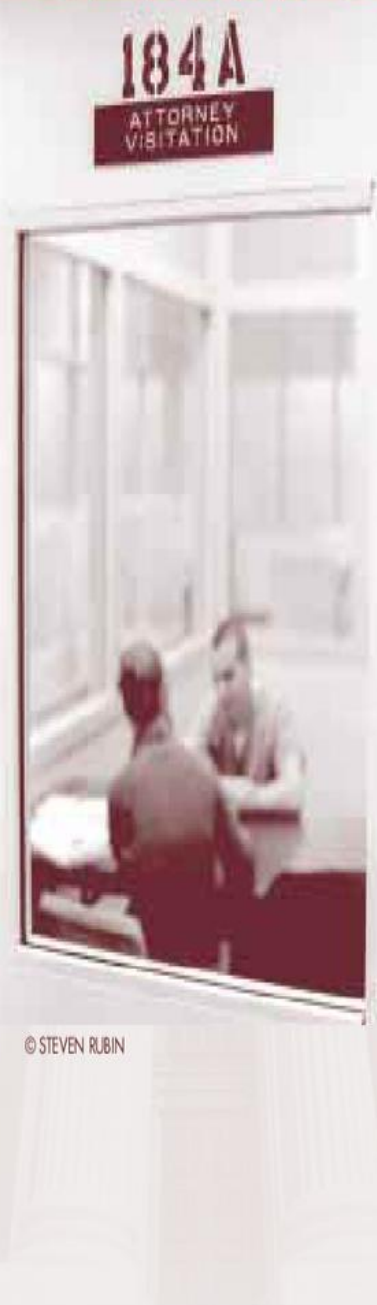
The re-invigorated DWN will host an annual conference, engage in policy analysis and serve as a catalyst for member advocacy with federal immigration officials. DWN is expected to regain full operational status in 2005.

MENTALLY ILL DETAINEES

THE NEED: The immigration detention center at San Pedro, CA is a warehouse for indigent, mentally ill immigrants in deportation proceedings. Due to the mental incompetence of these detainees, the local immigration court regularly closes their cases administratively, but does not release them from detention.

The mentally ill languish in detention indefinitely, sometimes for several years, until they are found competent to face deportation. They receive only the most minimal treatment for their medical conditions while detained. Most of these detainees ultimately get deported, despite the length of residence in the United States or the inequities in their cases, because they cannot afford legal representation.

CLINIC'S RESPONSE: Beginning in 2004, CLINIC worked with law students, pro bono attorneys and mental health providers in the Los



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CLINIC assists detainees who are eligible to apply for pre-hearing release so that they may more effectively participate in working on their removal cases.

Angeles area to address the needs of these detainees. Because the need for assistance outstrips the number of available volunteers, CLINIC sought assistance on various fronts.

The program's objective is to provide holistic services, including legal representation, to mentally ill detainees. The program also seeks to inform the local legal and social services communities of the plight of these detainees.

Highlights of CLINIC's Work with Mentally Ill Detainees:

- In the fall of 2004, CLINIC staff met with the University of Southern California (USC) Immigration Law Clinic to discuss the situation of 12 mentally ill detainees at the San Pedro facility whose cases had been screened by CLINIC for potential legal representation and other assistance. USC agreed to look into representing six of the cases. Since then, USC Clinic has collaborated with USC's medical center and psychology department to conduct assessments of detained individuals for potential assistance.
- Students at other Los Angeles-area law schools have assisted CLINIC in completing background country conditions

research for mentally ill detainees who are pursuing asylum claims. These detainees are represented by CLINIC legal staff or pro bono counsel.

- CLINIC has successfully placed the cases of mentally ill detainees with pro bono attorneys. CLINIC mentored these attorneys by providing background materials and technical support throughout the representation process.
- CLINIC has collaborated with several nonprofit mental health organizations and mental health providers that have given psychiatric evaluations, housing and follow-up services to these detainees.
- CLINIC is taking part in ongoing discussions with other legal organizations about how to address the problem systemically, such as advocating for a guardian ad-litem for all mentally incompetent immigrants.

