

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

<p>1. Agency/Subagency originating request <b>Department of Justice - Executive Office for Immigration Review</b></p>	<p>12. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. <u>1125</u> - <u>0005</u> - - - - -</p>
<p>3. Type of information collection (check one)                  a. <input type="checkbox"/> New collection                  b. <input type="checkbox"/> Revision of a currently approved collection                  c. <input checked="" type="checkbox"/> Extension, without change, of a currently approved collection                  d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired                  e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired                  f. <input type="checkbox"/> Existing collection in use without an OMB control number</p>	<p>4. Type of review requested (check one)                  a. <input checked="" type="checkbox"/> Regular                  b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___                  c. <input type="checkbox"/> Delegated</p> <p>5. Small entities                  Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3a. Public Comments                  Has the agency received public comments on this information collection?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>6. Requested expiration date                  a. <input type="checkbox"/> Three years from approval date b. <input checked="" type="checkbox"/> Other Specify: <u>9 / 2014</u></p>
<p>7. Title <b>Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals</b></p>	
<p>8. Agency form number(s) (if applicable) <b>EOIR-27</b></p>	
<p>9. Keywords <b>Immigration, Lawyers, Representative, Board of Immigration Appeals</b></p>	
<p>10. Abstract                  This information is used to allow attorneys or representatives to file their entry of appearance for each matter before the Board of Immigration Appeals, and to notify the Department of Homeland Security of their representation.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X")                  a. <input checked="" type="checkbox"/> Individuals or households                  b. <input checked="" type="checkbox"/> Business or other for-profit                  c. <input checked="" type="checkbox"/> Not-for-profit institutions                  d. <input type="checkbox"/> Farms                  e. <input checked="" type="checkbox"/> Federal Government                  f. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X")                  a. <input type="checkbox"/> Voluntary                  b. <input checked="" type="checkbox"/> Required to obtain or retain benefits                  c. <input checked="" type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden                  a. Number of respondents <u>28,062</u>                  b. Total annual responses <u>28,062</u>                     1. Percentage of these responses collected electronically <u>99.5%</u> %                  c. Total annual hours requested <u>2806</u>                  d. Current OMB inventory <u>2887</u>                  e. Difference <u>-81</u>                  f. Explanation of difference                     1. Program change _____                     2. Adjustment <u>Decrease in submission</u></p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)                  a. Total annualized capital/startup costs <u>0</u>                  b. Total annual costs (O&amp;M) <u>0</u>                  c. Total annualized cost requested <u>0</u>                  d. Current OMB inventory <u>0</u>                  e. Difference <u>n/a</u>                  f. Explanation of difference                     1. Program change _____                     2. Adjustment _____</p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")                  a. <input type="checkbox"/> Application for benefits                  b. <input type="checkbox"/> Program evaluation                  c. <input type="checkbox"/> General purpose statistics                  d. <input type="checkbox"/> Audit                  e. <input type="checkbox"/> Program planning or management                  f. <input type="checkbox"/> Research                  g. <input checked="" type="checkbox"/> Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply)                  a. <input type="checkbox"/> Recordkeeping                  b. <input type="checkbox"/> Third party disclosure                  c. <input checked="" type="checkbox"/> Reporting                     1. <input type="checkbox"/> On occasion    2. <input type="checkbox"/> Weekly    3. <input type="checkbox"/> Monthly                     4. <input type="checkbox"/> Quarterly    5. <input type="checkbox"/> Semi-annually    6. <input type="checkbox"/> Annually                     7. <input type="checkbox"/> Biennially    8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods                  Does this information collection employ statistical methods?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission)                  Name: <u>Christina Baptista</u>                  Phone: <u>703-305-0992</u></p>

Reset

# Instructions For Completing OMB Form 83-I

Please answer all questions and have the Senior Official or designee sign the form. These instructions should be used in conjunction with 5 CFR 1320, which provides information on coverage, definitions, and other matters of procedure and interpretation under the Paperwork Reduction Act of 1995.

## 1. Agency/Subagency originating request

Provide the name of the agency or subagency originating the request. For most cabinet-level agencies, a subagency designation is also necessary. For non-cabinet agencies, the subagency designation is generally unnecessary.

