

**TABLE OF CHANGES – FORM**  
**Form G-28I, Notice of Appearance as Attorney in Matters Outside the**  
**Geographical Confines of the United States**  
**OMB Number: 1615-0105**  
**03/05/2018**

**Reason for Revision:** Comprehensive revision.

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<p><b>Page 1,</b></p> <p><b>Part 1. Information About Attorney</b></p>	<p>[Page 1]</p> <p><b>Part 1. Information About Attorney</b></p> <p>1. USCIS ELIS Account Number <i>(if any)</i></p> <p><b><i>Name and Address of Attorney</i></b></p> <p>2.a. Family Name (Last Name)                  2.b. Given Name (First Name)                  2.c. Middle Name</p> <p>3. Name of Law Firm <i>(if applicable)</i></p> <p>4.a. Street Number and Name                  4.b. Apt./Ste./Flr. [Fillable field]                  4.c. City or Town                  4.d. Province                  4.e. Postal Code                  4.f. Country</p> <p>5. Telephone Number                  8. Mobile Telephone Number <i>(if any)</i>                  7. E-Mail Address <i>(if any)</i>                  6. Fax Number</p>	<p>[Page 1]</p> <p><b>Part 1. Information About Attorney</b></p> <p>1. USCIS Online Account Number <i>(if any)</i></p> <p><b><i>Name of Attorney</i></b></p> <p>2.a. Family Name (Last Name)                  2.b. Given Name (First Name)                  2.c. Middle Name</p> <p><b>[Deleted]</b></p> <p><b><i>Address of Attorney</i></b></p> <p>3.a. Street Number and Name                  3.b. Apt./Ste./Flr. [Fillable field]                  3.c. City or Town                  3.d. Province                  3.e. Postal Code                  3.f. Country</p> <p><b><i>Contact Information of Attorney</i></b></p> <p>4. Daytime Telephone Number                  5. Mobile Telephone Number <i>(if any)</i>                  6. Email Address <i>(if any)</i>                  7. Fax Number <i>(if any)</i></p>
<p><b>Page 1,</b></p> <p><b>Part 3. Eligibility Information for Attorney</b></p>	<p>[Page 1]</p> <p><b>Part 3. Eligibility Information for Attorney</b></p> <p>Select all applicable boxes.</p> <p>1.a. I am licensed and authorized to practice law in the following countries. <i>(If you need additional space, use Part 6.)</i></p>	<p>[Page 1]</p> <p><b>Part 2. Eligibility Information for Attorney</b></p> <p>Select all applicable items.</p> <p>1.a. I am an attorney licensed to practice law in, and in good standing of, a court of general jurisdiction in the following country where I reside and I am regularly engaged in such practice. If you need extra space to complete this section, use the space provided in Part 6. <b>Additional Information.</b></p>

	<p>Licensing Authority</p> <p><b>1.b.</b> Bar Number <i>(if applicable)</i></p> <p><b>1.c.</b> I am in good standing in a court or general jurisdiction in the following countries where I reside and am engaged in the practice of law. <i>(If you need additional space, use <b>Part 6.</b>)</i></p> <p><b>1.d.</b> I (choose one) <b>am not/am</b> subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. <i>(If you need additional space, use <b>Part 6.</b>)</i></p> <p>I am associated with [Fillable field], the attorney of record who previously filed Form G-28I in this case, and my appearance as an attorney is at his or her request.</p> <p><b>NOTE:</b> If you select this item, also complete Item Numbers 1.a.-1.c.</p>	<p>Licensing Authority</p> <p><b>1.b.</b> License Number (if applicable)</p> <p><b>[Deleted]</b></p> <p><b>1.c.</b> I (select <b>only one box</b>) am not/am subject to any <b>order suspending</b>, enjoining, restraining, <b>disbaring</b>, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in <b>Part 6. Additional Information</b> to provide an explanation.</p> <p><b>1.d.</b> Name of Law Firm or Organization (if applicable)</p> <p><b>2.</b> I am associated with [Fillable field], the attorney of record who previously filed Form G-28I in this case, and my appearance as an attorney <b>for a limited purpose</b> is at his or her request.</p> <p><b>[Deleted]</b></p>
<p><b>Page 2,</b></p> <p><b>Part 2. Notice of Appearance as Attorney Admitted to Practice Outside the United States</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Notice of Appearance as Attorney Admitted to Practice Outside the United States</b></p> <p>This appearance relates to immigration matters before <i>(Select <b>only one box</b>):</i></p> <p><b>1.a.</b> USCIS</p> <p><b>1.b.</b> List form numbers</p> <p><b>2.a.</b> ICE</p> <p><b>2.b.</b> List the specific matter in which appearance is entered</p> <p><b>3.a.</b> CBP</p> <p><b>3.b.</b> List the specific matter in which</p>	<p><b>[Page 1]</b></p> <p><b>Part 3. Notice of Appearance as Attorney Admitted to Practice Outside the United States</b></p> <p><i>If you need extra space to complete this section, use the space provided in <b>Part 6. Additional Information.</b></i></p> <p>This appearance relates to immigration matters before (select <b>only one box</b>):</p> <p><b>1.a.</b> U.S. Citizenship and Immigration Services (USCIS)</p> <p><b>1.b.</b> List the form numbers <b>or specific matter in which appearance is entered.</b></p> <p><b>2.a.</b> U.S. Immigration and Customs Enforcement (ICE)</p> <p><b>2.b.</b> List the specific matter in which appearance is entered.</p> <p><b>[Page 2]</b></p> <p><b>3.a.</b> U.S. Customs and Border Protection (CBP)</p> <p><b>3.b.</b> List the specific matter in which</p>

