

IF INITIAL APPLICATION OR PRO BONO REFERRAL SERVICE PROVIDER SHOW THE FOLLOWING TEXT:

This section is not applicable.

Section A.

By checking this box applicant affirms that:

- Pro bono legal services have been provided to the individuals listed below.
- The cases below represent, for each immigration court location where the provider appears on the List, at least 50 hours of pro bono legal services in each of the 3 years since the applicant's last approval to be on the List.

Alien Number of Individual(s) Represented	Court Location	Hours of Service	Dates Service Provided	Name and EOIR Registration Number of Representative (if available)
			From	
			To	

Section B.

Provide the total pro bono legal service hours performed during the past 3 years on matters in each immigration court location listed in Part 6, Section A.

Not Applicable

Part 7. Declaration

+ Instructions

Authorized Officer Signature:

The applicant organization or referral service must have an authorized officer, such as the President, Executive Director or an officer of the organization, who has been designated to act on behalf of the organization to apply to be on the List. By signing the form under penalty of perjury the authorized officer declares that the organization or referral service meets the eligibility requirements to be included on the List and that the contents of the form and its attachments are true, correct, and complete.

Attorney Signature:

A private attorney must attest that he or she is licensed to practice law in the United States, has registered with EOIR (provide the registration number), and that he or she is not under an order of suspension, disbarment, or other restriction in the practice of law. By signing the form under penalty of perjury the attorney declares that he or she meets the eligibility requirements to be included on the List and that the contents of the form and its attachments are true, correct, and complete.

This application is not considered complete without a signature. By signing this form, the applicant hereby certifies the eligibility of the organization, referral service, or attorney to be included on the List.

Under penalty of perjury, I declare: I am the authorized officer of [redacted] referral service; I have examined this form, including the affirmations and accompanying attachments, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Authorized Officer: [redacted]

Title of Authorized Officer: [redacted]

Date: [redacted]

Under penalty of perjury, I declare: I am the authorized officer of [redacted] organization; I have examined this form, including the affirmations and accompanying attachments, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Authorized Officer: [redacted]

Title of Authorized Officer: [redacted]

Date: [redacted]

Print Name of Attorney or Accredited Representative [redacted]

Authorized to Appear Before EOIR: [redacted]

EOIR Registration (eReg) Number of Attorney or Accredited Representative Authorized to Appear Before EOIR: [redacted]

Under penalty of perjury, I declare that I am a licensed attorney registered with EOIR (number) provided below and that I am not under any order of suspension, disbarment, or other restriction limiting my practice of law, and that I have examined this form, including the affirmations and accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Attorney: [redacted]

EOIR Registration (eReg) Number: [redacted]

Date: [redacted]

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. Every effort is made to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide information. The estimated average time to review the form, gather necessary materials, and assemble the attachments is 30 minutes for an initial application and 45 minutes for a renewal application. 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 22041.

The collection of this information is authorized by 8 U.S.C. §§ 1158, 1229 and 8 C.F.R. §§ 1003, 1240, 1241. All information provided in this form is voluntary. The information you provide is necessary for EOIR to consider your request for inclusion on the List of Pro Bono Legal Service Providers. Failure to provide the requested information may result in denial of your application. Furthermore, the submission of this form acknowledges that any applicant approved will be subject to disciplinary procedures including public publication of findings of misconduct. EOIR may share this information with others in accordance with approved routine uses. The List of Pro Bono Legal Service Providers is authorized by the Executive Office for Immigration Review. Certain information on initial applications, including the applicant's name and the immigration court locations selected, will be disclosed to the public for comment prior to adjudication of the initial application. Information pertaining to specific individuals receiving representation will not be disclosed as part of the public comment process.

To submit the completed form, scroll to the top of the page and click the "Save and Submit" button. Please be aware that this form is not submitted to EOIR until the "Save and Submit" button has been clicked.

For more information about the List of Pro Bono Legal Service Providers visit: <https://www.eoir.gov/eoir/2015-pro-bono-legal-service-providers>

Form EOIR-56
Rev. (Dec. 2015)