## 2. OMB control number

- If the information collection in this request has previously received or now has an OMB control or comment number, enter the number.
- Check "None" if the information collection in this request has not previously received an OMB control number. Enter the four digit agency code for your agency.

## 3. Type of information collection (check one)

- Check "New collection" when the collection has not previously been used or sponsored by the agency.
- Check "Revision" when the collection is currently approved by OMB, and the agency request includes a material change to the collection instrument, instructions, its frequency of collection, or the use to which the information is to be put.
- Check "Extension" when the collection is currently approved by OMB, and the agency wishes only to extend the approval past the current expiration date without making any material change in the collection instrument, instructions, frequency of collection, or the use to which the information is to be put.
- Check "Reinstatement without change" when the collection previously had OMB approval, but the approval has expired or was withdrawn before this submission was made, and there is no change to the collection.
- Check "Reinstatement with change" when the collection previously had OMB approval, but the approval has expired or was withdrawn before this submission was made, and there is change to the collection.
- Check "Existing collection in use without OMB control number" when the collection is currently in use but does not have a currently valid OMB control number.

## 4. Type of review requested (check one)

- Check "Regular" when the collection is submitted under 5 CFR 1320.10, 1320.11, or 1320.12 with a standard 60 day review schedule.
- Check "Emergency" when the agency is submitting the request under 5 CFR 1320.13 for emergency processing and provides the required supporting material. Provide the date by which the agency requests approval.
- Check "Delegated" when the agency is submitting the collection under the conditions OMB has granted the agency delegated authority.

## 5. Small entities

Indicate whether this information collection will have a significant impact on a substantial number of small entities. A small entity may be (1) a small business which is deemed to be one that is independently owned and operated and that is not dominant in its field of operation; (2) a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field; or (3) a small government jurisdiction which is a government of a city, county, town, township, school district, or special district with a population of less than 50,000.

## 6. Requested expiration date

- Check "Three years" if the agency requests a three year approval for the collection.
- Check "Other" if the agency requests approval for less than three years. Specify the month and year of the requested expiration date.

## 7. Title

Provide the official title of the information collection. If an official title does not exist, provide a description which will distinguish this collection from others.

## 8. Agency form number(s) (if applicable)

Provide any form number the agency has assigned to this collection of information. Separate each form number with a comma.

## 9. Keywords

Select and list at least two keywords (descriptors) from the "Federal Register Thesaurus of Indexing Terms" that describe the subject area(s) of the information collection. Other terms may be used but should be listed after those selected from the thesaurus. Separate keywords with commas. Keywords should not exceed two lines of text.

## 10. Abstract

Provide a statement, limited to five lines of text, covering the agency's need for the information, uses to which it will be put, and a brief description of the respondents.

## 11. Affected public

Mark all categories that apply, denoting the primary public with a "P" and all others that apply with "X."

## 12. Obligation to respond

Mark all categories that apply, denoting the primary obligation with a "P" and all others that apply with "X."

- Mark "Voluntary" when the response is entirely discretionary and has no direct effect on any benefit or privilege for the respondent.
- Mark "Required to obtain or retain benefits" when the response is elective, but is required to obtain or retain a benefit.
- Mark "Mandatory" when the respondent must reply or face civil or criminal sanctions.

## 13. Annual reporting and recordkeeping hour burden

- Enter the number of respondents and/or recordkeepers. If a respondent is also a recordkeeper, report the respondent only once.
- Enter the number of responses provided annually. For recordkeeping as compared to reporting activity, the number of responses equals the number of recordkeepers.
- Enter the estimated percentage of responses that will be submitted/collected electronically using magnetic media (i.e., diskette), electronic mail, or electronic data interchange. Facsimile is not considered an electronic submission.
- Enter the total annual recordkeeping and reporting hour burden.
- Enter the burden hours currently approved by OMB for this collection of information. Enter zero (0) for any new submission or for any collection whose OMB approval has expired.
- Enter the difference by subtracting line d from line c. Record a negative number (d larger than c) within parentheses.
- Explain the difference. The difference in line e must be accounted for in lines f.1. and f.2.
  - "Program change" is the result of deliberate Federal government action. All new collections and any subsequent revision of existing collections (e.g., the addition or deletion of questions) are recorded as program changes.
  - "Adjustment" is a change that is not the result of a deliberate Federal government action. Changes resulting from new estimates or action not controllable by the Federal government are recorded as adjustments.