INDEFINITE DETAINEES

THE NEED: Thousands of non-citizens who have received deportation orders have remained imprisoned for months or even years in the United States because their home countries have refused to take them back.

Legislation enacted by Congress in 1996 vastly expanded the categories of noncitizens who can be held in mandatory detention pending removal from the United States. These noncitizens include asylum seekers who arrive at airports with insufficient entry documents, individuals convicted of minor crimes who are awaiting immigration hearings, and immigrants who are ordered deported and held pending their physical removal from the United States.

The 1996 legislation contemplated that immigrants would be removed within 90 days of being ordered deported by an immigration judge or would be released from custody under supervision of the immigration authorities until physical departure was possible.

An exception to the "90-days-or-release" rule was provided for immigrants who were deemed flight risks or dangers to the community. Despite this legislative intent, many immigrants have been detained indefinitely after the 90-day period. In the majority of these cases, the U.S. government is unable to remove them due to their home country's bureaucratic inaction or refusal to accept their return.

Some indefinite detainees come from countries without diplomatic ties to the United States, such as Cuba, or countries without effective diplomatic ties.

Some indefinite detainees come from countries without diplomatic ties to the United States, such as Cuba, or countries without effective diplomatic ties. Others are stateless or come from countries that have no functional or central government.

The identities of other indefinite detainees are difficult for their home countries to verify. For example, birth records may have been destroyed during a natural disaster or other catastrophe. Without solid identity documents, a country will not generally accept the return of its nationals.

In 2001, the U.S. Supreme Court ruled in *Zadvydas v. Davis* that the government did not have the power to hold noncitizens indefinitely and that supervised release had to be considered within a reasonable period after the noncitizen was ordered removed. In the 2004 case of *Clark v. Martinez*, the Supreme Court extended this decision to migrants—including many Cubans—caught at U.S. borders.

After the *Zadvydas* decision, the Immigration and Naturalization Service, the predecessor of the

Department of Homeland Security, announced the implementation of a system that would make periodic case-by-case determinations on supervised release, based upon criteria including the individual's danger to the community.

This post order custody review program has never operated effectively. Some indefinite detainees—also known as “lifers”—have navigated the program successfully on their own. However, most cannot.

CLINIC'S RESPONSE: CLINIC attorneys represent indefinite detainees across the country, working



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to return them to their U.S. families under government-supervised release until they can be removed from the United States.

In 2004, CLINIC attorneys provided legal information workshops to nearly 1,000 indefinite detainees and represented nine detainees before both administrative authorities and federal courts in an effort to expedite their deportation or release from detention.

Additionally in 2004, CLINIC began giving self-help representation workshops to teach detainees how to represent themselves when applying for release. Workshops were held in two detention centers. The number of indigent detainees in these facilities needing legal services exceeded CLINIC's ability to provide individual representation or pro bono lawyers.

In January 2004, CLINIC published its second periodic monitoring report on long-term detainees who had been through deportation hearings.

CLINIC undertook extensive research for a third report to be published in 2005. CLINIC has consistently advocated improving agency procedures for determining detainees' eligibility for supervised release from detention.

LEGAL RIGHTS ORIENTATION

THE NEED: Government agencies do not provide lawyers to detainees who cannot afford to hire counsel, and few indigent immigrant detainees are able to obtain legal representation.

CLINIC and its nonprofit partners lack the resources to represent every deserving detainee who lacks a lawyer.

Unrepresented detainees face deportation hearings alone without knowing whether they can assert a legal claim to remain in the United States and without information about how to assert any rights they might have.

CLINIC'S RESPONSE: CLINIC and its partner organizations hold workshops in Department of Homeland Security (DHS) detention facilities to inform detainees about their rights under immigration law. These workshops, called "legal orientation" or "Know Your Rights" presentations, help detainees decide whether they have legal grounds to fight deportation, and, if so, how they can assert their rights in immigration court.

The format for legal orientation presentations varies among CLINIC programs. In some detention facilities for adults, CLINIC lawyers make classroom-type presentations to large

groups of DHS detainees and then answer questions. In other facilities, specifically those housing noncitizen children, orientation generally takes the form of one-on-one consultations.

