Rep E-File Screen Flows & Currently Developed ELIS2 Screens (US6502):

Below is the overall sequence of the screens that are depicted in detail below:



Screen 1: Rep Homepage with no current cases initiated:

FORMS		NEWS	RESOURCES	LAWS	OUTREACH	ABOUT US
Home Draft Cases	Active Cases	G-28 Terminated Cases	Profile			
Recent Notices						
Notice Date	A Receipt	t Number 🕴	Client Name	Notice Type		Create
		No data availa	ble in table	View All Notices		Case
					Coorde for Oliont	
Recent Draft Ca	ses				Search for Client	* Indicates Required Field
Client Name	Request Type	Last Updated Da	te Expiration Date	Status	Search By	Client Last Name 👻
		No data availa	ble in table		Client Last Name*	
				View All Draft Cases		
Recent Submitte	d Cases				Search Clear A	dvanced Search
Receipt Number	Client Name	e Submit Date	Request Type	Status		
		No data availa	ble in table			
					,	

Screen 2: Rep selects to create a new case - then picks the I-90 from the listed options:

	FORMS		NEWS	RESOURCES	LAWS	OUTREACH	ABOUT US
Home	Draft Cases	Active Cases	G-28 Terminated Cases	Profile			
Select	a Request						
Pay	/ USCIS Immigrar	nt Fee (l-551)					0
🔘 App	plication to Repla	ce Permanent Res	sident Card (I-90)				
🔘 App	olication To Exten	d/Change Nonimn	nigrant Status (I-539)				
Cor	nsideration of De	ferred Action for C	childhood Arrivals (l-821D)				
							Cancel Next

<u>Screen 3: This is the Form G-28 displayed to the Rep. The Name; Contact; Address; and most of the Eligibility sections are prefilled with the data from the Rep's Profile.</u>

n I-90 Instructions	Information Abou	t Attorney or Accredit	ed Representative				
	USCIS ELIS Account I	Number (if any)		062124376782			
ve Draft Exit	Name						
	Last Name*	REPLAST	First Name*	REPFIRST	Middle Name	NMN	
⇒ Form G-28 -90 Application Jpload Evidence Review Form G-28 Esign Form G-28 Review I-90 Attestation/ Acknowledgement E-sign I-90		No First Name			o ∭No Middle Name		
	Contact						
	Daytime Phone Number			(703) 555-1212			
	Fax Phone Number						
	Email*	Email [*] Mobile Phone Number			rep1@email.com		
	Mobile Phone Numb						
	Mailing Address						
	Street Number and	Street Number and Name*			Apt/St	e/Flr Number	
	1 REP LANE			Floor	- 1		
	Country*						
	United States			-			
	City/Town*			State*	ZIP Co	de*	
	ARLINGTON			Virginia	- 2220	1	

Screen 4: Information About Applicant; Applicants Address; Role selection; and Law Student sections are open for the Rep to enter the data elements:

Form G-28 10 Application	lenter my appearance as attorney or accredited representative at the request of: (Select only one)" (Applicant (Requester							
bload Evidence	Information About Applicant							
sign Form G-28	Last Name*	First Name*		Middle Nam	e [*]			
eview I-90								
knowledgement		🕅 No First Name		📄 No Middl	e Name			
sign I-90	Name of Company or Organization (if applicable)							
	USCIS ELIS Account Number (if any)							
	Alien Registration Number (A-Number)*		A Finter on A Must or	(102464780)	mitter and a fee diverse to t			
	Davtime Telenhone Number		A- Enter an A-Number	(e.g. 123450769)	without the leading 'A'			
			<u></u>					
	Mobile Telephone Number		<u> </u>					
	Email Address"							
	Mailing Address of Applicant, Petitioner, or Reques	tor						
	Street Number and Name*		Apt/Ste/Flr		Apt/Ste/Fir Number			
			Select	•				
	Country*							
	United States		•					
	City/Town*		State*		ZIP Code*			
			Select	•				

laman: *						
Accredited Representative						
Automey Accredited Representa	auro					
I am an attorney eligible to practice law in, an commonwealth(s), or the District of Columb	ind a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), pla.					
Name of Law Firm*						
ABC Law Firm						
Bar Number	Licensing Authority*					
123	Alabama					
Bar Number	Licensing Authority*					
456	Delaware					
I am disbarred in AL	a anning to practice raw, prease provide an explanation in the space below.					
Additional Representative Information						
Will a law student(s) or law graduate(s) be	e working on this case under the direct supervision of the attorney or accredited representative of record on this ca					
Select						
Select						
Select						

Screen 5: This screen shows data after its been filled in by the Rep for the following sections: Information About Applicant; Applicants Address; Role selection; and Law Student sections.

