

**TABLE OF CHANGES – FORM**  
**Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative**  
**OMB Number: 1615-0105**  
**03/26/2018**

**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 or Accredited Representative</b></p>	<p>[Page 1]</p> <p><b>Part 1. Information About Attorney or Accredited Representative</b></p> <p>1. USCIS ELIS Account Number <i>(if any)</i></p> <p><i>Name and Address of Attorney or Accredited Representative</i></p> <p>2.a. Family Name (Last Name)                  2.b. Given Name (First Name)                  2.c. Middle Name</p> <p>3.a. Street Number and Name                  3.b. Apt./Ste./Flr. [fillable field]                  3.c. City or Town                  3.d. State                  3.e. ZIP Code                  3.f. Province                  3.g. Postal Code                  3.h. Country</p> <p>4. Daytime Telephone Number                  7. Mobile Telephone Number <i>(if any)</i>                  6. E-Mail Address <i>(if any)</i>                  5. Fax Number</p>	<p>[Page 1]</p> <p><b>Part 1. Information About Attorney or Accredited Representative</b></p> <p>1. USCIS Online Account Number <i>(if any)</i></p> <p><i>Name of Attorney or Accredited Representative</i></p> <p>2.a. Family Name (Last Name)                  2.b. Given Name (First Name)                  2.c. Middle Name</p> <p><i>Address of Attorney or Accredited Representative</i></p> <p>3.a. Street Number and Name                  3.b. Apt./Ste./Flr. [Fillable field]                  3.c. City or Town                  3.d. State                  3.e. ZIP Code                  3.f. Province                  3.g. Postal Code                  3.h. Country</p> <p><i>Contact Information of Attorney or Accredited Representative</i></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>Pages 2-3,</b></p> <p><b>Part 3. Eligibility Information for Attorney or Accredited Representative</b></p>	<p>[Page 2]</p> <p><b>Part 3. Eligibility Information for Attorney or Accredited Representative</b></p> <p>Select <b>all applicable</b> items:</p> <p>1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states,</p>	<p>[Page 1]</p> <p><b>Part 2. Eligibility Information for Attorney or Accredited Representative</b></p> <p>Select <b>all applicable</b> items:</p> <p>1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states,</p>

	<p>possessions, territories, commonwealths, or the District of Columbia. <i>(If you need additional space, use <b>Part 6.</b>)</i></p> <p>Licensing Authority</p> <p><b>1.b.</b> Bar Number <i>(if applicable)</i></p> <p><b>1.d.</b> I <i>(choose one)</i> am not/am 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><b>1.c.</b> Name of Law Firm</p> <p><b>2.a.</b> I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.</p> <p><b>2.b.</b> Name of Recognized Organization <b>2.c.</b> Date accreditation expires (mm/dd/yyyy)</p> <p><b>[Page 3]</b></p> <p><b>3.</b> I am associated with [Fillable field], the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.</p> <p><b>NOTE:</b> If you select this item, also complete Item Numbers <b>1.a.</b> - <b>1.b.</b> or Item Numbers <b>2.a.</b> - <b>2.c.</b> in <b>Part 3.</b> <i>(whichever is appropriate).</i></p> <p><b>4.a.</b> I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).</p> <p><b>4.b.</b> Name of Law Student or Law Graduate</p>	<p>possessions, territories, commonwealths, or the District of Columbia. If you need <b>extra space to complete this section</b>, use the space provided in <b>Part 6. Additional Information.</b></p> <p>Licensing Authority</p> <p><b>1.b.</b> Bar Number (if applicable)</p> <p><b>1.c.</b> I <b>(select 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 <b>(if applicable)</b></p> <p><b>2.a.</b> I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States <b>and</b> recognized by the Department of <b>Justice in</b> accordance with <b>8 CFR part 1292.</b></p> <p><b>2.b.</b> Name of Recognized Organization <b>2.c.</b> Date of <b>Accreditation</b> (mm/dd/yyyy)</p> <p><b>3.</b> I am associated with [Fillable field], the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative <b>for a limited purpose</b> is at his or her request.</p> <p><b>[Deleted]</b></p> <p><b>4.a.</b> I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in <b>8 CFR 292.1(a)(2).</b></p> <p><b>4.b.</b> Name of Law Student or Law Graduate</p>
<p><b>Pages 1-2,</b></p> <p><b>Part 2. Notice of Appearance as Attorney or Accredited</b></p>	<p><b>[Page 1]</b></p> <p><b>Part 2. Notice of Appearance as Attorney or Accredited Representative</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 3. Notice of Appearance as Attorney or Accredited Representative</b></p> <p>If you need extra space to complete this section, use the space provided in <b>Part 6. Additional</b></p>