During the orientation, lawyers tell detainees what they can expect to occur in immigration court. They then discuss the charges, or infractions of immigration law, that immigration authorities can bring against detainees to start the removal (deportation) process.

Workshops explain relief from removal and waiver applications that a noncitizen may be able to make to an immigration judge. If a waiver is approved, the noncitizen is able to lawfully remain in the United States. CLINIC provides attendees with written legal orientation materials to help them represent themselves in immigration court.

Legal orientation presentations permit CLINIC to identify individuals who are particularly vulnerable or have other compelling needs for legal representation. As resources permit, CLINIC represents vulnerable individuals directly or tries to find them pro bono counsel. CLINIC lawyers provide extensive mentoring and technical assistance for pro bono lawyers who take on cases.

“Know Your Rights” presentations give CLINIC attorneys rare access behind the walls of detention facilities. This access allows CLINIC to evaluate conditions of immigrant detention and to bring issues of concern to the attention of immigration authorities.

In 2003, CLINIC was awarded a subcontract by the Executive Office of Immigration Review (EOIR) to conduct legal orientation workshops for detainees at the Mira Loma Detention Center in Lancaster, CA. A second such contract was awarded to CLINIC in 2004 for work at the El Paso Service Processing Center in Texas.

Through these projects, CLINIC and its partner organizations meet with incoming detainees who are facing their first court hearing and explain to them their options under U.S. immigration law. Legal orientation presentations tend to reduce the time that immigrants spend in detention.



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According to EOIR estimates, the length of detention is shortened by an average of two days for detainees who attend the presentations. This reduction in detention time creates significant savings for the government.

Although these are the only federally supported legal orientation programs that CLINIC operates, all CLINIC

detention staff provide legal orientation in the detention facilities that CLINIC serves. In 2004, CLINIC staff made 292 such presentations to more than 4,800 adult detainees.

2004 Board of Directors

CLINIC's Board of Directors is composed of both episcopal and non-episcopal members who serve staggered terms, assuring the carry-over of institutional knowledge from one year to the next. CLINIC's viability depends on the active engagement of its board of directors in governance, resource development and financial oversight.

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Most Reverend John C. Wester
Auxiliary Bishop of San Francisco

2004 Diocesan Advisory Committee

Formed in 1998, CLINIC's Diocesan Advisory Committee provides advice and feedback on the full range of training, support and programmatic activities that CLINIC offers to its affiliate members. The input of the committee enables CLINIC to determine which issues it should address to improve the effectiveness of its programs and services. The Diocesan Advisory Committee represents a diverse group of diocesan immigration programs. It serves as an excellent source of information for CLINIC's board of directors and staff.

Lily Gutierrez, CLINIC
Board Member
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Term: 2002-2005

Leo Anchondo, Director
Catholic Charities of Central Texas
Office of Immigrant Concerns
Austin, TX
Term: 2004-2007

Jeanne Atkinson, Director
Catholic Charities
Immigration Legal Services
The James Cardinal
Hickey Center
Washington, DC
Term: 2004-2007

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Casa Guadalupe
Catholic Social Services
Winston-Salem, NC
Term: 2001-2004

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Catholic Social Services
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Catholic Charities
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Term: 2003-2006

Alma Garza-Cruz,
Program Director
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Diocese of Beaumont
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Term: 2001-2004

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Diocese of Rockville Centre
Amityville, NY
Term: 2001-2004

Vicki Mayster, Program Director
Catholic Charities Immigration and
Resettlement Services
Santa Rosa, CA
Term: 2004-2007

Shelley Schrader,
Program Director
Catholic Charities
Interfaith Immigration Services
Omaha, NE
Term: 2003-2006

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Project Coordinator
Archdiocesan Housing Authority
Refugee Assistance Program
Seattle, WA
Term: 2003-2006

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Alabama

Catholic Social Services *Birmingham*

Alaska

Immigration and Refugee Services *Anchorage*

Arkansas

Catholic Immigration Services *Little Rock*

Arizona

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Immigration & Citizenship *Tucson*

California

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Immigration and Refugee Department *Los Angeles*

