Attorneys and/or accredited representatives must establish an account with USCIS.



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28 OMB No. 1615-0105 Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative		Part 2. Notice of Appearance as Attorney or Accredited Representative
1. US	CIS ELIS Account Number (if any)	This appearance relates to immigration matters before (Select <u>only one</u> box):
Name and Address of Attorney or Accredited Representative		1.a. USCIS 1.b. List the form numbers
	mily Name (st Name) LAST NAME	N-400, I-912, N-648 (if applicable)
	ren Name (rst Name) FIRST NAME	ICE List the specific matter in which appearance is entered
2.c. Mic	ddle Name MIDDLE NAME (if applicable)	
	eet Number STREET ADDRESS	3.a. CBP
3.b. Apr	t. Ste. Flr. Check if applicable	3.b. List the specific matter in which appearance is entered
3.e. City	y or Town CITY	I enter my appearance as attorney or accredited representative at
3.d. Stat	te MA 3.e. ZIP Code ZIPCODE	the request of:
3.f. Pro	vince	4. Select only one box: ✓ Applicant ☐ Petitioner ☐ Requestor
3.g. Pos	stal Code	Respondent (ICE, CBP)
3. h . Co.	NITED STATES	Information About <u>Applicant</u> , Petitioner, Requestor, or Respondent
	ytime Telephone Number	5.a. Family Name LAST NAME
	xx) xxx-xxxx x Number	(Last Name) 5.b. Given Name (First Name) FIRST NAME
(x	(XX) XXX-XXXX	5.c. Middle Name MIDDLE NAME (if applicable)
	Mail Address (if any) xample@example.com	6. Name of Company or Organization (if applicable) N/A
7. Mo	bile Telephone Number (if any)	IVA
(x	(XX) XXX-XXXX	



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Part 3. Eligibility Information for Attorney or Part 2. Notice of Appearance as Attorney or Accredited Representative (continued) Accredited Representative Select all applicable items. Information About Applicant, Petitioner, Requestor, or Respondent (continued) I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest USCIS ELIS Account Number (if any) courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.) Alien Registration Number (A-Number) or Receipt Number Licensing Authority ### - ### - ### STATE(S) WHERE ADMITTED Daytime Telephone Number 1.b. Bar Number (if applicable) (xxx) xxx-xxxx ###### Mobile Telephone Number (if any) 1.c. Name of Law Firm (xxx) xxx-xxxx E-Mail Address (if any) 1.d. I (choose one) am not am applicant@n400.com subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise Mailing Address of Applicant, Petitioner, restricting me in the practice of law. If you are subject to Requestor, or Respondent any orders, explain in the space below. (If you need NOTE: Provide the mailing address of the applicant, petitioner, additional space, use Part 6.) requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in 2.a. X I am an accredited representative of the following these spaces. qualified nonprofit religious, charitable, social service, or similar organization established in the 12.a. Street Number STREET ADDRESS United States, so recognized by the Department of and Name Justice, Board of Immigration Appeals, in accordance 12.b. Apt. Ste. Flr. Check if applicable with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation. 12.c. City or Town **CITY** 2.b. Name of Recognized Organization 12.d. State MA ▼ 12.e. ZIP Code ZIPCODE NAME OF ORGANIZATION 2.c. Date accreditation expires 12.f. Province N/A (mm/dd/5555) ► MM/DD/YYYY 12.g. Postal Code N/A Fill out 1.a-1.d if you are an attorney. 12.h. Country **UNITED STATES** Fill out 2.a-2.c if you are an accredited representative. Make sure to write the **mailing address** for the applicant Fill out 3 if you are **replacing** a former attorney/rep. if it is different from his/her physical address! Fill out 4.a-4.b if you are a **law student**.

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Choosing 2.b will send identity documents (green card, employment authorization card) to the attorney/rep.

Do not check 2.b for naturalization applicants — it does not apply.

Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

▼ I am associated with

NAME OF FORMER ATTORNEY/REP.

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 4.a. X I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).
- 4.b. Name of Law Student or Law Graduate

NAME OF LAW STUDENT/GRADUATE

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent If you do not to the disclosure to the named attorney or accredited check 2.a. representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

> When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94. Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- I request DHS send any notice (including Form I-94) 2.a on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.
- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

APPLICANT SIGNATURE

Date of Signature (mm/dd/yyyy)► MM/DD/YYYY

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct

Signature of Attorney or Accredited Representative

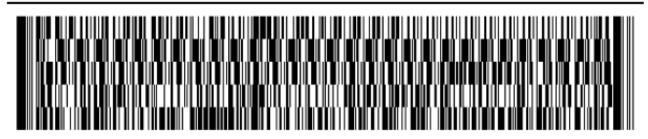
ATTORNEY/REP SIGNATURE

Signature of Law Student or Law Graduate

Date of Signature (mm/dd/yyyy)▶

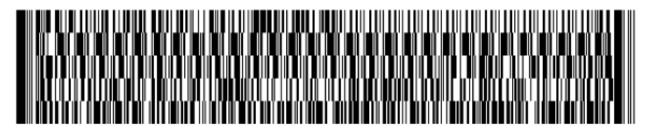
MM/DD/YYYY

BOTH the attorney/rep. and the applicant will receive all receipts and notices.



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Part 6. Additional Information	7
Use the space below to provide additional information pertaining to Part 3., Item Numbers 1.a 1.d.	_
	Only use Part 6 if you are an attorney who is
	subject to some disciplinary proceeding or order
	(indicating such proceedings in Part 3, Q 1.d).
	Otherwise, leave Part 6 blank.
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