## U.S. Department of Justice Executive Office for Immigration Review Board of Immigration Appeals

OMB#1125-0005

### Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals

<del></del>					_		
I hereby enter my appearance as attorney or representative for, and at the request of,						ATE (mm/dd/yy):	
the following	ng named person:					LIEN NUMBER(S) (List lead	
NAME: _						en number and all family member en numbers and names, if applica-	
	(First)	(Middle Initial)	-	(Last)	ble	. Continue on next page as needed.)	
1 DDbpac							
ADDRESS	(Number and Street)	<del>_</del>		(Apt. No.)			
					Fo.	r a disciplinary case, check box	
						I write in case number in space	
	(City)	(State)	_	(Zip Code)	abo	ove.	
		Please check or	ne of t	he following:			
<b>1</b> 1.	I am a member in good standing of the bar of the highest court(s) of the following state(s), possession(s), territory(ies						
P	commonwealth(s), or the		ingnes	ic count(o) of the ronowing our		, possession(s), torrisor/(tee),	
	•	Full Name of Court		S	State Bar No. (if applicable)		
		run Name of Court		L.	LLIC	but two (a apparame)	
		····					
	(Plea	ase use space on reverse s	ide to	list additional jurisdictions.)			
				) subject to any order of any c			
				e restricting me in the practice		nw and the courts listed above	
_	•	•		where I am licensed to practice			
<b>2</b> .				ied non-profit religious, charic zed by the Executive Office for			
				expiration date of accreditation		magration Keylew pursuant	
	•	-					
3.	I am a law student or law graduate, reputable individual, accredited official, or other person authorized to represent						
	individuals pursuant to 8 C.F.R. § 1292.1 (explain fully on reverse side).						
				of this form that set forth the			
	earances and representati ited States of America tha			ition Appeals. I declare under ect.	pena	ulty of perjury under the	
	·	•					
SIGNATURE O	F ATTORNEY OR REPRES	SENTATIVE		EOIR ID#		DATE (mm/dd/yy)	
X							
NAME OF ATTORNEY OR REPRESENTATIVE (type or print)			ADD	RESS		Check here if new address	
			<u> </u>				
PHONE NUMBER (with area code)			FAX NUMBER (with area code)				
<u> </u>							

	Proof of Service
I(Name)	mailed or delivered a copy of the foregoing Form EOIR-27 on(Date-mm/dd/yy)
to the DHS (U.S. Immigration and Customs Enfo	(Number and Street, City, State, Zip Code)
X	Signature of Attorney or Representative

APPEARANCES - An appearance shall be filed on a Form EOIR-27 by the attorney or representative appearing in each appeal or motion to reopen or motion to reconsider before the Board of Immigration Appeals (see 8 C.F.R. § 1003.38(g)), even though the attorney or representative may have appeared in the case before the Immigration Judge or the U.S. Citizenship and Immigration Services. When an appearance is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals. Thereafter, substitution or withdrawal may be permitted upon the approval of the Board of a request by the attorney or representative of record in accordance with Matter of Rosales, 19 I&N Dec. 655 (1988). Please note that appearances for limited purposes are not permitted. See Matter of Velasquez, 19 I&N Dec. 377, 384 (BIA 1986). Further proof of authority to act in a representative capacity may be required.

**REPRESENTATION** - A person entitled to representation may be represented by any of the following:

- (1) Attorneys in the United States as defined in 8 C.F.R. § 1001.1(f).
- (2) Law students and law graduates not yet admitted to the bar as defined in 8 C.F.R. § 1292.1(a)(2).
- (3) Reputable individuals as defined in 8 C.F.R. § 1292.1(a)(3).
- (4) Accredited representatives as defined in 8 C.F.R. § 1292.1(a)(4).
- (5) Accredited officials as defined in 8 C.F.R. § 1292.1(a)(5).

All representatives must comply with the specific requirements to represent aliens before the Board of Immigration Appeals. For more information on the requirements, see 8 C.F.R. § 1292.1 and the particular subsections referenced above as applicable. Note that law students and law graduates must submit additional materials pursuant to 8 C.F.R. § 1292.1(a)(2).