Catholic Charities East Bay-Immigration Project *Oakland*

Catholic Charities *Sacramento*

Catholic Charities-Immigration Services *Salinas*

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Catholic Charities Immigrant Services *San Diego*

Citizen, Refugee and Immigration Services *San Francisco*

Catholic Charities Immigration Legal Services *San Jose*

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Catholic Charities Immigration and Resettlement Services *Santa Rosa*

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Delaware

Immigration Services *Wilmington*

District of Columbia

Immigration Legal Services *Washington*

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Catholic Charities Farmworkers Ministry *Jacksonville*

Catholic Charities Legal Services *Miami*

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Catholic Charities-Immigration *St. Petersburg*

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Georgia

Catholic Social Services-Immigration Program *Atlanta*

Hawaii

Catholic Charities Community and
Immigrant Services.....*Honolulu*

Idaho

Catholic Charities of Idaho.....*Boise*
La Posada Ministries-Services Of Mercy.....*Twin Falls*

Illinois

Catholic Charities Of Archdiocese
of Chicago.....*Chicago*
Programa Cielo Immigration Services.....*Chicago*
Catholic Charities Immigration and
Refugee Services.....*Rockford*

Indiana

Catholic Charities Refugee and
Immigration Services..... *Fort Wayne*
Guadalupe Center..... *Huntingburg*

Iowa

Diocesan Immigration Program..... *Davenport*
Hispanic Community Outreach Program.....*Des Moines*
Our Lady of the Americas..... *Des Moines*
Catholic Social Services..... *Dubuque*

Kansas

Catholic Agency-Migration and
Refugee Services.....*Garden City*
Citizenship, Refugee and Immigration Services.....*Salina*
Immigration & Refugee Services.....*Wichita*

Kentucky

Maxwell Street Legal Clinic.....*Lexington*
Catholic Charities, Office of
Immigration Services.....*Louisville*
Office of Hispanic Ministry.....*Bowling Green*
St. Joseph's Church.....*Bowling Green*

Louisiana

Hispanic Apostolate.....*Baton Rouge*
Migration and Refugee Services.....*Baton Rouge*
Migration and Refugee Services.....*Lafayette*
Hispanic Apostolate.....*Kenner*
Immigration and Refugee Services.....*New Orleans*
Hispanic Ministry & Immigration Services.....*Shreveport*

Maine

Catholic Charities Maine.....*Portland*

Maryland

Immigration Legal Services of
Catholic Charities.....*Baltimore*
Spanish Catholic Center.....*Gaithersburg*

Massachusetts

Catholic Social Services-Immigration
Law, Education, Advocacy Project.....*Fall River*
Refugee, Immigration and Interpreter Services.....*Boston*
Catholic Charities Immigration Program.....*Springfield*
Missionary Sisters Of the Society of Mary.....*Waltham*

Michigan

Immigration Legal Services.....*Detroit*
Immigration Advocacy and Assistance.....*Grand Rapids*
Immigration Assistance Program.....*Kalamazoo*
Refugee Services.....*Lansing*
Hispanic Ministry Department.....*Saginaw*

Minnesota

Refugee Resettlement.....*Rochester*
Migration and Refugee Services.....*St. Paul*
St. Odilia Catholic Community.....*Shoreview*

Mississippi

Catholic Social and Community Service*Biloxi*
 Catholic Charities*Jackson*

Missouri

Interfaith Community Services*St. Joseph*
 Catholic Immigration Law Project*St. Louis*
 Refugee and Immigration Services.....*Jefferson City*
 Casa Esperanza*Webb City*

Nebraska

Catholic Social Services Refugee Programs*Lincoln*
 Catholic Charities Interfaith Immigration
 Services of Nebraska*Omaha*

Nevada

Catholic Charities of Southern Nevada–
 Immigration Program*Las Vegas*

New Hampshire

Catholic Charities Immigrant and
 Refugee Services*Windham*

New Jersey

Camden Center for Law and Social Justice.....*Camden*
 Migration and Refugee Services*Camden*
 Catholic Community Service*Newark*
 Catholic Family and Community Services–
 Legal Services Department.....*Paterson*
 Catholic Charities Immigration
 Services*Perth Amboy*
 Migration and Refugee Services*Trenton*
 Catholic Charities Emergency Services*Delanco*

