

Table of Changes
G-28, Notice of Entry of Appearance as Attorney
or Accredited Representative
Form
Revised September 13, 2011
OMB Control No. 1615-0105

Location	Current	Proposed
<p>Page 1, Part 1. Information About Attorney or Accredited Representative</p>	<p>Part 1. Notice of Appearance as Attorney or Accredited Representative</p> <p>A. This appearance is in regard to immigration matters before:</p> <p>(text box) USCIS - List the form number(s): _____</p> <p>(text box) ICE - List the specific matter in which appearance is entered _____</p> <p>(text box) CBP - List the specific matter in which appearance is entered _____</p> <p>B. I hereby enter my appearance as attorney or accredited representative at the request of:</p> <p>_____</p> <p>List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.</p> <p>Principal Petitioner, Applicant, or Respondent</p> <p>Name: Last (text box)</p> <p>First (text box)</p> <p>Middle (text box)</p>	<p>Section moved to Part 3. Notice of Appearance as Attorney or Accredited Representative</p>

	<p>A Number or Receipt Number, if any (text box)</p> <p>(text box) Petitioner</p> <p>(text box) Applicant</p> <p>(text box) Respondent</p> <p>Address: Street Number and Street Name (text box)</p> <p>Apt. No. (text box)</p> <p>City (text box)</p> <p>State (text box)</p> <p>Zip Code (text box)</p> <p>Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.</p> <p>Signature of Petitioner, Applicant, or Respondent (text box)</p> <p>Date (text box)</p>	
		<p>Page 1: Part 1. Information About Attorney or Accredited Representative</p> <p>Name and Address of Attorney or Accredited Representative</p> <p>1.a. – 1.c. Provide Last Name, First Name and Middle Name (fillable boxes).</p> <p>2. Name of Law Firm or Recognized Organization (fillable box)</p> <p>3. Name of Law Student or Law Graduate (fillable box)</p> <p>4. State Bar Number (fillable box)</p>

		<p>5.a. Street Number (fillable box)</p> <p>5.b. Street Name</p> <p>5.c. Suite Number (fillable box)</p> <p>5.d. City or Town (fillable box)</p> <p>5.e. State (fillable box)</p> <p>5.f. Zip Code (fillable box)</p> <p>5.g. Postal Code (fillable box)</p> <p>5.h. Province (fillable box)</p> <p>5.i. Country (fillable box)</p> <p>6. Daytime Phone Number (fillable box)</p> <p>7. E-Mail Address of Attorney or Accredited Representative (fillable box)</p>
<p>Part 2, Eligibility Information For Attorney or Accredited Representative</p>	<p>A. (checkbox) I am an attorney 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:</p> <p>I am not (checkbox) I am (checkbox)</p> <p>(checkbox) am subject to any order of any court or administrative agency disbaring, suspending, enjoining, or restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).</p> <p>B. (checkbox) 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 Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2.</p>	<p>Part 2. Eligibility Information For Attorney or Accredited Representative (Check applicable item(s) below)</p> <p>1. (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.</p> <p>1.a. (fillable box)</p> <p>1.b. I (choose one) (checkbox) am not (checkbox) am subject to any order of any court or administrative agency disbaring, 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.)</p>

	<p>Provide name of organization and expiration date of accreditation: (text box)</p> <p>C. (checkbox)</p> <p>I am associated with (text box)</p> <p>The attorney or accredited representative of record 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 item A or B above in Part 2, whichever is appropriate).</p>	<p>1.b.1. (fillable box)</p> <p>2. (checkbox) I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.</p> <p>2.a. Name of Recognized Organization (fillable box)</p> <p>2.b. Date Accreditation expires (mm/dd/yyyy) (fillable box)</p>
		<p>3. (checkbox) I am associated with</p> <p>3.a. (fillable box) the attorney or accredited representative of record 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 (whichever is appropriate).</p> <p>4. (checkbox) 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).</p>
<p>Page 2 Part 3. Notice of Appearance as Attorney or Accredited Representative</p>	<p>Moved to Part 1, Page 1.</p> <p>I have read and understand the regulations and conditions 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 and correct.</p>	<p>Part 3. Notice of Appearance as Attorney or Accredited Representative</p> <p>This appearance relates to immigration matters before (select one):</p> <p>1. (checkbox) USCIS - List the form number(s)</p> <p>1.a. (fillable box)</p>

	<p>Name of Attorney or Accredited Representative (text box)</p> <p>Attorney Bar Number(s), if any (text box)</p> <p>Signature of Attorney or Accredited Representative (text box)</p> <p>Date (text box)</p> <p>Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code) (text box)</p> <p>Phone Number (Include area code) (text box)</p> <p>Fax Number, if any (Include area code) (text box)</p> <p>E-Mail Address, if any (text box)</p>	<p>2. (checkbox) ICE - List the specific matter in which appearance is entered</p> <p>2.a. (fillable box)</p> <p>3. (checkbox) CBP - List the specific matter in which appearance is entered</p> <p>3.a. (fillable box)</p> <p>I hereby enter my appearance as attorney or accredited representative at the request of:</p> <p>4. Select only one:</p> <p>(checkbox) Applicant</p> <p>(checkbox) Petitioner</p> <p>(checkbox) Respondent (ICE, CBP)</p> <p>Name of Applicant, Petitioner, or Respondent</p> <p>5.a. Family Name (Last Name) (fillable box)</p> <p>5.b. Given Name (First Name) (fillable box)</p> <p>5.c. Middle Name (fillable box)</p> <p>5.d. Name of Company or Organization, if applicable (fillable box)</p> <p>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.</p> <p>6.a. Street Number and Name (text box)</p> <p>6.b. Apartment Number (text</p>
--	---	---

		<p>box)</p> <p>6.c. City or Town (text box)</p> <p>6.d. State (text box)</p> <p>6.e. Zip Code (text box)</p> <p>7. Provide A-Number and/or Receipt Number, if applicable (fillable box)</p> <p>Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, CBP, or ICE.</p> <p>8.a. Signature of Applicant, Petitioner, or Respondent (text box)</p> <p>8.b. Date (mm/dd/yyyy) (text box)</p>
<p>Part 4. Signature of Attorney or Accredited Representative</p>		<p>Page 2,</p> <p>I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under the laws of the United States that the information I have provided on this form is true and correct.</p> <p>1. Signature of Attorney or Accredited Representative (fillable box)</p> <p>2. Signature of Law Student or Law Graduate (fillable box)</p> <p>3. Date (mm/dd/yyyy) (fillable box)</p>
<p>Part 5. Additional Information</p>		<p>Page 2, New</p>

		1. (fillable)
--	--	----------------------