## 14. Annual reporting and recordkeeping cost burden (in thousands of dollars)

The costs identified in this item must exclude the cost of hour burden identified in Item 13.

- Enter the total dollar amount of annualized cost for all respondents of any associated capital or start-up costs.
- Enter recurring annual dollar amount of cost for all respondents associated with operating or maintaining systems or purchasing services.
- Enter total (14.a. + 14.b.) annual reporting and recordkeeping cost burden.
- Enter any cost burden currently approved by OMB for this collection of information. Enter zero (0) if this is the first submission after October 1, 1995.
- Enter the difference by subtracting line d from line c. Record a negative number (d larger than c) within parenthesis.
- Explain the difference. The difference in line e must be accounted for in lines f.1. and f.2.
  - "Program change" is the result of deliberate Federal government action. All new collections and any subsequent revisions or changes resulting in cost changes are recorded as program changes.

f.2. "Adjustment" is a change that is not the result of a deliberate Federal government action. Changes resulting from new estimations or actions not controllable by the Federal government are recorded as adjustments.

#### 15. Purpose of information collection

Mark all categories that apply, denoting the primary purpose with a "P" and all others that apply with "X."

a. Mark "Application for benefits" when the purpose is to participate in, receive, or qualify for a grant, financial assistance, etc., from a Federal agency or program.

b. Mark "Program evaluation" when the purpose is a formal assessment, through objective measures and systematic analysis, of the manner and extent to which Federal programs achieve their objectives or produce other significant effects.

c. Mark "General purpose statistics" when the data is collected chiefly for use by the public or for general government use without primary reference to the policy or program operations of the agency collecting the data.

d. Mark "Audit" when the purpose is to verify the accuracy of accounts and records.

e. Mark "Program planning or management" when the purpose relates to progress reporting, financial reporting and grants management, procurement and quality control, or other administrative information that does not fit into any other category.

f. Mark "Research" when the purpose is to further the course of research, rather than for a specific program purpose.

g. Mark "Regulatory or compliance" when the purpose is to measure compliance with laws or regulations.

#### 16. Frequency of recordkeeping or reporting

Check "Recordkeeping" if the collection of information explicitly includes a recordkeeping requirement.

Check "Third party disclosure" if a collection of information includes third-party disclosure requirements as defined by 1320.3(c).

Check "Reporting" for information collections that involve reporting and check the frequency of reporting that is requested or required of a respondent. If the reporting is on "an event" basis, check "On occasion."

#### 17. Statistical methods

Check "Yes" if the information collection uses statistical methods such as sampling or imputation. Generally, check "No" for applications and audits (unless a random auditing scheme is used). Check "Yes" for statistical collections, most research collections, and program evaluations using scientific methods. For other types of data collection, the use of sampling, imputation, or other statistical estimation techniques should dictate the response for this item. Ensure that supporting documentation is provided in accordance with Section B of the Supporting Statement.

#### 18. Agency contact

Provide the name and telephone number of the agency person best able to answer questions regarding the content of this submission.

#### 19. Certification for Paperwork Reduction Act Submissions

The Senior Official or designee signing this statement certifies that the collection of information encompassed by the request complies with 5 CFR 1320.9. Provisions of this certification that the agency cannot comply with should be identified here and fully explained in item 18 of the attached Supporting Statement. NOTE: The Office that "develops" and "uses" the information to be collected is the office that "conducts or sponsors" the collection of information. (See 5 CFR 1320.3(d)).

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

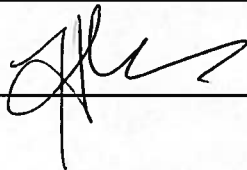
**Note:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee



Date

3/26/13