New Mexico

Catholic Charities of Central New
 Mexico–Immigration Department.*Albuquerque*
 Casa Reina.....*Gallup*
 Family Unity and Citizen Program*Las Cruces*

New York

Office of Immigrant Services.....*Albany*
 Catholic Charities–Immigrant
 Services Department.*Amityville*
 Catholic Migration Office*Brooklyn*
 Office of Legal Services.....*Brooklyn*
 Catholic Charities Immigration
 and Refugee Assistance Program.....*Buffalo*
 Catholic Charities Community Services.....*New York*
 Catholic Family Center–Refugee
 and Immigration Services.....*Rochester*

North Carolina

Catholic Social Service–Hispanic/Latino.....*Asheville*
 Hispanic Ministry*Kernersville*
 Catholic Social Ministries*Raleigh*
 Immigrants’ Legal Assistance Project.....*Raleigh*
 Catholic Social Service–Casa Guadalupe.....*Winston-Salem*

Ohio

Convent–North Am. Union Sisters*Carrollton*
 Refugee Resettlement*Cincinnati*
 Migration and Refugee Services.....*Cleveland*
 Community Refugee and
 Immigration Services*Columbus*
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 Catholic Charities*Youngstown*

Oklahoma

Catholic Charities–Immigration
 Assistance Program.....*Oklahoma City*
 Catholic Charities Immigration Services.....*Tulsa*

Oregon

Catholic Charities Immigration Services*Portland*

Pennsylvania

Immigration and Refugee General Program *Allentown*
 Catholic Social Services-Immigration
 Legal Services *Philadelphia*
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 N.A. Office *Philadelphia*
 Catholic Charities Refugee Services Program *Pittsburgh*
 Refugee and Immigration Services *Scranton*

Rhode Island

Immigration and Refugee Services *Providence*

South Carolina

Catholic Charities *Charleston*
 Hispanic Office of Legal Assistance *Hilton Head*

Tennessee

Catholic Charities-Refugee and
 Immigration Services *Memphis*
 Refugee and Immigration Services *Nashville*

Texas

Immigration Services *Amarillo*
 Office of Immigrant Concerns *Austin*
 Vocation Office *Austin*
 Catholic Charities of Diocese Of
 Beaumont, Inc. *Beaumont*
 Catholic Social Services-Immigration
 and Refugee *Corpus Christi*
 Catholic Charities Immigration
 Counseling Services *Dallas*
 Diocesan Migrant and Refugee
 Services, Inc. *El Paso*
 Immigration Consultation Services *Fort Worth*

Texas Center for Immigrant Legal Assistance *Houston*
 Catholic Social Services-Servicios Para
 Inmigrantes *Laredo*
 Catholic Family Service Legalization Project *Lubbock*
 Catholic Charities Immigration
 Department *San Antonio*
 Immigration Counseling Services *San Juan*

Utah

Catholic Community Services of Utah *Salt Lake City*
 Holy Cross Ministries *Salt Lake City*

Virginia

Migrant Ministry *Accomac*
 Hogar Hispano *Falls Church*
 Refugee and Immigration Services *Richmond*

Washington

Refugee Assistance Program *Seattle*
 Catholic Charities *Spokane*

Wisconsin

Catholic Charities Resettlement and
 Immigration Services *Green Bay*
 Catholic Charities *La Crosse*
 Catholic Charities-Legal Services
 for Immigration *Milwaukee*

Wyoming

Department of Catholic Charities *Wheeling*
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Immaculate
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CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Statement of Financial Position