	<p>appearance is entered</p> <p>4. I enter my appearance as attorney at the request of <b>the</b>: Applicant Petitioner</p> <p>Respondent (ICE, CBP)</p> <p><b>Information About Applicant, Petitioner, or Respondent</b></p> <p>5.a. Family Name (<i>Last Name</i>) 5.b. Given Name (<i>First Name</i>) 5.c. Middle Name 6. Name of Company or Organization (<i>if applicable</i>)</p> <p>7. USCIS ELIS Account Number (if any)</p> <p>8. Alien Registration Number (A-Number) or Receipt Number (if any)</p> <p>9. Telephone Number</p> <p>10. E-mail Address (<i>if any</i>)</p> <p><b>[Page 2]</b></p> <p><b>Mailing Address</b></p> <p><b>NOTE:</b> Provide the mailing address of the applicant, petitioner, requestor, or respondent. <b>Do not</b> provide the business mailing address of the attorney <b>unless</b> it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28I.</p> <p>11.a. Street Number and Name 11.b. Apt./Ste./Flr. [Fillable field] 11.c. City or Town 11.d. Province 11.e. Postal Code 11.f. Country</p>	<p>appearance is entered.</p> <p>4. Receipt Number (if any)</p> <p>5. I enter my appearance as <b>an</b> attorney at the request of <b>the</b> (<b>select only one</b> box): Applicant Petitioner <b>Beneficiary/Derivative</b> Respondent (ICE, CBP)</p> <p><b>Information About Client (Applicant, Petitioner, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)</b></p> <p>6.a. Family Name (Last Name) 6.b. Given Name (First Name) 6.c. Middle Name 7.a. Name of <b>Entity</b> (if applicable)</p> <p>7.b. Title of Authorized Signatory for Entity (if applicable)</p> <p>8. Client's USCIS Online Account Number (if any)</p> <p>9. Client's Alien Registration Number (A-Number) (if any)</p> <p><b>Client's Contact Information</b></p> <p>10. Daytime Telephone Number 11. Mobile Telephone Number (if any) 12. Email Address (if any)</p> <p><b>Mailing Address of Client</b></p> <p><b>NOTE:</b> Provide the <b>client's</b> mailing <b>address</b>. <b>Do not</b> provide the business mailing address of the attorney <b>unless</b> it serves as the safe mailing address on the application <b>or petition</b> being filed with this Form G-28I.</p> <p>13.a. Street Number and Name 13.b. Apt./Ste./Flr. [Fillable field] 13.c. City or Town 13.d. Province 13.e. Postal Code 13.f. Country</p>
<p>Page 2,</p> <p><b>Part 4. Applicant, Petitioner, or Respondent Consent to Representation, Contact</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature</b></p> <p><i>Consent to Representation and Release of</i></p>	<p><b>[Page 2]</b></p> <p><b>Part 4. Client's Consent to Representation and Signature</b></p> <p><i>Consent to Representation and Release of</i></p>

