

Notice of Entry of Appearance as Attorney or Accredited Representative Department of Homeland Security

Par	t 1. Information About Attorney or Accredited Representative	Part 2.	Eligibility Information For Attorney or Accredited Representative
Name	e and Address of Attorney or Accredited Representative	(Check ap	plicable items(s) below)
1 . a.	Family Name (Last Name)		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.
1.b.	Given Name (First Name)		
1.c.	Middle Name		
2.	Name of Law Firm or Recognized Organization		1.a.
			1.b. I (choose one) am not am
3.	Name of Law Student or Law Graduate		subject to any order of any court or administrative 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		
	Street	2. □	I am an accredited representative of the following qualified nonprofit religious, charitable, social
5.b.	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 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	Duraviran		2.b. Date Accreditation expires
5.h.	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>).	
		9 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).

_						
		Accredite	Appearance as Attorney or ed Representative	7.	Provide A-Number and/or Receipt Number	
This appearance relates to immigration matters before (select one):				Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited		
1. 1.a.		USCIS - Lis	st the form number(s)	Repr	esentative of any record pertaining to me that appears in system of records of USCIS, ICE, or CBP.	
2.		ICE - List thentered	e specific matter in which appearance is	8.a.	Signature of Applicant, Petitioner, or Respondent	
2.a.				8.b.	Date (mm/dd/yyyy) ►	
3.		CBP - List t entered	he specific matter in which appearance is	Par	t 4. Signature of Attorney or Accredited Representative	
3.a.				L hav	re read and understand the regulations and conditions	
 I hereby enter my appearance as attorney or accredited representative at the request of: 4. Select only one: Applicant Petitioner 			request of:	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		
-10			Respondent (ICE, CBP)	and c	correct.	
				1.	Signature of Attorney or Accredited Representative	
	Name of Applicant, Petitioner, or Respondent			2	Signature of Law Student or Law Graduate	
5.a.		nily Name				
5.b.		en Name		3.	Date (mm/dd/yyyy) ►	
5.c.	Mid	ldle Name		Par	t 5. Additional Information	
5.d.	Nan	ne of Compa	ny or Organization, if applicable	1.		
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			e address of the attorney or accredited when a safe mailing address is	rodu		
6.a.		Name				
6.b.	Apt	. Ste.	Flr.			
6.c.	City	or Town				
6.d.	Stat	e	6.e. Zip Code	2		