DECEMBER 31	2004	2003
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents		
Operating Cash	\$ 420,574	\$ 318,296
Savings and Short-Term Investments	\$ 203,970	\$ 282,077
Restricted Cash – Foundation Support	\$ 0	\$ 419,105
Total Cash and Cash Equivalents	\$ 624,544	\$ 1,019,478
Accounts Receivable (net of allowance for doubtful accounts of \$10,000 for 2004 and 2003)	\$ 4,276	\$ 77,920
Contributions Receivable	\$ 392,095	\$ 573,706
Grants Receivable	\$ 29,551	\$ 128,739
Receivable from Sub-Grantees	\$ 0	\$ 0
Prepaid expenses and other current assets	\$ 21,269	\$ 22,904
Total Current Assets	\$ 1,071,735	\$ 1,822,747
Restricted Investments	\$ 1,086,083	\$ 1,036,505
Property and Equipment		
Furniture and Equipment	\$ 348,909	\$ 348,909
Leasehold Improvements	\$ 45,787	\$ 45,787
	\$ 394,696	\$ 394,696
Less accumulated depreciation and amortization	\$ (380,754)	\$ (363,075)
NET PROPERTY AND EQUIPMENT	\$ 13,942	\$ 31,621
CONTRIBUTIONS RECEIVABLE, net of current portion	\$ 9,650	\$ 40,900
DEPOSITS	\$ 3,250	\$ 3,250
TOTAL ASSETS	\$ 2,184,660	\$ 2,935,023

continued

DECEMBER 31

2004

2003

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable	\$ 117,329	\$ 121,569
Contributions Payable	\$ 133,757	\$ 195,250
Grants Payable and Refundable Advances	\$ 0	\$ 77,612
Accrued Expenses	\$ 119,811	\$ 133,296
TOTAL CURRENT LIABILITIES	\$ 370,897	\$ 527,727

NET ASSETS

Unrestricted	\$ (26,782)	\$ 456,237
Unrestricted – Board designated	\$ 586,083	\$ 536,505
Total unrestricted	\$ 559,301	\$ 992,742
Temporarily restricted	\$ 1,254,462	\$ 1,414,554
TOTAL NET ASSETS	\$ 1,813,763	\$ 2,407,246

TOTAL LIABILITIES AND NET ASSETS	\$2,184,660	\$2,935,023
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CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Statement of Activities

FOR THE YEAR ENDED DECEMBER 31, 2004

TOTAL

REVENUES, GRANTS AND OTHER SUPPORT

MRS/USCCB Support	\$ 1,970,612
Professional and Religious Contracts	\$ 425,292
Federal and non-federal grants and contributions	\$ 1,593,753
Training, publications and other fees for service	\$ 150,201
Membership Fees	\$ 148,018
Interest income	\$ 2,657
Net realized and unrealized gain	\$ 96,160
TOTAL REVENUES, GRANTS AND OTHER SUPPORT	\$ 4,386,693

EXPENSES

Program Services	\$ 4,376,872
Fundraising and Development	\$ 204,760
Management and General	\$ 398,594
TOTAL EXPENSES	\$ 4,980,226*

CHANGE IN NET ASSETS

\$ (593,533)

NET ASSETS AT BEGINNING OF YEAR

\$ 2,407,296

NET ASSETS AT END OF YEAR

\$1,813,763

*In 2003, CLINIC recognized significant revenues from grants, whose expenses, under accepted accounting principles, it did not recognize until 2004. This explains why CLINIC's expenses exceed its revenue on its 2004 financial statement.

James Michael Hoffman

We dedicate this annual report to James Michael Hoffman. For 35 years, Jim has gifted the Catholic Church in the United States with his devoted service to refugees, immigrants and people on the move. During this time, he has touched the lives of tens of thousands of people.

For the past 15 years, Jim has worked as a Senior Immigration Specialist for CLINIC. In recent years, Jim has worked within CLINIC's Division of Religious Immigration Services (DRIS). In his current position, Jim represents archdioceses, dioceses, religious orders, congregations and Catholic organizations that wish to bring priests, nuns, seminarians and lay religious workers to the United States. These foreign-born workers play a crucial role in the Church's ministry to newcomers and others in the United States. Jim advises hundreds of clients a year on immigration matters and assists them in obtaining U.S. immigration status.