FREEDOM OF INFORMATION ACT - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 28 C.F.R. §§ 16.1 - 16.11 and appendices. For further information about requesting records from the EOIR under the Freedom of Information Act, see How to File a Freedom of Information Act (FOIA) Request With the Executive Office for Immigration Review, available through the EOIR's website at http://www.usdoj.gov/eoir.

CASES BEFORE THE EOIR - Automated information about cases before the EOIR is available by calling 1-800-898-7180.

#### **ADDITIONAL INFORMATION:**

(Please attach additional sheets of paper if necessary.)

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 six (6) 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 General Counsel. 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

U.S. Department of Justice Executive Office for Immigration Review **Board of Immigration Appeals** 

OMB#1125-0005

# Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals

		<del></del>	-			_	
_	ter my appearance as at ng named person:	DATE (mm/dd/yy):  ALIEN NUMBER(S) (List lea					
		alien number and all family memb					
NAME: _	AES A	23.4° 1.10 T 52 IS			alien numbers and names, if applic		
•	(First)	(Middle Initial)		(Last)	ble. Continue on next page as need	at.)	
ADDRESS					;	ĺ	
AUUKESS	(Number and Street)			(Apt. No.)	[	[	
	,			. , ,	For a disciplinary case, check box [	٦	
					and write in case number in space	.e	
	(City)	(State)		(Zip Code)	above.	_	
		Please check or	ne of	the following:		Ì	
_				•			
<b>□</b> 11.	I am a member in good standing of the bar of the highest court(s) of the following state(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia:						
		Full Name of Court		St	tate Bar No. (if applicable)	ļ	
				_ <del></del>		_ [	
	(Please	use space on reverse si	ide to	list additional jurisdictions.)		_	
	-	•		-		ı	
				<ul> <li>subject to any order of any co se restricting me in the practice of</li> </ul>		re l	
				where I am licensed to practice I			
<b>2</b> .	I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Executive Office for Immigration Review pursuant to 8 C.F.R. § 1292.2 (provide name of organization and expiration date of accreditation):						
						_	
<b>3</b> .	I am a law student or law graduate, reputable individual, accredited official, or other person authorized to represent individuals pursuant to 8 C.F.R. § 1292.1 (explain fully on reverse side).						
I have roud as	d understand the statement	a manifold and the minimum	a aid.	a of this forms that - a foodballs	moulations and conditions	┥	
I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representation before the Board of Immigration Appeals. I declare under penalty of perjury under the							
laws of the Un	ited States of America that	the foregoing is true and	l cor	rect.			
SIGNATURE C	F ATTORNEY OR REPRESE	NTATIVE		EOIR ID#	DATE (mm/dd/yy)		
X							
NAME OF ATTORNEY OR REPRESENTATIVE (type or print)			ADI	DRESS	Check here if new addres	s	
· ·		All - as Brings		-		-	
		:					
				•		- 1	
PHONE NUMB	PHONE NUMBER (with area code)			FAX NUMBER (with area code)			
_ <del>_</del>				,			

Proof of Service						
	(Name) mailed or delivered a copy of the foregoing Form EOIR-27 on (Date-mol/dd/yy)					
to the DHS (U.S.)	minigration and Customs Enforcement - ICE) at  (Number and Street, City, State, Zip Code)					
	Signature of Attorney or Representative					

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☐ Check this box if you are entering your appearance pro bono.

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### September 29, 2008

### **MEMORANDUM**

TO:

Gus Villageliu

Senior Associate General Counsel

FROM:

Brooke B. Grandle

OCIJ Deputy Chief Counsel

SUBJECT:

OCIJ comments on Form EOIR-27: Notice of Entry of Appearance as Attorney or

Representative Before the Board of Immigration Appeals

Please find below OCIJ's proposed revisions to EOIR-27: Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals.

Because EOIR-27 is a Board of Immigration Appeals form, OCIJ defers to the Board regarding changes to this form. However, OCIJ recommends that changes to Forms EOIR-27 and EOIR-28 (Notice of Entry of Appearance as Attorney or Representative Before an Immigration Judge) be parallel. OCIJ is submitting comments to Form EOIR-28 separately.