



DHS Privacy Act Statement

AUTHORITIES: The information requested in this form is collected pursuant to 8 C.F.R. 292.4(a).

PURPOSE: The primary purpose for providing the requested information on this form is to establish your eligibility to appear and act on behalf of an applicant, petitioner or respondent. The information you provide will be used to designate you as an attorney or accredited representative.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent your ability to represent an individual or entity.

ROUTINE USES: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information. Additionally, DHS may share the information with other federal, state, local government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notice, which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

[Continue](#)[InfoPass](#)[My Case Status](#)[Change of Address](#)[Visa Bulletin](#)[Passports](#)[E-Verify](#)[Careers at USCIS](#)[Site Map \(Index\)](#)[Contact Us](#)[Citizenship](#)[Green Card](#)[Family](#)[Working in the U.S.](#)[Humanitarian](#)[Adoption](#)[Military](#)[Visit the U.S.](#)[U.S. Department of Homeland Security](#)[U.S. Customs & Border Protection](#)[U.S. Immigration & Customs Enforcement](#)[White House](#)[U.S. Department of State](#)[USA.gov](#)[Freedom of Information Act \(FOIA\)](#)[No FEAR Act](#)[Website Policies](#)[Privacy and Legal Disclaimers](#)[Accessibility](#)[Plug-ins](#)[Adobe Reader ↗](#)[Windows Media Player ↗](#)[Archive](#)

Table of Contents

Profile

Name

Contact

Eligibility Information

Mailing Address

Paperwork Reduction Act Statement OMB Control No. 1615-0105 Expires 02/29/2016

Provide the following information to create your profile.

Name

Form with fields for Family Name (Last Name)*, Given Name (First Name)*, Middle Name*, and checkboxes for 'I do not have a Given Name (First Name)' and 'I do not have a Middle Name'.

Contact

Form with fields for Email Address*, Mobile Telephone Number (if any)*, Daytime Telephone Number*, and Fax Number.

Eligibility Information

Form with radio buttons for 'I am an: *' with options 'Attorney' and 'Accredited Representative'.

Mailing Address

Form with fields for Street Number and Name*, Apt., Ste., Flr., Country*, City or Town*, State*, ZIP Code*, and a USPS address standardization popup showing '700 Default Ave LEXINGTON, KY 40508-3422' with a 'Use this Address' button.

Table of Contents

[Profile](#)[Name](#)[Contact](#)[Eligibility Information](#)[Mailing Address](#)[Paperwork Reduction Act Statement](#)

OMB Control No. 1615-0105

Expires 02/29/2016

Provide the following information to create your profile.

Name

Family Name
(Last Name)*Given Name
(First Name)*

Middle Name*

I do not have a Given Name (First Name)

I do not have a Middle Name

Contact

Email Address*

Mobile Telephone Number (if any)*

Daytime Telephone Number*

Fax Number

Eligibility Information

I am an: *

 Attorney Accredited Representative

Mailing Address

Street Number and Name*

Apt., Ste., Flr.

Select ▼

Apt/Ste/Flr Number

Country*

Bahamas ▼

City or Town*

Province*

Postal Code*

Eligibility Information

I am an: *

- Attorney
- Accredited Representative

Attorney Information

I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia.

Name of Law Firm*

Bar Number
(if applicable)

Licensing Authority*

[Add More](#)

Are you subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting you in the practice of law?

Yes

If you are subject to any restrictions in your ability to practice law, please provide an explanation in the space below.*

Eligibility Information

I am an: *

Attorney

Accredited Representative

Accredited Representative Information

I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2.

Please provide the name of the organization and expiration date of accreditation below:

Name of Recognized Organization

Date Accreditation Expires (mm/dd/yyyy)

 

Representative Account Profile Snapshot



Account Create Snapshot

Department of Homeland Security
U.S. Citizenship and Immigration Services (USCIS)

Page 1 of 1

*This document is a printable version of Account Create Snapshot as of Wednesday Oct 08 2014 11:58:31 AM EDT
All time stamps shown on this snapshot should be considered as representing the same time zone that appears in the stamp shown here*

INFORMATION ABOUT YOU

Last Name	a
First Name	a
Middle Name	a
Email	a@exz.com
Daytime Phone Number	7032413135

MAILING ADDRESS

Address	1
Apt., Ste., Flr.	Flr.
Apt., Ste., Flr. Number	1
City or Town	arl
State Code	ID
ZIP Code	34523
Country	USA

ELIGIBILITY INFORMATION

Name of Law Firm	abc
Attorney Bar Number	45345
Licensing Authority	AK
Restricted to the Practice of Law	Y
Explanation for Restrictions on the Practice of Law	fgfd

[Back](#)[Continue to E-Signature](#)

Representative Account Profile E-Sign

Attorneys - I certify, under penalty of perjury under the laws of the United States of America, that I am an attorney eligible to practice in, and a member in good standing of, the bar of the highest court(s) in one of the states, possessions, territories, commonwealths, or the District of Columbia. I also certify, under penalty of perjury, that the information I have provided to create my representative account and establish my representative account profile, is complete, true, and correct.

Accredited Representatives - I certify, under penalty of perjury under the laws of the United States or America, that I am an accredited representative of an organization recognized by the Department of Justice, Board of Immigration Appeals (BIA) in accordance with 8 CFR 292.2. I also certify, under penalty of perjury, and that the information I have provided to create my representative account and establish my representative account profile, is complete, true, and correct.

Full Legal Name

[Back](#)[Save](#)



**You successfully submitted
profile information for your
USCIS ELIS Representative Account!**

Representative's Name:	rep rep rep
Representative's Email:	rep@example.com
Request Type:	View PDF of Representative Account Profile
Representative E-Signed on:	mm/dd/yyyy 0:00:00 AM/PM

You have successfully submitted profile information for your USCIS ELIS Representative Account. This information will be prepopulated in any new Form G-28 you file in USCIS ELIS to establish a representative-client relationship.

[Homepage](#)