

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

<p>(Type or print)</p> <p>NAME AND ADDRESS OF REPRESENTED PARTY</p> <table style="width: 100%; border: none;"><tr><td style="border-bottom: 1px solid black; width: 33%; text-align: center;">(First)</td><td style="border-bottom: 1px solid black; width: 33%; text-align: center;">(Middle Initial)</td><td style="border-bottom: 1px solid black; width: 33%; text-align: center;">(Last)</td></tr><tr><td colspan="3" style="height: 20px;"></td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;">(Number and Street)</td><td colspan="2" style="border-bottom: 1px solid black; text-align: center;">(Apt. No.)</td></tr><tr><td colspan="3" style="height: 20px;"></td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;">(City)</td><td style="border-bottom: 1px solid black; text-align: center;">(State)</td><td style="border-bottom: 1px solid black; text-align: center;">(Zip Code)</td></tr></table>	(First)	(Middle Initial)	(Last)				(Number and Street)	(Apt. No.)					(City)	(State)	(Zip Code)	<p>ALIEN (A) NUMBER (List (A) number of the party represented in this case. List beneficiary name and A number for visa petition case. List fine number for fine case.)</p> <p>For disciplinary case, enter docket number.</p>
(First)	(Middle Initial)	(Last)														
(Number and Street)	(Apt. No.)															
(City)	(State)	(Zip Code)														
<p>NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & E-MAIL ADDRESS</p> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if new address</div>																
<p>Please check one of the following:</p> <div style="margin-top: 10px;"><input type="checkbox"/> I am an attorney eligible to practice law in, and 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 (use additional space on reverse side if necessary) and I am not subject to any order disbaring, suspending, or otherwise restricting me in the practice of law (if subject to such an order, explain on reverse).</div> <table style="width: 100%; margin-top: 10px;"><thead><tr><th style="text-align: center; width: 60%;">Full Name of Court</th><th style="text-align: center; width: 40%;">Bar Number (if applicable)</th></tr></thead><tbody><tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr><tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr></tbody></table> <div style="margin-top: 10px;"><input type="checkbox"/> I am an accredited representative as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization: <div style="border-bottom: 1px solid black; height: 20px;"></div></div> <div style="margin-top: 5px;"><input type="checkbox"/> I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2).</div> <div style="margin-top: 5px;"><input type="checkbox"/> I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).</div> <div style="margin-top: 5px;"><input type="checkbox"/> I am an accredited foreign government official as defined in 8 C.F.R. § 1292.1(a)(5).</div> <div style="margin-top: 5px;"><input type="checkbox"/> I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).</div>		Full Name of Court	Bar Number (if applicable)													
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<p>I hereby enter my appearance as attorney or representative for, and at the request of, the party named above. 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 United States of America that the foregoing is true and correct.</p> <table style="width: 100%; margin-top: 10px;"><tr><td style="width: 50%;">SIGNATURE OF ATTORNEY OR REPRESENTATIVE</td><td style="width: 25%;">EOIR ID NUMBER</td><td style="width: 25%;">DATE</td></tr><tr><td style="height: 40px; vertical-align: bottom;">X</td><td></td><td></td></tr></table>		SIGNATURE OF ATTORNEY OR REPRESENTATIVE	EOIR ID NUMBER	DATE	X											
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APPEARANCES - An appearance for each represented party shall be filed on a separate 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. If information is omitted from the Form EOIR-27 or it is not properly completed, the appearance may not be recognized and the accompanying filing may be rejected. 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 in 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102. Thereafter, substitution or withdrawal may be permitted upon approval by the Board of a request of 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).

Indicate type of appearance

☐ Primary Attorney/Representative

☐ Non-primary Attorney/Representative

I am providing pro bono representation. Check one: yes ☐ no ☐

Proof of Service

I (Name) _____ mailed or delivered a copy of the foregoing Form EOIR-27 on (Date) _____

to the ☐ DHS (U.S. Immigration and Customs Enforcement - ICE) at _____

☐ DHS (U.S. Citizenship & Immigration Services - USCIS) at _____

X _____
Signature of Attorney or Representative

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 in 28 C.F.R. §§ 16.1-16.11 and appendices. For further information about requesting records from 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 on EOIRs website at <http://www.justice.gov/eoir>.

PRIVACY ACT NOTICE - The information requested on this form is authorized by 8 U.S.C. § 1362 and 8 C.F.R. § 1003.3 in order to enter an appearance to represent a party before the Board of Immigration Appeals. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to represent a party or receive notice of actions in a proceeding. EOIR may share this information with others in accordance with approved routine uses described in EOIRs system of records notice, EOIR-001, Records and Management Information System, 69 Fed. Reg. 26,179 (May 11, 2004), or its successors and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999).

CASES BEFORE EOIR - Automated information about cases before EOIR is available by calling 1-800-898-7180 or (240) 314-1500.

ADDITIONAL INFORMATION:

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 the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.