	Notice of Appearance as Attorney	or Accredited Representative						
-28	l enter my appearance as attorney or a	accredited representative at the request of: (Se	elect only one)* 💿 Applicant 💿 Petitioner 💿 Requester					
idence	Information About Applicant							
rm G-28	Information About Applicant							
m G-28	Last Name*	First Name*	Middle Name*					
iu i	ApplicantLast	Jack	Thompson					
igement		No First Name	No Middle Name					
)	Name of Company or Organization (if appli	icable)						
	LISCIS ELIS Account Number (if am)	12245	7200010					
		123450	0/89012					
	Allen Registi aton Number (A-Number)	A- 546	234344					
	Daytime Telephone Number	(111) 5	55-1212					
	Mobile Telephone Number	(222) (666-1212					
	Email Address*	ann@e	mail.com					
	Mailing Address of Applicant Detitioner	or Requestor						
	Street Number and Name*	Ant/	Ste/Fir Apt/Ste/Fir Number					
	1 Applicants Lane	Se	lect					
	Country*							
	United States							
	City/Lown*							
	GIG/TOWIT	Stat	e"ZIP Code"					
	Arlington		e"ZIP Code" rginia					
	Additional Representative Information Will a law student(s) or law graduate(s) * Yes	be working on this case under the direct supe	e" ZIP Code" (rginia) 22201 (rvision of the attorney or accredited representative of record on this ca					
	Additional Representative Information Will a law student(s) or law graduate(s) * Yes Family Name (Last Name)	be working on this case under the direct supe Given Name (First Name)	e" ZIP Code" rginia rvision of the attorney or accredited representative of record on this ca Middle Name					
	Additional Representative Information Will a law student(s) or law graduate(s) * Yes Family Name (Last Name)	be working on this case under the direct supe	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca					
	Additional Representative Information Will a law student(s) or law graduate(s) Yes Family Name (Last Name)	be working on this case under the direct supe Given Name (First Name)	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca Middle Name irst name) I do not have a middle name					
	Arington Additional Representative Information Will a law student(s) or law graduate(s) * Yes Family Name (Last Name) Add	be working on this case under the direct supe Given Name (First Name)	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca Middle Name irst name) I do not have a middle name					
	Arington Arington Additional Representative Information Will a law student(s) or law graduate(s) * Yes Family Name (Last Name) Add Law Students Associated with the Ca	be working on this case under the direct supe Given Name (First Name) I do not have a given name (first Name)	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca Middle Name irrst name) I do not have a middle name					
	Arington Arington Additional Representative Information Will a law student(s) or law graduate(s) Yes Family Name (Last Name) Add Law Students Associated with the Ca Show 10 refines	be working on this case under the direct supe Given Name (First Name)	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca Middle Name irst name) I do not have a middle name					
	Arington Arington Additional Representative Information Will a law student(s) or law graduate(s) Yes Family Name (Last Name) Add Law Students Associated with the Ca Show 10 refines Family Name	be working on this case under the direct supe Given Name (First Name) I do not have a given name (first Se	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca Middle Name irst name) I do not have a middle name Middle Name Action					
	Arington Arington Additional Representative Information Will a law student(s) or law graduate(s) Yes Family Name (Last Name) Add Law Students Associated with the Ca Show 10 reprint Family Name Adams	be working on this case under the direct supe Given Name (First Name) I do not have a given name (first Se Se A Given Name Mike	e" ZIP Code" rginia 22201 rvision of the attorney or accredited representative of record on this ca Middle Name irrst name) Middle Name Action Samuel Remove					

Screen 6: If the Rep saves the G-28, then back on their homepage screen they will now have an 'In Process' case under the 'Recent Draft Cases' section