Jim has the longest tenure of any employee of CLINIC and its sister agency Migration and Refugee Services (MRS) of the United States

Conference of Catholic Bishops (USCCB). His history with MRS dates back to 1970 when he was hired to direct MRS's Western Regional office in San Francisco. Jim received a call from Monsignor Frank Hurley, the now retired Archbishop of Anchorage, who was then the Associate General Secretary of the National Catholic Welfare Conference (now USCCB.) The call came at midnight. Msgr. Hurley stated simply: "We need you." Jim and Archbishop Hurley have a relationship that extends back to Jim's high school days when then-Father Hurley was his homeroom teacher and athletic director at Serra High School in San Mateo, California. Jim credits Archbishop Hurley with his decision to pursue studies for the priesthood for seven and a half years.

When Jim took the position with USCCB, he continued work as a professor of Latin and Spanish at Mountain View Seminary in California. His arrangement with USCCB was for part-time work during his first year. He typically worked from 7 a.m. to noon as a professor, then commuted 37 miles

north to San Francisco where he would often work until midnight for MRS.

Jim taught himself immigration law on the job. He received a bachelor's degree in scholastic philosophy and he also studied theology. After leaving the seminary, he pursued studies in Spanish and earned a master's degree in international relations in Mexico. As an indication of the dedication that would become his hallmark, Jim read a two-volume treatise on immigration law and procedure, the entire Immigration and Nationality Act, and nine volumes of immigration case decisions. He then jumped into immigration casework as a federally accredited representative. In this position, Jim handled a range of cases for low-income immigrants in immigration court and on appeal.

His job with MRS changed substantially in 1975, when the government of South Vietnam fell and Operation Baby Lift brought 2,000 orphans to California. Jim was present at the first plane's arrival. He was in the U.S. District Court when the judge threw out the lawsuit that challenged the



Jim has the longest tenure of any employee of CLINIC and its sister agency Migration and Refugee Services (MRS) of the United States Conference of Catholic Bishops (USCCB).

legality of bringing the orphans to the United States. Jim played a key role in MRS's program for the newly arrived orphans. This program ultimately evolved into MRS's refugee processing program that has resettled more than 850,000 refugees since 1975. In those early years, Jim helped process refugees into the United States airports on the West Coast. He also helped to advocate for and implement the Indochinese Refugee Act in 1978, which allowed Vietnamese refugees to adjust status to U.S. permanent residence. His manual on this process was later adapted and reprinted by the U.S. Government Printing Office.

In 1982 Jim was asked to serve MRS in Washington. He worked for the next three years as the USCCB's National Coordinator for Immigration Services. This was an exciting time because the debates that would result in comprehensive legalization legislation in 1986 were then taking place.

Jim's return to San Francisco in late 1985 coincided with passage of the Immigration Reform and Control Act of 1986 (IRCA). MRS played the lead role in a nation-wide effort under this Act that led to the legalization of nearly 3 million people. Jim worked on hundreds of cases and assisted the national staff in meetings with the Immigration and Naturalization Service (INS) to interpret the Act, develop training tools and implement the program. Jim also worked in the Diocese of Sacramento to make sure that INS followed the letter and the spirit of the legislation.

In the late 1980s, Jim began work for the newly created CLINIC, a legal agency created by the USCCB to support the nation's Catholic immigration program. CLINIC was the brainchild of the Director of MRS, then-Monsignor Nicholas DiMarzio, now the Most Reverend Nicholas DiMarzio, Bishop of Brooklyn and Chairman of CLINIC's board of directors. Since mid-1995, Jim has

handled mostly religious immigration cases for CLINIC in the position of a Senior Immigration Specialist. When CLINIC formally established DRIS in 1999 in Washington, DC, Jim relocated his family and moved again to the East Coast.

Jim brings years of experience to this work. He is famously dedicated, devoting many hours above the regular workweek to serving his clients. He regularly receives cards, notes, letters and other encomiums from bishops and religious communities. Jim devotes his "extra time" to his parish of St. Francis de Sales Catholic Church in Purcellville, VA, as Lector and Extraordinary Minister for Holy Communion. For 35 years, Jim has played an invaluable role in the Catholic Church's ministry to newcomers. His knowledge, hard work and commitment to the Church remain a source of inspiration to all who know him.



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