

1. Organization seeking accreditation of representative

Name of organization _____

DBA _____ Name(s) previously applied under _____

Number and Street _____ Suite _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Website _____

Check one:

Organization is *not* recognized and a Request for Recognition of a Non-Profit Religious, Charitable, Social Service, or Similar Organization (Form EOIR-31) accompanies this request.

Organization is already recognized. Date of recognition _____ (Month/Day/Year)

2. Name of proposed representative

First _____ Middle _____ Last _____

Other names used _____

This individual has been previously accredited. Yes No If "yes," provide the name(s) of the other recognized organization(s) for which this individual serves or has served as an accredited representative:

Name of other organization(s) _____

Date(s) of last approval of accreditation _____ (Attach additional sheets if necessary)

3. Type of accreditation sought (check one)

Full (practice before BIA, immigration courts, and DHS) or Partial (practice before DHS only)

4. Renewal of accreditation (check if applicable)

Full (practice before BIA, immigration courts, and DHS) or Partial (practice before DHS only)

Date of last approval of accreditation _____ (Month/Day/Year)

(Attach copy of last order approving accreditation, if available)

5. Qualifications for accreditation

1. Good moral character. Attach character reference letters and other supporting documentation.
2. Broad knowledge of immigration and nationality law and procedure. Attach a resume and documentation demonstrating knowledge and experience in immigration law, practice, and procedure. List relevant trainings completed, including an overview of fundamentals of immigration law and procedure, and include certificates of completion, if any.
3. Full accreditation also requires documentation demonstrating the applicant possesses the essential skills for effective litigation. Attach documents showing relevant education, training, or experience.

6. Attestations (complete both)

<p>Office of organization</p> <p>Under penalty of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p>_____</p> <p>Signature of proposed representative</p> <p>_____</p> <p>Print name of proposed representative</p> <p>_____</p> <p>Date</p>	<p>Proposed representative</p> <p>Under penalty of perjury, I declare that I am of good moral character, and I have reviewed this form regarding my qualifications for accreditation, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p>_____</p> <p>Signature of proposed representative</p> <p>_____</p> <p>Print name of proposed representative</p> <p>_____</p> <p>Date</p>
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7. Proof of service (complete both)

DHS USCIS	<p>I, _____ (print name) mailed or delivered a copy of this Optional Form EOIR-31A and its attachments to the District Director for USCIS of DHS on _____ (Date) at _____ (Number and Street) _____ (City, State, Zip Code)</p> <p>_____ (Signature)</p>
DHS ICE	<p>I, _____ (print name) mailed or delivered a copy of this Optional Form EOIR-31A and its attachments to the Chief Counsel for ICE of DHS on _____ (Date) at _____ (Number and Street) _____ (City, State, Zip Code)</p> <p>_____ (Signature)</p>

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, and assemble the attachments is 2 hours. 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 20530.