

### Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security** 

	t 1. Information About Attorney or credited Representative		t 2. Eligibility Information for Attorney or credited Representative
1.	USCIS Online Account Number (if any)	Selec 1.a.	t all applicable items.
	<i>ne of Attorney or Accredited Representative</i> Family Name		member in good standing of, the bar of the highest courts of the following states, possessions, territories commonwealths, or the District of Columbia. If you need extra space to complete this section, use the
2.a. 2.b.	(Last Name) Given Name		space provided in <b>Part 6. Additional Information</b> .
2.c.	(First Name) Middle Name		Licensing Authority
A .].	luces of Attorney on Accordited Depresentative	1.b.	Bar Number (if applicable)
Aat	lress of Attorney or Accredited Representative		
3.a.	and Name	1.c.	I (select <b>only one</b> box) am not am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of
3.b. 3.c.	Apt.   Ste.   Flr.     City or Town		law. If you are subject to any orders, use the space provided in <b>Part 6. Additional Information</b> to provide
3.d.	State 3.e. ZIP Code (USPS ZIP Code Lookup)	1.d.	an explanation. Name of Law Firm or Organization (if applicable)
3.f.	Province		
3.g. 3 h	Postal Code Country	2.a.	I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the
5.11.			United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.
C		2.b.	Name of Recognized Organization
	ntact Information of Attorney or Accredited presentative		
<b>к</b> ер 4.	Daytime Telephone Number	2.c.	Date of Accreditation (mm/dd/yyyy)
5.	Mobile Telephone Number (if any)	3.	I am associated with
6.	Email Address (if any)		the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representativ for a limited purpose is at his or her request.
7.	Fax Number (if any)	<b>4.a.</b>	<ul> <li>I am a law student or law graduate working under th 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).</li> </ul>
		4.b.	Name of Law Student or Law Graduate

Part 3.	Notice of Appearance as Attorney o	r
Accredi	ited Representative	

	T T T								
	u need extra space to complete this section, use the space ided in <b>Part 6. Additional Information</b> .								
	appearance relates to immigration matters before ct <b>only one</b> box):								
<b>1.a.</b>	U.S. Citizenship and Immigration Services (USCIS)								
1.b.	List the form numbers or specific matter in which								
	appearance is entered.								
2.a.	U.S. Immigration and Customs Enforcement (ICE)								
2.b.	List the specific matter in which appearance is entered.								
3.a.	U.S. Customs and Border Protection (CBP)								
3.b.	List the specific matter in which appearance is entered.								
4.	Receipt Number (if any)								
	<ul> <li>representative at the request of the (select only one box):</li> <li>Applicant Petitioner Requestor</li> <li>Beneficiary/Derivative Respondent (ICE, CBP)</li> </ul>								
Req	ormation About Client (Applicant, Petitioner, juestor, Beneficiary or Derivative, Respondent, Authorized Signatory for an Entity)								
6.a.	Family Name (Last Name)								
6.b.	Given Name (First Name)								
6.c.	Middle Name								
7.a.	Name of Entity (if applicable)								
7.b.	Title of Authorized Signatory for Entity (if applicable)								
8.									
8.	Client's USCIS Online Account Number (if any)								
8. 9.									

### **Client's Contact Information**

- 10. Daytime Telephone Number
- **11.** Mobile Telephone Number (if any)
- **12.** Email Address (if any)

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.b.       Apt.       Ste.       Flr.         13.c.       City or Town
13.d. State 13.e. ZIP Code
13.f. Province
13.g. Postal Code
13.h. Country

# Part 4. Client's Consent to Representation 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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

### **Part 4. Client's Consent to Representation and Signature** (continued)

### **Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- **1.a.** I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- **1.b.** I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.** 

**1.c.** I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

# Signature of Client or Authorized Signatory for an *Entity*

2.a.	Signature of Client or Authorized Signatory for an Entity							
⇒								
2.b.	Date of Signature (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 DHS. 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.

- 1. a. Signature of Attorney or Accredited Representative
- **1.b.** Date of Signature (mm/dd/yyyy)
- 2.a. Signature of Law Student or Law Graduate
- **2.b.** Date of Signature (mm/dd/yyyy)

Part 6. Additional Information					<b>4.a.</b>	Page Number	<b>4.b.</b>	Part Number	<b>4.c.</b>	Item Number	
withi than comp paper indic to wh <b>1.a</b>	u need extra spa n this form, use what is provide blete and file wi r. Type or prim ate the <b>Page N</b> hich your answe Family Name (Last Name) Given Name (First Name)	e the spa ed, you i th this i t your n umber,	ace below. If y may make copi form or attach a ame at the top <b>Part Number</b>	ou need es of the a separa of each , and <b>It</b> e	I more space is page to tte sheet of sheet; em Number	4.d.					
1.c.	Middle Name										
2.a.	Page Number	2.b.	Part Number	2.c.	Item Number						
2.d.						5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
						5.d.					
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number						
3.d.						6.a. 6.d.	Page Number	6.b.	Part Number	6.c.	Item Number