

(Rev. 12/6/12)

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA  
Monroe DIVISION

Hasiba Samadi

Civil Action No. 3:25-cv-1889

Plaintiff

VS.

Judge \_\_\_\_\_

Warden of Richwood Correctional Center, ICE

Magistrate Judge \_\_\_\_\_

Defendant

**MOTION FOR APPOINTMENT OF COUNSEL  
UNDER SECTION 706 (f) OF THE CIVIL RIGHTS ACT OF 1964**

PART I: EFFORTS TO OBTAIN COUNSEL

Declaring that the information I have given below is true and correct, I apply to the court for appointment of an attorney.

A. Have you talked with any attorney about handling your claim?

Yes  No

If "Yes," give the following information about each attorney with whom you talked:

Attorney: Rozas Law Firm

When: 8 Oct 2025

How (by telephone, in person, etc.): My family member called them.

Why was this attorney not employed to handle your claim? The attorney informed me that their office does not process or handle habeas corpus applications.

Attorney: Catholic Charities Immigration Legal Services

When: Sep 2025

How (by telephone, in person, etc.): By telephone

Why was this attorney not employed to handle your claim? They were not accepting new cases.

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Attorney: Ayhan Ogmen Law Firm

When: Sep 2025

How (by telephone, in person, etc.): By telephone

Why was this attorney not employed to handle your claim? The attorney informed me that their office is located in New York and does not have jurisdiction to file habeas corpus petitions in Louisiana.

B. Explain any other efforts you have made to contact an attorney to handle your claim:  
I called other attorneys and legal aid groups, but no one responded to my calls, or they asked for fees that i can not afford.

C. Give any other information which supports your application for the court to appoint counsel:  
I am detained in ICE custody and cannot afford an attorney.  
My detention involves complex immigration and constitutional law, which I cannot handle without a lawyer.

D. Name and address of each attorney who has represented you in the last ten (10) years:  
Ayhan Ogmen, Ogmen Law PLLC  
26 Broadway, 3rd Floor, New York, NY 10004, USA

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PART 2: FINANCIAL INFORMATION

(DO NOT COMPLETE THIS PART IF YOU HAVE ALREADY SUPPLIED THIS INFORMATION IN THE APPLICATION TO PROCEED *IN FORMA PAUPERIS*.)

1. Full Name Hasiba Samadi  
2. Address Richwood Correctional Center, 180 Pine Bayou Cir  
(Street Address or P.O. Box)

Monroe Louisiana 71202  
(City) (State) (Zip Code)

3. Marital Status: Single  Married  Separated   
Divorced  Widowed

4. Are you presently employed? Yes  No

If the answer is "Yes," give your occupation, the name and address of your employer and the gross and net amount of your salary.

\_\_\_\_\_  
(Occupation) (Gross Salary) (Net Salary)

\_\_\_\_\_  
(Name and Address of Your Employer)

5. If you are not presently employed, state the date of your last employment, the name and address of your employer and your salary.

\_\_\_\_\_  
(Date Last Employed) (Salary)

\_\_\_\_\_  
(Name and Address of Your Last Employer)

6. If you are married and if your spouse is employed, state his/her name, occupation, employer, address of employer and salary.

\_\_\_\_\_  
(Name of Spouse) (Occupation) (Salary)

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7. Approximately how much money have you received in the past twelve months from the following sources:

as wages, salary, commissions or earned income of any kind? 0.00

as workman's compensation or disability insurance? 0.00

as rent payments, interest, dividends? 0.00

as pensions, annuities or life insurance payments? 0.00

from social security, unemployment compensation or welfare payments? 0.00

as gifts or inheritance? 0.00

from other sources? 0.00

8. How much money do you own or have in any checking or savings account? 0.00

9. Do you own or have any interest in any real estate, automobiles or other vehicles, boats, stocks, bonds, notes, or any other valuable property (excluding ordinary household furnishings and clothing)? Yes  No

If "Yes," give a description of the property and its estimated value. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10. Is anyone dependent on you for support? Yes  No   
If "Yes," give names, ages, relationship to you, and the amount you contribute toward their support.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List any debts you have and the amount owed.

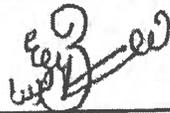
<u>Creditor</u>	<u>Amount Owed</u>
None	None
_____	_____
_____	_____
_____	_____

12. List your monthly living expenses.

N/A	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Under penalty of perjury, I declare that the information given in this motion is true and correct.

Date: NOV 17, 2025



(Signature)

Richwood Correctional Center, 180 Pine Bayou Cir

(Street Address or P.O. Box)

Monroe Louisiana 71202

(City, State, Zip Code)

(Witness)

(Witness)

(Area Code) (Telephone Number)