FORMS	NEWS	RESOURCI	ES I	AWS	OUTREACH	ABOUT US
Home Draft Cases	Active Cases G-28 Terr	minated Cases Profile				
Recent Notices						
Notice Date	Receipt Number	🔶 Client Name	Notice	e Type 🔶		Create
		No data available in table				Case
				view All Notices		
	_				Search for Client	
Recent Draft Case	5					* Indicates Required Field
Client Name	Request Type	Last Updated Date	Expiration Date	Status	Search By	Client Last Name 👻
ApplicantLast, Jack Thompson	Application to Replace Permanent Residence Card	12/22/2014	01/22/2015	In Process	Client Last Name*	
				View All Draft Cases	Search Clear A	dvanced Search
Recent Submitted	Cases					
Receipt Number	Client Name	Submit Date	Request Type	Status		
		No data available in table				

Screen 7: After the Form G-28 is completed, the Rep is then taken to the I-90 Screen. The Applicant's Account Info; Name section; Mailing Address; Preparer sections prefilled with the data from collected on the previous G-28 data entry screen:

	My Status is * ?						
	Permanent Resi	ident					
Draft Exit	💿 Permanent Resi	ident In Commuter Status					
	Conditional Pern	manent Resident					
n G-28 90 Application	Account						
/ Status	Alien Registration Number (A-Number)*				A 546334344		
count					A- 540254544		
ame	USCIS ELIS Account N	lumber (if any)			123456789012		
illing Address							
ntact	Your Full Name						
ditional	NOTE: Your cord will be	a iccurd in this name					
cessing	NOTE. TOUL Card WILLD	e issueu in uns name					
parer mreter	Family Name (Last Na	ame)*	Given	Name (First Name)*	Middle Name) [*]
d Evidence	ApplicantLast		Jack	2		Thompson	
w Form G-28			🔳 l d	o not have a given i	name (first name)	📄 l do not h	rve a middle name
n Form G-28							
w I-90 ation(Has your name legally	r changed since the issua	ince of your Pe	rmanent Resident	Card?*		
owledgement	🔘 Yes 🔘 No	N/A - I never receive	ed my previous	card			
n I-90							
	Mailing Addrose						
	In Case of Name						
	In Calle of Name						
	Street Number and N	lame"			Apt/Ste/Fir		Apt/Ste/Fir Number
	1 Applicants Lane				Select	•	
	Country*	Country*					
	United States	United States			•		
		City/Town*					
	City/Town*				State*		ZIP Code [*]
	City/Town*				State*	•	ZIP Code* 22201
	City/Town* Arlington				State* Virginia	•	ZIP Code* 22201
	City/Town* Arlington				State*	T	ZIP Code*
	City/Town* Artington				State* Virginia		ZIP Code* 22201
	City/Town* Arlington	7			State* Virginia	•	ZIP Code* 22201
N 1-30 ation/	City/Town* Artington	5			State* Virginia		ZIP Code* 22201
reso attorn/ wiedgement	City/Town* Artington	-			State* Virginia	V	ZIP Code* 22201
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W F90 stion/ wiedgement 11-90	City/Town* Artington Preparer ✓ Yes, somebody else Preparer N Family N REPLA Preparer M Street N I REP Country United City/Tow ARLIN Preparer Infi	e prepared this form for r lame lame (Last Name) AST failing Address lumber and Name LANE LANE I States m IGTON IGTON	me.	Given Name (First REPFIRST Apt/Ste/Fir Floor State Virginia	State* Virginia Name) Apt/Ste/Fir Nur 1 ZIP Code 22201	Preparet Preparet ABC L Preparet Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) Preparet (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (703) (7	ZIP Code* 22201 sBusiness/Organization Information r's Business or Organization Name aw Firm Contact Information r's Email email com r's Daytime Telephone Number 555-1212 r's Fax Number