<p><b>Information, and Signature</b></p>	<p><b>Information</b></p> <p>1. I have requested the representation of and consented to being represented by the attorney named in <b>Part 1.</b> of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.</p> <p>When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney either through mail or electronic delivery.</p> <p>DHS will also send the Form I-94, Arrival Departure Record, to you <b>unless</b> you select <b>Item Number 2.a.</b> in <b>Part 4.</b> All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address <b>unless</b> you ask us to send your secure identity documents to your attorney of record.</p> <p>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, please select <b>all applicable</b> boxes below:</p> <p><b>2.a.</b> I request that DHS send any notice (including Form I-94) on an application, petition, or request that I have filed with DHS to the business address of my attorney of record as listed in this form. I understand that I may change this election at any future date through written notice to DHS.</p> <p><b>2.b.</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 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 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.</p>	<p><b>Information</b></p> <p>I have requested the representation of and consented to being represented by the attorney named in <b>Part 1.</b> of this form. According to the Privacy Act of 1974 and <b>U.S. Department of Homeland Security</b> (DHS) policy, I also consent to the disclosure to the named attorney of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.</p> <p><b>Options Regarding Receipt of USCIS Notices</b></p> <p>USCIS will send notices to both a <b>represented party (the client)</b> and his, her, or its attorney or accredited representative either through mail or electronic <b>delivery.</b> If you want to have notices sent to your attorney rather than to you, please select <b>Item Number 1.</b> below. You may change this election through written notice to USCIS.</p> <p><b>[Deleted]</b></p> <p><b>1.</b> I request that <b>USCIS send original notices on an application or petition to the business address of my attorney as listed in this form.</b></p> <p><b>[Deleted]</b></p> <p><b>Signature of Client or Authorized Signatory</b></p>
--	---	---

	<p><b>3.a.</b> Signature of Applicant, Petitioner, or Respondent</p> <p><b>3.b.</b> Date of Signature (<i>mm/dd/yyyy</i>)</p>	<p><i>for an Entity</i></p> <p><b>2.a.</b> Signature of <i>Client or Authorized Signatory for an Entity</i></p> <p><b>2.b.</b> Date of Signature (<i>mm/dd/yyyy</i>)</p>
<p><b>Page 3,</b></p> <p><b>Part 5. Signature of Attorney</b></p>	<p><b>[Page 3]</b></p> <p><b>Part 5. Signature of Attorney</b></p> <p>I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.</p> <p><b>1.a.</b> Signature of Attorney <b>1.b.</b> Date of Signature (<i>mm/dd/yyyy</i>)</p>	<p><b>[Page 3]</b></p> <p><b>Part 5. Signature of Attorney</b></p> <p>I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before <b>DHS</b>. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.</p> <p><b>1.a.</b> Signature of Attorney <b>1.b.</b> Date of Signature (<i>mm/dd/yyyy</i>)</p>
<p><b>Page 4,</b></p> <p><b>Part 6. Additional Information</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 6. Additional Information</b></p> <p>Use the space provided below to provide additional information pertaining to <b>Part 3</b>, <b>Item Numbers 1.a.-1.d.</b> 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 <b>Part 4</b>.)</p>	<p><b>[Page 4]</b></p> <p><b>Part 6. Additional Information</b></p> <p><i>If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</i></p> <p><b>1.a.</b> Family Name (Last Name) [Auto-populated field] <b>1.b.</b> Given Name (First Name) [Auto-populated field] <b>1.c.</b> Middle Name [Auto-populated field]</p> <p><b>2.a.</b> Page Number <b>2.b.</b> Part Number <b>2.c.</b> Item Number <b>2.d.</b> [Fillable field]</p> <p><b>3.a.</b> Page Number <b>3.b.</b> Part Number <b>3.c.</b> Item Number <b>3.d.</b> [Fillable field]</p> <p><b>4.a.</b> Page Number <b>4.b.</b> Part Number <b>4.c.</b> Item Number <b>4.d.</b> [Fillable field]</p> <p><b>5.a.</b> Page Number <b>5.b.</b> Part Number</p>

		<b>5.c.</b> Item Number <b>5.d.</b> [Fillable field]  <b>6.a.</b> Page Number <b>6.b.</b> Part Number <b>6.c.</b> Item Number <b>6.d.</b> [Fillable field]
--	--	--