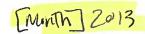
Request for Recognition of a Non-Profit Religious, Charitable, Social Service, or Similar Organization

or Official Use Only:	Date Received (mm/dd/yyyy)
Recognition & Accreditation Program Coordinator Executive Office for Immigration Review Board of Immigration Appeals, Clerk's Office Post Office Box 8530 Falls Church, VA 22041 (preferred for most mailings) (Bold, Moulase forf)	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 (courier, overnight, or in-person deliveries) (Bild INCYPUSE (INT)
proceedings before the immigration courts and the	requests recognition pursuant to 8 C.F.R. § 1292.2(a) and sof good moral character to represent others in immigration are Board of Immigration Appeals (BIA) of the Executive Officationship and Immigration Services (USCIS) of the Department
Organization's Address:	(Number and Street - No P.O. Box) (Do not use a P.O. Box)
	Anumoer and Street - No F.O. Body Wo Not We at 1.6 Box)
ACity's	State Zip Code Zip Code
7Phone Number	βFax Number †
other (specify: States. Attach proof of the organization's non-prostatement of the organization's relationship	zation is a non-profit religious, charitable, social service, composition established in the Unite profit status, and if applicable, provide abrief, delepto its parent againzation.
if the organization is chartered, attach a copy of the C	Charter, Constitution, Articles of Incorporation, and/or By-laws.
What charges or membership dues, if any, are charge a fee schedule, if applicable, with list of services, and amounts of funding other than dues or fees.	ed to clients? Attac , along with a detailed statement of the organization's source aspectfying the full range of charges and explaining who are reduced or waived. Also, provide
Attach a detailed statement regarding the known	owledge, information, and experience in immigration an anization. Also attach a list of library and/or internet resources
Provide a description of the specific immigration lega	gal services the organization will provide.
of the organizational structure of the organization she Any supervision or assistance provided by attorneys s	or staff members should be attached. A description and/or diagram tould be included, which shows the supervision of staff members should be documented, including proof of the immigration practic isult with other recognized organizations or attorneys should be
Indicate whether an accreditation request is being ma	ade at this time.
If you answered yes, provide the name of the propose Indicate the type of accreditation sought for this indiv	ividual: Partial Full
If you answered yes, provide the name of the propose Indicate the type of accreditation sought for this indiv	ividual:
Indicate the type of accreditation sought for this indicate the type of accreditation sought for the	ividual: Partial Full one accreditation request is being made). E wit (Wells Type or print) Name and title of authorized official of organization

You must complete the Proof of Service on the reverse

Form EOIR-31 Rev. July 2012-



PROOF OF SERVICE

(You Must Complete Both)

(Print Name)	(Print Name)
mailed or delivered a copy of this Form EOIR-31 and	mailed or delivered a copy of this Form EOIR-31 and
its attachments to the local District Director for USCIS	its attachments to the local Chief Counsel for ICE
of DHS on(Date - mm/dd/yyyy)	of DHS on(Date - mm/dd/yyyy)
(Date - mm/dd/yyyy)	(Date - mm/dd/yyyy)
at	at(Number and Street)
(Number and Street)	(Number and Street)
(City, State, ZIP Code)	(City, State, ZIP Code)
△ SIGN 🔆	△ SIGN 🔆
HERE X	HERE X
HAVE YOU S	SUBMITTED?
☐ Completed Form EOIR-31, including proof of service	
☐ Proof of nonprofit status (IRS document)	
☐ Copy of Charter, Constitution, By-Laws and/or Article	es of Incorporation
☐ Fee schedule for all immigration services provided and	d 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 i	immigration legal services the organization will provide
☐ Staff resumes, certificates of training, letters of recommendations	mendation and evidence of advocacy and research skills

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.

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

Copy of BIA decision on prior recognition application, if applicable

applying for (elegnitary)

For more information about recognized organizations, visit the EOIR website at http://www.justice.gov/eoit/rarosky.

Requests for accreditation with supporting documentation, if applicable

Dec 556 (BIA 2008)

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, chararitable, 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.

Form EOIR-31 Rev. July 2012 Month 2013