

Name: \_\_\_\_\_

Alien Number ("A" Number): \_\_\_\_\_

**If more than one alien is included in your appeal or motion, only the lead alien need file this form. This form is to be signed by the alien, not the alien's attorney or representative of record.**

I, \_\_\_\_\_, declare under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I am the person above and that I am unable to pay the fee. I believe that my appeal/motion is valid, and I declare that the following information is true and correct to the best of my knowledge:

**Assets**

**Expenses (including dependents)**

Wages, Salary \$ \_\_\_\_\_ /month

Housing \$ \_\_\_\_\_ /month  
(rent, mortgage, etc.)

Other Income \_\_\_\_\_ /month  
(business, professional services,  
self-employed/independent contracting,  
rental payments, etc.)

Food \_\_\_\_\_ /month

Medical/Health \_\_\_\_\_ /month

Cash \_\_\_\_\_

Utilities \_\_\_\_\_ /month  
(phone, electric, gas,  
water, etc.)

Checking and/or Savings \_\_\_\_\_

Transportation \_\_\_\_\_ /month

Property \_\_\_\_\_  
(real estate, automobile(s),  
stocks, bonds, etc.)

Debts, Liabilities \_\_\_\_\_ /month

Other Financial Support \_\_\_\_\_ /month  
(public assistance, alimony,  
child support, gift, parent,  
spouse, other family members, etc.)

Other \_\_\_\_\_ \$ \_\_\_\_\_ /month  
(specify)

\_\_\_\_\_  
Signature of Alien Date

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 complete this form is one (1) hour. 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.

\_\_\_\_\_  
Attorney or Representative (if any):

I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith.

Privacy Act Notice: The information on this form is requested to determine if you have established eligibility for the fee waiver you are seeking. The legal right to ask for this information is located at 50 C.F.R. § 100.3.2(a)(3). EOIR may provide this information to other government agencies. Failure to provide this information may result in denial of your request.

\_\_\_\_\_  
Signature of Attorney or Representative Date

\_\_\_\_\_  
Print name

## Written Narrative of Proposed Changes to the Form EOIR-26A: Fee Waiver Request

### Footer on page 1

1. Change the revision date from "October 2013" to "December 2014" in the bottom right-hand corner.
2. Change the form number from "EOIR-26a" to "EOIR-26A"

### Privacy Act Notice:

1. Shift the notice to the left so that it lines up with the Paperwork Reduction Act information.

### Alien Signature and Date:

1. Have the signature and date on the same line (see below)

\_\_\_\_\_  
Signature of Alien

\_\_\_\_\_  
Date

2. Move the signature and date fields up to make room for the new section below (Attorney/Representative Signature and Date)

### Attorney/Representative Signature and Date:

1. Below the Alien's signature, insert a bold line
2. Add a header under the line that states "Attorney or Representative (if any):"
3. Add the following text: "I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith."
4. Add a signature field and date field, on the same line, below the text in #3 above
5. Add a "Print Name" line below the signature and date lines
6. This section should appear as follows:

\_\_\_\_\_  
Signature of Alien

\_\_\_\_\_  
Date

#### **Attorney or Representative (if any):**

I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith.

\_\_\_\_\_  
Signature of Attorney or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name