

**GENERAL INSTRUCTIONS**

**(Please read carefully before completing and filing Optional Form EOIR-31A)**

**A. When to submit an Optional Form EOIR-31A:**

- Organizations are encouraged to use this form (Optional Form EOIR-31A) when applying for initial or renewal of accreditation for a representative to provide immigration legal services on behalf of its clients before the EOIR (i.e., the immigration courts and the Board of Immigration Appeals (BIA)) and the Department of Homeland Security (DHS), or before DHS only.
- An organization may apply for accreditation of a representative either at the same time that it applies for recognition using the Form EOIR-31 or after it has been granted recognition.
- A separate application for accreditation should be used for each proposed representative.

**B. Where to submit an Optional Form EOIR-31A:**

R&A Coordinator Board of Immigration Appeals Office of the Chief Clerk 5107 Leesburg Pike, Suite 2000 Falls Church, VA 20530
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**C. How to apply for accreditation of a representative:**

Read all of these instructions. These itemized instructions correspond to the numbers on the Optional Form EOIR-31A.

- *Item #1* - Provide the organization's complete name, including any names under which it is doing business, and contact information. Also, provide other names previously used by the organization to apply for recognition or accreditation. The organization must provide a street address. A post office box number is not acceptable.
- *Item #1* - Only an organization simultaneously applying for recognition, or an organization that has already received recognition, may request accreditation for an individual. Check the appropriate box. If currently recognized, provide the date of recognition.
- *Item #2* - Provide the name of the proposed representative and any other names this individual is known by or has ever been known by.
- *Item #2* - List past and present accreditations for this individual, if applicable. Include the name of the recognized organization(s) for which accreditation was approved and the last date of approval. Attach additional sheets, if necessary.
- *Item #3* - Check one type of accreditation (partial or full) sought for this individual. Partial accreditation authorizes a representative to appear on behalf of clients before DHS only. Full accreditation authorizes a representative to appear on behalf of clients before DHS, the immigration courts, and the BIA. Accreditation is valid for a period of 3 years from the date of approval and may be renewed.

**GENERAL INSTRUCTIONS (continued)**

- *Item #4* - Check the appropriate box if seeking to renew either full or partial accreditation at the same organization. Current accreditation will remain valid pending the BIA's decision on renewal of accreditation, provided the request for renewal is received by the BIA *at least* 60 days prior to the 3-year expiration date. Provide the date of last approval of accreditation, and attach a copy of the last approval order. Renewal of accreditation also requires documentation demonstrating continuing good moral character and immigration legal training since the date of last approval of accreditation.
- *Item #4* - If seeking to change accreditation from partial to full or full to partial at the time of renewal, please be sure to indicate the *new* type of accreditation sought in *Item #3*. In *Item #4* indicate the *last* type of accreditation approved. If a proposed representative does not qualify for a change to full accreditation, the Board may approve the application for renewal of partial accreditation.
- *Item #5* - Provide documentation, such as character reference letters from professionals in the community and background checks, to show this individual possesses good moral character.
- *Item #5* - Provide documentation demonstrating this individual possesses a broad knowledge of immigration and nationality law, practice, and procedure. Include a resume and legal training information. Information regarding formal training courses should include (at a minimum) the title of the training, the provider's name, date(s) and duration of the training, the topics covered, and whether the training was attended in person or through other means. Provide certificates of completion and the results of any formal tests taken during training, if available.
- *Item #5* - Eligibility for partial accreditation requires at least one formal training course designed to give new practitioners a solid overview of the fundamentals of immigration law and procedure. Additional training courses in specific topics of immigration law and/or practical experience is highly recommended.
- *Item #5* - Eligibility for full accreditation requires – in addition to the requirements to establish eligibility for partial accreditation – training courses, education, and/or experience showing oral and written trial and appellate advocacy skills. If the full accreditation eligibility requirements are not met, full accreditation will not be approved, but the Board may grant partial accreditation.

**D. Who must verify the contents of the form:**

- *Item #6* - An official of the applicant organization, who is authorized to act on behalf of the organization, such as the President or Executive Director, must sign and affirm that the form and its attachments are true, correct, and complete. An individual may *not* apply for accreditation for himself or herself, unless the individual is also an officer of the applicant organization.
- *Item #6* - The proposed representative also must attest to his or her good moral character and to the truthfulness and accuracy of the contents of the form and its attachments.

**E. Who must be sent a copy of the form and its attachments:**

- *Item #7* - The organization must send an exact copy of the form and its attachments to two DHS offices: the District Director of the U.S. Citizenship and Immigration Services (USCIS) *and* the Chief Counsel for Immigration and Customs Enforcement (ICE).
- *Item #7* - Complete and sign the “proof of service.” The proof of service is the organization's formal guarantee that copies of this form and its attachments have been sent to the appropriate DHS offices. Every filing – whether the recognition or accreditation application, additional supporting documents, or other submission to the BIA – must clearly contain a proof of service to the District Director of USCIS and the Chief Counsel of ICE in the jurisdiction where the organization is located. To identify the appropriate DHS offices, the organization should consult the USCIS and ICE websites or a DHS office.

**For more information about applying for accreditation, visit the EOIR website at: <http://www.justice.gov/eoir/ra.htm>.**

**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, and experience.

## 6. Attestations (complete both)

<b>Officer of organization</b>	<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 officer of organization</p> <p>_____</p> <p>Print name of officer of organization</p> <p>_____</p> <p>Date</p>	<b>Proposed representative</b>	<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)

<b>DHS USCIS</b>	<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)</p> <p>at _____ (Number and Street)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ (Signature)</p>
<b>DHS ICE</b>	<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)</p> <p>at _____ (Number and Street)</p> <p>_____ (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.