

Written Narrative of Proposed Changes: EOIR-27 Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals

(Highlighted provisions indicate where a change will occur; italics denote an addition to the text; and the strikethrough denotes where text should be removed)

Footers on each page

1. Change the revision date from “Oct. 2013” to “[appropriate month] 2014”

Page 1 First Box, Right Column: “ALIEN (A) NUMBER”

1. Change “ALIEN (A) NUMBER” to “**ALIEN (“A”) NUMBER**” and make font bold.
2. Change the language in parenthetical as follows: “~~(List (A) number of the party represented in this case. List beneficiary name and A number for visa petition case. List fine number for fine case.)~~” to “*(Provide A-number of the party represented or the visa beneficiary in this case.)*” And add a line underneath this language for the A-number. (for eRegistry, this should be a fillable field).
3. Add the following fields under the A-number line:
USCIS Visa Appeal (provide beneficiary name) (for eRegistry, this field should be fillable)
Fine (provide fine number) (for eRegistry, this field should not be fillable)
Disciplinary case (provide docket number)(for eRegistry, this field should not be fillable)
4. Delete: ~~For disciplinary case, enter docket number.~~

The final box should appear as follows:

<p>ALIEN (“A”) NUMBER (Provide A- number of the party represented or the visa beneficiary in this case.)</p> <hr/> <p>USCIS Visa Appeal (provide beneficiary name)</p> <hr/> <p>Fine (provide fine number)</p> <hr/> <p>Disciplinary case (provide docket number)</p> <hr/>
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The adjoining box for Name and Address of Represented Party will need to be adjusted and condensed to fit these boxes side-by-side on the form.

Page 1 Box: “NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & E-MAIL ADDRESS”

1. Move the entire box to the bottom of the page, making this box the last box on page 1.
2. Break up the lines and add the following fields to appear as follows:

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Telephone: _____ Facsimile: _____ Email: _____

(for eRegistry, please allow only as much space as needed for the ten-digit phone and fax number, to allow as much room as possible to list the email address).

The final box should be centered and appear as follows:

NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & EMAIL ADDRESS			
Name:	_____	_____	_____
	(First)	(Middle Initial)	(Last)
Address:	_____		
	(Number and Street)		
	_____	_____	_____
	(City)	(State)	(Zip Code)
Telephone:	_____	Facsimile: _____	Email: _____
			<input type="checkbox"/> Check here if new address

Page 1 Box: "Please check one of the following"

1. First line add "**Attorney or Representative (Please check one of the following)**" – make font bold
2. First check-box section, last parenthetical should be amended as follows: "(if subject to such an order, *do not check this box and* explain on reverse)."
3. First check-box section, delete the second line for Full Name of Court and Bar Number (if applicable), just have one line next to text as follows:
Full Name of Court _____ Bar Number (if applicable) _____
(for eRegistry, allow practitioners to enter additional courts on reverse in the "Additional Information" field).
4. Second check box: move "accredited" after representative, change "a" to "an", add "to appear before the Executive Office for Immigration Review" after "a representative accredited". The line should appear as follows: "I am **an a accredited representative accredited to appear before the Executive Office for Immigration Review** as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization:"
5. Fifth check-box field: "I am an accredited foreign government official as defined in 8 C.F.R. § 1292.1(a)(5);, **from _____ (country)**. (for eRegistry, this field should **not** be fillable).

The final box should be center and appear as follows:

Attorney or Representative (please check one of the following):

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 states(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbaring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).

Full Name of Court _____ Bar Number (if applicable) _____

I am a representative accredited to appear before the Executive Office for Immigration Review 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. § 1292.1(a)(2).
 I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).
 I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from _____ (country).
 I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).

Page 1 Attestation Box: "I hereby enter ..."

1. Add "**Attorney or Representative (please check one of the following):**" in bold font, on a separate line at the top of the box (justified left).
2. Add two check boxes below the new "**Attorney or Representative (please check one of the following):**" line as follows:
 - I hereby enter my appearance as attorney or representative for, and at the request of, the party named above.*
 - EOIR has ordered the provision of a Qualified Representative for the party named above and I appear in that capacity.*(for eRegistry, these boxes need to be checkable).
3. Amend the existing paragraph by deleting the first sentence as follows:
~~I hereby enter my appearance as attorney or representative for, and at the request of, the party named above.~~ I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representations before the Board of Immigration Appeals. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

The final box should be centered and appear as follows:

Attorney or Representative (please check one of the following):

I hereby enter my appearance as attorney or representative for, and at the request of, the party named above.

EOIR has ordered the provision of a Qualified Representative for the party named above and I appear in that capacity.

I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representations before the Board of Immigration Appeals. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID NUMBER DATE

X _____

Page 2 "APPEARANCES" section:

1. Move the entire section under the Proof of Service box so that it comes just before the section entitled "FREEDOM OF INFORMATION ACT."
2. Add the following sentence at the end of the section titled "APPEARANCES":
"Attorneys and Accredited Representatives (with full accreditation) must first update their address in eRegistry before filing a Form EOIR-27 that reflects a new address."

Page 2 "Indicate type of appearance" section:

1. Enclose in a box.
2. Move the title to the left (justify left), and include a colon at the end as follows:
"Indicate type of appearance:"
3. Move the check-boxes for the primary and non-primary attorney/representative to the left (justify left).
4. Change the pro bono information so that it is **not** bold.

The final box should be centered and appear as follows:

<p>Indicate Type of Appearance:</p> <p><input type="checkbox"/> Primary Attorney/Representative <input type="checkbox"/> Non-Primary Attorney/Representative</p> <p>I am providing pro bono representation. Check one: <input type="checkbox"/> yes <input type="checkbox"/> no</p>

Page 2 **Proof of Service** box:

1. Changes to the first sentence: "I (Name) _____ mailed or delivered a copy of ~~the foregoing~~ **this** Form EOIR-27 on (Date) _____"
2. Add an additional checkbox below the second DHS checkbox as follows:
to the DHS (U.S. Immigration and Customs Enforcement – ICE) at _____
 DHS (U.S. Citizenship and Immigration Services – USCIS) at _____
 EOIR Disciplinary Counsel at _____
3. Change the signature line: "X _____"
Signature of ~~Attorney or Representative~~ **person serving**

The final box should be center and appear as follows:

<p style="text-align: center;"><u>Proof of Service</u></p> <p>I (Name) _____ mailed or delivered a copy of this Form EOIR-27 on (Date) _____</p> <p>to the <input type="checkbox"/> DHS (U.S. Immigration and Customs Enforcement – ICE) at _____ <input type="checkbox"/> DHS (U.S. Citizenship and Immigration Services – USCIS) at _____ <input type="checkbox"/> EOIR Disciplinary Counsel at _____</p> <p>X _____ Signature of Person Serving</p>

Page 2, Instructions:

1. **CASES BEFORE EOIR:** Change the formatting of the 800 number to appear as **(800) 898-7180**. Edits as follows: ~~1-(800)-898-7180~~ or (240) 314-1500