Screen 8: Evidence Upload screen displayed after the I-90 data entry:



	ir responses may not appear in their entirety on your copy of this request USCIS ELIS will still accurately record your entire response
Save Draft Exit	
Form G-28 I-90 Application Upload Evidence Review Form G-28 Review I-90 Attochanol	Notice of Entry of Appearance DHS as Attorney or Accredited Representative Form G-28 OMB No. 16150105 Department of Homeland Security
Acknowledgement E-sign I-90	Part 1. Information About Attorney or Part 2. Notice of Appearance as Attorney or Accredited Representative Accredited Representative
	1. USCIS ELIS Account Number (y avy) I enter my appearance as attorney or accredited representative at the request of:
	Name and Address of Attorney or Accredited Image: Select only one box: Name and Address of Attorney or Accredited Image: Select only one box: Representative Image: Select only one box:
	2.a. Femily Name (Last Name) 2. Green Name 2. Green Name
	(Pirst Name) Ameri 1 Nati 2.c. Middle Name NNIN 2.c. Middle Name (Pirst Name) (Pirst Name) Jack
	3.a. Street Number 1 REP LANE 2.c. Middle Name Thomp 3.b. Apt., Ste., Fir. FLR. 1 3. Name of Company or Organization (f applicable)
	3.c. City or Town ARLINGTON
	34. State VA 3. 21P Code 22201 3.f. Province
DEP	3 g. Postal Code
15:31	3.A. Country USA
	4. Daytime Telephone Number 7035551212
H	5. Fox Number
2 2 3	repi@email.com
	re is will we will view the G-28 Snapshot

Screen 9: Form G-28 Snapshot displayed as an Inline PDF for the Rep to review prior to e-signing it:

Screen 10: Rep E-Signs the Form G-28

Home Draft Cases	Active	Cases G-28 Terminated Cases Profile
Form I-90 Instructions		* Indicates Required Fiel
Application Fees: Filing: Biometric Services: Total: Save Draft Exit	\$365 \$85 \$450	Attorney or Accredited Representative's Statement Image: I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Honeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.*
Form G-28 I-90 Application Upload Evidence Review Form G-28 ➡ E-sign Form G-28		Full Legal Name (Hirst Name, Middle Name, Last Name) RepFirst RepLast Review I-90 Application
Attestation/ Attestation/ Acknowledgement E-sign I-90		

Form I-90 Instructions	Review Application
	Your responses may not appear in their entirety on your copy of this request. USCIS ELIS will still accurately record your entire response.
Filing: \$365	D D A Page: 1 of 8 - + Automatic Zoom +
Biometric Services: \$85 Total: \$450	
Save Draft Exit	Application to Replace Permanent Resident Card USCIS Department of Homeland Security COMP No. 1615.0022
Form G-28	U.S. Citizenship and Immigration Services Expires 12/31/2015
-90 Application Upload Evidence	Part 1. Information About You Physical Address
Review Form G-28	1. Alien Registration Number (A-Number) 7.a. Street Number 1 Applicants Lane
⇒ Review I-90	► A- 123433453 7.h. Ant Ste Fir APT. 12
Attestation/ Acknowledgement	2. USCIS ELIS Account Number (<i>f any</i>)
E-sign I-90	Voue Full Name 7 d State DF 7 e 71P Code 22201
	NOTE: Your card will be issued in this name.
	3a. Family Name Zozo
	3b. Given Name roro
	(Prist Name) 7.h. Country United States
	4. Has your name legally changed since the issuance of your
	Permanent Resident Card? 8. Date of Birth (mm/aadyyyy) C1/01/1920 Yes(Proceed to Item Numbers 5a 5c.) 9. City/TownWillage of Birth
	No (Proceed to Item Numb ers 6.a 6.i.)
	(Proceed to I tem Numbers 6 a 6 i)
	NOTE : Attach all evidence of your legal name change with this application.
	Provide your name exactly as reflected on your current II. Given Name (First Name)
	Father's Name
	5b. Given Name
	(First Name) 13. Class of Admission
	Mailing Adhese
	6.a. InCare Of Name 14. Date of Admission (mm/dd/pypy) ► 01/01/2013
	15. U.S. Social Security Number (if any) ►
	Proceed to Attestation/Acknowledgement >

Screen 11: Rep now reviews the Form I-90 PDF as an inline PDF:

Screen 12: Rep now reviews the ASC Acknowledgement language:

