**TABLE OF CHANGES – FORM**

**Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative**

**OMB Number: 1615-0105**

**04/20/2016**

|  |
| --- |
| **Reason for 83C:** Integrated edits that are can be accommodated by domestic and international operations related to foreign address mailings |

|  |  |  |
| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 2,** **Part 2. Notice of Appearance as Attorney or Accredited Representative** | **[Page 2]****Part 2. Notice of Appearance as Attorney or Accredited Representative*****…Mailing Address of Applicant, Petitioner, Requestor, or Respondent*** **NOTE:** Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.**12.a.** Street Number and Name**12.b.**Apt.Ste.Flr. [Fillable Field]**12.c.**  City or Town**12.d.**State**12.e.**ZIP Code**12.f.**Province**12.g.**Postal Code**12.h.**Country | **[Page 2]****Part 2. Notice of Appearance as Attorney or Accredited Representative*****…Mailing Address of Applicant, Petitioner, Requestor, or Respondent*** **NOTE:** Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.[No change] |
| **Page 3,** **Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature**  | **[Page 3]****Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature*****Consent to Representation and Release of Information*** **1.** I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP. When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery. DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.**  All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:**2.a** I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form.  I understand that I may change this election at any future date through written notice to DHS.**2.b.** I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form.  I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.**3.a.** Signature of Applicant, Petitioner, Requestor, or Respondent**3.b.** Date of Signature*(mm/dd/yyyy)* | **[Page 3]****Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature*****Consent to Representation and Release of Information*** [No change]DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.[No change]**2.a** I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form.  I understand that I may change this election at any future date through written notice to DHS.**2.b.** I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative’s U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.[No change] |
| **Page 4,** **Part 6. Additional Information** | **[Page 4]****Part 6. Additional Information**Use the space provided below to provide additional information pertaining to **Part 3.**, **Item Numbers 1.a. - 1.d.**[Fillable field] | **[Page 4]****Part 6. Additional Information**Use the space provided below to provide additional information pertaining to **Part 3.**, **Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)[Fillable field] |