(Type or print) NAME AND ADDRESS OF REPRESENTED PARTY			ALIEN (A) NUMBER (List (A) number of the party represented in this case. List beneficiary name and A number	
(First)	(Middle Initial)	(Last)	for visa petition case. List fine number for fine case.)	
(Number and Street)		(Apt. No.)	For disciplinary case, enter docket	
			number.	
(City)	(State)	(Zip Code)		
NAME OF ATTORNE ADDRESS	Y OR REPRESENTATIVE, AI	DDRESS, FAX & PHON	NE NUMBERS, & E-MAIL	
Check here it			ew address	
Please check one of the follo	wing:			
following state(s), possession(s), territory(ies), commonwea reverse side if necessary) and I am not subject to any order practice of law (if subject to such an order, explain on rever Full Name of Court		disbarring, suspending, or otherwise restricting me in the		
I am an accredited representative as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization:				
I am a law student or	law graduate of an accredited U.S. law	school as defined in 8 C.F.R. §	a 1292.1(a)(2).	
I am a reputable indiv	idual as defined in 8 C.F.R. § 1292.1(a))(3).		
I am an accredited for	eign government official as defined in 8	8 C.F.R. § 1292.1(a)(5).		
I am a person who wa	s authorized to practice on December 2	3, 1952, under 8 C.F.R. § 1292	2.1(b).	
I have read and understand conditions governing appea	the statements provided on the reverse arances and representation before the Bo me United States of America that the for	side of this form that set forth pard of Immigration Appeals. I	the regulations and	
SIGNATURE OF ATTO	RNEY OR REPRESENTATIVE	EOIR ID NUMBE	CR DATE	
X				

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. § 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.