		Applicants: Please make sure you read and completely understand the contents of the Acknowledgement of Appointment at USCIS Application Support Center below. Yo will be required to certify, under penalty of perjury, that you have read and understand this Acknowledgement when you e-sign your application.
Application Fees: Filing: Biometric Services: Total:	\$365 \$85 \$450	Attorneys and Accredited Representatives: Please review the contents of the Acknowledgement of Appointment at USCIS Application Support Center with your client(s) and make sure they understand the purpose for the Acknowledgement. You will be required to certify, under penalty of perjury, that you have read and reviewed the Acknowledgement with your client, that your client understands the Acknowledgement, and your client knows that by appearing for a biometrics appointment, he or she will b re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.
Save Draft Exit		Acknowledgement of Appointment at USCIS Application Support Center
Form G-28 I-90 Application Upload Evidence Review Form G-28 E-sign Form G-28 Review I-90 → Attestation/ Acknowledgement E-sign I-90		USCIS may require that you appear for an interview of provide imgerprints, photograph, and/or signature at any time to verify your identity, obtain additional information, and credit or conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FB), before making a decision on your application. After USCIS receives your application and ensures it is complete, we will inform you in writing (or by email notice if you e-file your application), if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of your local or designated USCIS Application Support Center (ASC) and the date and time of your appointment. If you fail to attend your biometric services appointment, USCIS may deny your application. Review the USCIS ASC Acknowledgement that appears below. The purpose of this acknowledgement is to confirm that you have completed your application, reviewed your responses, and verified that the information was provided by you and is complete, true, and correct. If someone helped you fill out your application, that person must review the acknowledgement with you to make sure you understand it. I, RORO YOYO ZOZO, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature, and for everify that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my USCIS ASC papointment.
		By signing here, I declare under penalty of perjury that I have reviewed and understand my application as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.
		I also understand that when I sign my name, provide my fingerprints, and/or am photographed at the USCIS ASC, I will be re-verifying that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted

Screen 13: Rep now E-Signs the Form I-90:

Form I-90 Instruction	S	ESIGN		
		NOTE: Read the information on penalties in the Form I-90 Instructions, Penalties section before completing this part. You must file Form I-90 while in the United States.		
pplication Fees:	6005	Analisan's Statement		
- IIIrig. Biometric Services:	\$365 \$85			
fotal:	\$450	Select the box for either item Number 1.a. or 1.b. If applicable, select the box for item Number 2.		
Save Draft Exit Form G-28 I-90 Application Upload Evidence Review Form G-28 E-sign Form G-28 Review I-90		 1.a I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application support Center. 1.b The interpreter named, (Interpreter First Name) (Interpreter Last Name), has read to me every question and instruction on this application, as well as my answer to every question in (Interpreter Last Name), has read to me every question and instruction on this application, as well as my answer to every question in (Interpreter Last Name), has read to me every question and instruction on this application as the my my interpreter, and have provided complete, fure, and correct responses in the language indicated above. The Interpreter named, (Interpreter First Name) (Interpreter Last Name), also has read the Acknowledgement of Appointment at USCIS Application Support Center to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter. A have requested the services of and consented to <u>REPFIRST REPLAST</u>, who is an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application for me. This person who assisted me in preparing the ASC Acknowledgement of Appointment at USCIS Application for me. This person who assisted me in heread and the ASC Acknowledgement for Appointment at USCIS Application for me. This person who assisted the me in preparing the ASC Acknowledgement for Appointment at USCIS Application for me. This person who assisted me in the ASC Acknowledgement for Appointment at USCIS Application for me. This person who assisted me in preparing the ASC Acknowledgement for Appointment at USCIS Application for me. This person who assisted me in preparing the ASC Acknowledgement for Ap		
Attestation/				
Acknowledgement		Appreant's Certification		
		Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek. I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws. I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.		
		Full Legal Name (First Name, Middle Name, Last Name)*		
		P Important Notes		
		REFUNDS		
		USCIS will not refund fees if a [an] [application, petition or request] is denied, revoked, or withdrawn. If you accidentally paid twice or otherwise feel you paid a USCIS for in error, you may contact USCIS at 1-800-375-5283 for information on how to request a refund.		
		WARNING		
		When you enter the Paygov system to make your payment, you will be asked to pay with a credit or debit card or through your bank account (ACH) via electronic check. Once you have made your payment, DO NOT hit the "Back" button on your Internet Browser or hit the "Submit Payment" button at the bottom of the Paygov screen more than one time - You will be charged more than once.		
		Submit I-90 for Client Revie		

Screen 14: Success confirmation screen displayed to the Rep when he has e-Signed the I-90. Rep is displayed with the Case Passcode which they will provide to their client so that the draft G-28 and I-90 can be reviewed by the client.

