

**Request for Recognition of a Non-Profit Religious,  
Charitable, Social Service, or Similar Organization**

For Official Use Only:	Date Received (mm/dd/yyyy)
<b>Mail To:</b> <i>(increase font of "Mail To:")</i> Recognition & Accreditation Program Coordinator Executive Office for Immigration Review Board of Immigration Appeals, Clerk's Office Post Office Box 8530 Falls Church, VA 22041 <i>(preferred for most mailings)</i>	Recognition & Accreditation Program Coordinator Executive Office for Immigration Review Board of Immigration Appeals, Clerk's Office 5107 Leesburg Pike, Suite 2000 Falls Church, VA 22041 <i>(courier, overnight, or in-person deliveries)</i>

1. \_\_\_\_\_ requests recognition pursuant to 8 C.F.R. § 1292.2(a) and  
NAME OF ORGANIZATION APPLYING FOR RECOGNITION *→ not copy*  
 (b) so that it may apply for accreditation of persons of good moral character to represent others in immigration proceedings before the immigration courts and the Board of Immigration Appeals (BIA) of the Executive Office for Immigration Review (EOIR) and/or the U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security (DHS).

2. Organization's Address: \_\_\_\_\_  
Number and Street - No P.O. Box *Do not use a P.O. Box*  
 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

3. By signing this form, you certify that the organization is a non-profit religious, charitable, social service, or other (specify: \_\_\_\_\_) organization established in the United States. Attach proof of the organization's non-profit status, *and if applicable, provide a brief, detailed statement of the organization's relationship to its parent organization.*

4. If the organization is chartered, attach a copy of the Charter, Constitution, Articles of Incorporation, and/or By-laws.

5. What charges or membership dues, if any, are charged to clients? \_\_\_\_\_ Attach a fee schedule, if applicable, with list of services, *along with a detailed statement of the organization's sources and amounts of funding other than dues or fees.* *specifying the full range of charges and explaining when charges are reduced or waived. Also, provide*

6. Attach a detailed statement regarding the knowledge, information, and experience in immigration and nationality law and procedure available to the organization. Also attach a list of library and/or internet resources.

7. Provide a description of the specific immigration legal services the organization will provide.

8. Resumes and any immigration training certificates for staff members should be attached. A description and/or diagram of the organizational structure of the organization should be included, *which* shows the supervision of staff members. Any supervision or assistance provided by attorneys should be documented, including proof of the immigration practice experience of the attorneys. Any arrangement to consult with other recognized organizations or attorneys should be documented.

9. Indicate whether an accreditation request is being made at this time.  Yes  No  
 If you answered yes, provide the name of the proposed representative: \_\_\_\_\_  
 Indicate the type of accreditation sought for this individual:  Partial  Full  
 (Attach a separate sheet if more than one accreditation request is being made).


**SIGN HERE** X \_\_\_\_\_  
SIGNATURE *not capital* Type or print Name and title of authorized official of organization

**You must complete the Proof of Service on the reverse**


*[Month] 2013*

**PROOF OF SERVICE**  
(You Must Complete Both)

I, \_\_\_\_\_, (Print Name),  
 mailed or delivered a copy of this Form EOIR-31 and its attachments to the local District Director for USCIS of DHS on \_\_\_\_\_ (Date - mm/dd/yyyy)  
 at \_\_\_\_\_ (Number and Street)  
 \_\_\_\_\_ (City, State, ZIP Code)

**SIGN HERE**  **X**

I, \_\_\_\_\_, (Print Name),  
 mailed or delivered a copy of this Form EOIR-31 and its attachments to the local Chief Counsel for ICE of DHS on \_\_\_\_\_ (Date - mm/dd/yyyy)  
 at \_\_\_\_\_ (Number and Street)  
 \_\_\_\_\_ (City, State, ZIP Code)

**SIGN HERE**  **X**

**HAVE YOU SUBMITTED?**

- Completed Form EOIR-31, including proof of service
- Proof of nonprofit status (IRS document)
- Copy of Charter, Constitution, By-Laws and/or Articles of Incorporation
- Fee schedule for all immigration services provided and membership dues, if applicable
- List of law library contents and/or online resources
- Funding sources and budget
- Organizational chart and a description of the specific immigration legal services the organization will provide
- Staff resumes, certificates of training, letters of recommendation and evidence of advocacy and research skills
- Requests for accreditation with supporting documentation, if applicable
- Written confirmation of any agreement(s) made to consult with other nonprofit organization(s) or private attorney(s) on a pro bono basis in more complicated cases or other acceptable arrangements to demonstrate adequate knowledge and experience in immigration law and procedure. *Matter of EAC, Inc. (Recognition) 24 I&N Dec 556 (BIA 2008)*
- Copy of BIA decision on prior recognition application, if applicable

For more information about recognized organizations, visit the EOIR website at <http://www.justice.gov/eoir/statspub/ra-roster.htm>

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 review the form, gather necessary materials, complete the form, and assemble the attachments is 2 hours. If you have comments regarding the accuracy of this estimate, or any other aspect of this collection of information, including suggestions reducing this burden, you may write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

The information is authorized by 8 U.S.C. §§ 1103, 1229a, 1362 and 8 C.F.R. 1292.2 in order to request recognition of a non-profit religious, charitable, social service or similar organization. The information you provide is mandatory and required to obtain recognition. Failure to provide the requested information may result in denial of your request. EOIR may share this information with others in accordance with approved routine uses described in BIA-002, Roster of Organizations and their Accredited Representatives Recognized by the Board of Immigration Appeals.

**"[Month] 2013"**