

Department of Homeland Security

Par	t 1. Information About Attorney or Accredited Representative	Pa	rt 2.	Eligibility Information For Attorney or Accredited Representative
Nam	e and Address of Attorney or Accredited Representative	(Che	eck ar	plicable items(s) below)
	Family Name (Last Name)	(end 1.		I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest
1.b.	Given Name (First Name)			court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.
1.c.	Middle Name			
2.	Name of Law Firm or Recognized Organization			1.a.
				1.b. I (<i>choose one</i>) am not am subject to any order of any court or administrative
3.	Name of Law Student or Law Graduate			agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)
4.	State Bar Number			1.b.1.
5.a.	Street Number	-	_	
5.b.	Street	2.		I am an accredited representative of the following qualified nonprofit religious, charitable, social
5.0.	Name			service, or similar organization established in the
5.c.	Apt. Ste. Flr.			United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to
5.d.	City or Town			8 CFR 292.2. Provide the name of the organization
J.u.				and the expiration date of accreditation.
5.e.	State 5.f. Zip Code			2.a. Name of Recognized Organization
5.g.	Postal Code			
5 h	Description			2.b. Date Accreditation expires
5. n.	Province			(mm/dd/yyyy) ►
5.i.	Country	3.		I am associated with
				3.a.
6.	Daytime Phone Number (the attorney or accredited representative of record
7.	E-Mail Address of Attorney or Accredited Representative			who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative
				is at his or her request. If you check this item, also complete number 1 (1.a 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (<i>whichever is appropriate</i>).
		4.		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).

Part 3.	Notice of Appearance as Attorney or
	Accredited Representative

Accredited Representative			
This appearance relates to immigration matters before (select one): 1. USCIS - List the form number(s)	Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in		
1. 0.5015 - List the form number(s) 1.a.	any system of records of USCIS, ICE, or CBP.		
1.a.	8.a. Signature of Applicant, Petitioner, or Respondent		
2. ICE - List the specific matter in which appearance is entered			
2.a.	8.b. Date (<i>mm/dd/yyyy</i>) ►		
3. CBP - List the specific matter in which appearance is entered	Part 4. Signature of Attorney or Accredited		
3.a.	Representative		
I hereby enter my appearance as attorney or accredited representative at the request of:	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		
4. Select only one: Applicant Petitioner	and correct.		
Respondent (ICE, CBP)	1. Signature of Attorney or Accredited Representative		
Name of Applicant, Petitioner, or Respondent			
5.a. Family Name	2. Signature of Law Student or Law Graduate		
(Last Name)			
5.b. Given Name (First Name)	3. Date $(mm/dd/yyyy)$		
5.c. Middle Name	Part 5. Additional Information		
5.d. Name of Company or Organization, if applicable	1.		
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NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.			
6.a. Street Number and Name			
6.b. Apt. Ste. Flr.			
6.c. City or Town			
6.d. State 6.e. Zip Code			

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Provide A-Number and/or Receipt Number