

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

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| 1. Agency/Subagency originating request DOJ-Executive Office for Immigration Review | 2. OMB control number b <input type="checkbox"/> None a <u>1125-0005</u> |
| 3. Type of information collection (check one) a. <input type="checkbox"/> New collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension, without change, of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number | 4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3a. Public Comments Has the agency received public comments on this information collection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date <input type="checkbox"/> Other Specify: ___/___/___ |
| 7. Title Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals | |
| 8. Agency form number(s) (if applicable) Form EOIR-27 | |
| 9. Keywords Entry of Appearance; Attorney or Representative; Board of Immigration Appeals | |
| 10. Abstract This information is used to allow an attorney or representative to file their entry of appearance for each matter before the Board of Immigration Appeals, and to notify the US Immigration and Customs Enforcement of the representation. | |
| 11. Affected public (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Individuals or households b. <input checked="" type="checkbox"/> Business or other for-profit c. <input type="checkbox"/> Not-for-profit institutions d. <input type="checkbox"/> Farms e. <input checked="" type="checkbox"/> Federal Government f. <input type="checkbox"/> State, Local or Tribal Government | 12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory |
| 13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>33,980</u> b. Total annual responses <u>33,980</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>3398</u> d. Current OMB inventory <u>3398</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change _____ 2. Adjustment _____ | 14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) _____ c. Total annualized cost requested <u>170</u> d. Current OMB inventory <u>170</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change _____ 2. Adjustment _____ |
| 15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Application for benefits b. <input type="checkbox"/> Program evaluation c. <input type="checkbox"/> General purpose statistics d. <input type="checkbox"/> Audit e. <input type="checkbox"/> Program planning or management f. <input type="checkbox"/> Research g. <input type="checkbox"/> Regulatory or compliance | 16. Frequency of recordkeeping or reporting (check all that apply) a. <input type="checkbox"/> Recordkeeping b <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) <u>as needed</u> |
| 17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Gustavo D. Villageliu</u> Phone: <u>703-305-0470</u> |

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