	Congratulations. You successfully submitted a benefit for y	your client to review!
	Primary Applicant Name:	2020, FOF0 Y0Y0
	Primary Applicant Email:	app@email.com
	Request Type:	🚢 View PDF of Application to Replace Permanent Resident Card
	Representative E-Signed on:	Monday, December 22, 2014 at 2:54:56 PM
	Case Passcode:	95E54931B2ECD4
Your client must now log into USCI draft request. You will need to provi	IS ELIS to view and esign this benefit request and will be limite ide your client with the Case Passcode (see above) so that he	d to reviewing the benefit request in read-only mode. Your client must choose to e-sign or decline to e-sign th or she can view this benefit request. Your client will not be able to make any changes to the benefit request.If
Your client must now log into USCI draft request. You will need to provi your client would like to have any in information, please do not send the Once your client enters the Case P	IS ELIS to view and esign this benefit request and will be limite ide your client with the Case Passcode (see above) so that he formation contained in this benefit request changed or modifit e Case Passcode via email. Please transmit the Case Passcode asscode to review this benefit request, you will no longer be a	d to reviewing the benefit request in read-only mode. Your client must choose to e-sign or decline to e-sign th or she can view this benefit request. Your client will not be able to make any changes to the benefit request. ed, he or she should decline to e-sign the benefit request. To protect your client's personally identifiable de to your client in person or over the telephone. ble to make changed until your client e-signs or declines to esign the benefit request again.
Your client must now log into USCI draft request. You will need to provi your client would like to have any in information, please do not send the Once your client enters the Case P - If you make any changes to the ber	IS ELIS to view and esign this benefit request and will be limite ide your client with the Case Passcode (see above) so that he formation contained in this benefit request changed or modifi e Case Passcode via email. Please transmit the Case Passcod asscode to review this benefit request, you will no longer be a nefit request:	d to reviewing the benefit request in read-only mode. Your client must choose to e-sign or decline to e-sign the solgn to a sign the solgn of a sign the solgn the benefit request. For or she should decline to e-sign the benefit request. To protect your client's personally identifiable ode to your client in person or over the telephone. But wake changed until your client e-signs or declines to esign the benefit request to your client in person or over the telephone.
Your client must now log into USCI draft request. You will need to provi your client would like to have any in: information, please do not send th Once your client enters the Case Pa- If you make any changes to the ber • You and your client will be n • A new Case Passcode will • Any previous Case Passcode	IS ELIS to view and esign this benefit request and will be limite ide your client with the Case Passcode (see above) so that he formation contained in this benefit request changed or modifie case Passcode via email. Please transmit the Case Passco asscode to review this benefit request, you will no longer be a nefit request. equested to e-sign the benefit request again. be generated after e-signing the benefit request, and de linked to the benefit request will become invalid.	d to reviewing the benefit request in read-only mode. Your client must choose to e-sign or decline to e-sign ti or she can view this benefit request. Your client will not be able to make any changes to the benefit request. ed, he or she should decline to e-sign the benefit request. To protect your client's personally identifiable de to your client in person or over the telephone. ble to make changed until your client e-signs or declines to esign the benefit request again.
Your client must now log into USCI draft request. You will need to provi your client would like to have any in information, please do not send the Once your client enters the Case P. If you make any changes to the ber • You and your client will be r • A new Case Passcode will • Any previous Case Passcod Note: USCIS will delete all draft cop	IS ELIS to view and esign this benefit request and will be limite ide your client with the Case Passcode (see above) so that he formation contained in this benefit request changed or modifi e Case Passcode via email. Please transmit the Case Passco asscode to review this benefit request, you will no longer be a nefit request: equested to e-sign the benefit request again. be generated after e-signing the benefit request, and de linked to the benefit request will become invalid. ples after 30 days.	d to reviewing the benefit request in read-only mode. Your client must choose to e-sign or decline to e-sign th or she can view this benefit request. Your client will not be able to make any changes to the benefit request. ad, he or she should decline to e-sign the benefit request. To protect your client's personally identifiable de to your client in person or over the telephone. ble to make changed until your client e-signs or declines to esign the benefit request again.