

**Alien's Change of Address Form/  
Board of Immigration Appeals**

**Who should use this form:** Use this form for a change of address if you have filed an appeal or motion with the Board of Immigration Appeals. *Note:* If you are an attorney representing a person before the Board, do not use this form to indicate your own change of address; use Form EOIR-27 (Notice of Entry of Appearance as Attorney or Representative Before the Board).

**When to use this form:** If you move, the law requires you to file this Change of Address Form with the Clerk's Office of the Board of Immigration Appeals. You must file this form within five (5) working days of a change in your address. Even if you have an attorney or representative, you should file this form with the Board every time you change your address. You should also file this form if you get a new telephone number.

**How to use this form:**

1. Complete the Change of Address Form below.
2. Send a copy of this form to the District Counsel for the Department of Homeland Security, and complete and sign the "Proof of Service" below to show you did this.
3. Send this form to the Board of Immigration Appeals. Follow the mailing instructions on the back of this form.
4. If you prefer to file this form in person, you may bring it to the Board of Immigration Appeals, Clerk's Office, 5107 Leesburg Pike, Suite 2000, Falls Church, Virginia.

Name: \_\_\_\_\_ Alien Number: A \_\_\_\_\_

**My OLD address was:**

\_\_\_\_\_

("In care of" other person, if any)

\_\_\_\_\_

(Number, Street, Apartment)

\_\_\_\_\_

(City, State and ZIP Code)

\_\_\_\_\_

(Country, if other than U.S.)

**My NEW address is:**

\_\_\_\_\_

("In care of" other person, if any)

\_\_\_\_\_

(Number, Street, Apartment)

\_\_\_\_\_


(City, State and ZIP Code)

\_\_\_\_\_

(Country, if other than U.S.)

\_\_\_\_\_

(New Telephone Number)


 **SIGN HERE** → X \_\_\_\_\_

Signature Date

**PROOF OF SERVICE  
(You Must Complete This)**

I \_\_\_\_\_ mailed or delivered a copy of this Change of Address Form on \_\_\_\_\_ to the  
(Name) (Date)

Assistant Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement-ICE) at \_\_\_\_\_  
(Number and Street, City, State, Zip Code)

 **SIGN HERE** → X \_\_\_\_\_

Signature

## MAILING INSTRUCTIONS

- 1) *Fold the page at the dotted lines marked "Fold Here" so that the address is visible.  
(IMPORTANT: Make sure the address section is visible after folds are made.)*
- 2) *Secure the folded form by stapling along the open end marked "Fasten Here."*
- 3) *Place appropriate postage stamp in the area marked "Place Stamp Here."*
- 4) *Write in your return address in the area marked "PUT YOUR ADDRESS HERE."*
- 5) *Mail the form.*

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is three (3) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

Fold Here First

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**PUT YOUR ADDRESS HERE**

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Place  
Stamp  
Here

**U.S. Department of Justice**  
*Executive Office for Immigration Review*  
*Board of Immigration Appeals*  
*Clerk's Office*  
*P.O. Box 8530*  
*Falls Church, Virginia 22041*

Fold Here Second

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**Fasten Here**

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(DHS) (U.S. Immigration and Customs Enforcement-ICE)

Name: \_\_\_\_\_ Alien Number: A \_\_\_\_\_

**My OLD address was:**

\_\_\_\_\_  
("In care of" other person, if any)

\_\_\_\_\_  
(Number, Street, Apartment)

\_\_\_\_\_  
(City, State and ZIP Code)

\_\_\_\_\_  
(Country, if other than U.S.)

**My NEW address is:**

\_\_\_\_\_  
("In care of" other person, if any)

\_\_\_\_\_  
(Number, Street, Apartment)

\_\_\_\_\_  
(City, State and ZIP Code)

\_\_\_\_\_  
(Country, if other than U.S.)

\_\_\_\_\_  
(New Telephone Number)

SIGN HERE →

X \_\_\_\_\_  
Signature Date

**PROOF OF SERVICE**  
(You Must Complete This)

I \_\_\_\_\_ (Name) mailed or delivered a copy of this Change of Address Form on \_\_\_\_\_ (Date) to the

Office of the Assistant

Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement-ICE) at \_\_\_\_\_ (Number and Street, City, State, Zip Code)

→ extend to next line

SIGN HERE →

X \_\_\_\_\_  
Signature

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Fold Here First

**PUT YOUR ADDRESS HERE**

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Place  
Stamp  
Here

**U.S. Department of Justice**  
*Executive Office for Immigration Review*  
*Board of Immigration Appeals*  
*Clerk's Office*  
*P.O. Box 8530*  
*Falls Church, Virginia 22041*

Fold Here Second

**Fasten Here**