<b>Representative</b>		<b>Information.</b>
	<p>This appearance relates to immigration matters before (<i>Select only one box</i>):</p> <p><b>1.a.</b> USCIS</p> <p><b>1.b.</b> List the 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 appearance is entered.</p> <p>I enter my appearance as attorney or accredited representative at the request of:</p> <p><b>4.</b> Select <b>only one</b> box:  Applicant  Petitioner  Requestor  Respondent (ICE, CBP)</p> <p><b><i>Information About Applicant, Petitioner, Requestor, or Respondent</i></b></p> <p><b>5.a.</b> Family Name (Last Name)  <b>5.b.</b> Given Name (First Name)  <b>5.c.</b> Middle Name</p> <p><b>6.</b> Name of Company or Organization (<i>if applicable</i>)</p> <p>[Page 2]</p> <p><b>7.</b> USCIS ELIS Account Number (if any)</p> <p><b>8.</b> Alien Registration Number (A-Number) or Receipt Number</p> <p><b>9.</b> Daytime Telephone Number</p>	<p>This appearance relates to immigration matters before (select <b>only one</b> box):</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>3.a.</b> U.S. Customs and Border Protection (CBP)</p> <p><b>3.b.</b> List the specific matter in which appearance is entered.</p> <p><b>4.</b> Receipt Number (if any)</p> <p><b>5.</b> I enter my appearance as <b>an</b> attorney or accredited representative at the request of <b>the</b> (<b>select only one</b> box):  Applicant  Petitioner  Requestor  Beneficiary/Derivative  Respondent (ICE, CBP)</p> <p><b><i>Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)</i></b></p> <p><b>6.a.</b> Family Name (Last Name)  <b>6.b.</b> Given Name (First Name)  <b>6.c.</b> Middle Name</p> <p><b>7.a.</b> Name of Entity (if applicable)  <b>7.b.</b> Title of Authorized Signatory for Entity (if applicable)</p> <p><b>8.</b> Client's USCIS Online Account Number (if any)</p> <p><b>9.</b> Client's Alien Registration Number (A-Number) (if any)</p> <p><b><i>Client's Contact Information</i></b></p> <p><b>10.</b> Daytime Telephone Number</p>

	<p><b>10.</b> Mobile Telephone Number <i>(if any)</i>  <b>11.</b> E-Mail Address <i>(if any)</i></p> <p><b><i>Mailing Address of Applicant, Petitioner, Requestor, or Respondent</i></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 or accredited representative <b>unless</b> it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.</p> <p><b>12.a.</b> Street Number and Name  <b>12.b.</b> Apt. Ste. Flr. [fillable field]  <b>12.c.</b> City or Town  <b>12.d.</b> State  <b>12.e.</b> ZIP Code  <b>12.f.</b> Province  <b>12.g.</b> Postal Code  <b>12.h.</b> Country</p>	<p><b>11.</b> Mobile Telephone Number (if any)  <b>12. Email</b> Address (if any)</p> <p><b><i>Mailing Address of Client</i></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 or accredited representative <b>unless</b> it serves as the safe mailing address on the application <b>or petition</b> being filed with this Form G-28.</p> <p><b>13.a.</b> Street Number and Name  <b>13.b.</b> Apt./Ste./Flr. [Fillable field]  <b>13.c.</b> City or Town  <b>13.d.</b> State  <b>13.e.</b> ZIP Code  <b>13.f.</b> Province  <b>13.g.</b> Postal Code  <b>13.h.</b> Country</p>
<p><b>Page 3,</b></p> <p><b>Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature</b></p>	<p><b>[Page 3]</b></p> <p><b>Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature</b></p> <p><b><i>Consent to Representation and Release of Information</i></b></p> <p>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.</p> <p>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.</p> <p>DHS will also send the Form I-94, Arrival Departure Record, to you unless 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</p>	<p><b>[Page 2]</b></p> <p><b>Part 4. Client's Consent to Representation and Signature</b></p> <p><b><i>Consent to Representation and Release of Information</i></b></p> <p>I have requested the representation of and consented to being represented by the attorney or accredited representative named in <b>Part 1.</b> of this form. According to the Privacy Act of 1974 and <b>U.S. Department of Homeland Security (DHS)</b> policy, I also consent to the disclosure to the named attorney or accredited representative <b>of any records</b> pertaining to me that <b>appear</b> in any system of records of USCIS, ICE, or CBP.</p> <p><b>[Page 3]</b></p> <p><b><i>Options Regarding Receipt of USCIS Notices and Documents</i></b></p> <p>USCIS will send notices to both <b>a represented party (the client) and his, her, or its</b> attorney or accredited representative either through mail or electronic delivery. <b>USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.</b></p>

	<p>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.</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 or accredited representative, please select <b>all applicable</b> boxes below:</p> <p><b>2.a.</b> 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.</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 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.</p> <p><b>3.a.</b> Signature of Applicant, Petitioner, Requestor, or Respondent</p> <p><b>3.b.</b> Date of Signature (mm/dd/yyyy)</p>	<p>If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select <b>all applicable</b> items below. You may change these elections through written notice to USCIS.</p> <p><b>1.a.</b> I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.</p> <p><b>1.b.</b> I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).</p> <p><b>NOTE:</b> If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select <b>Item Number 1.c.</b></p> <p><b>1.c.</b> I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.</p> <p><i>Signature of Client or Authorized Signatory for an Entity</i></p> <p><b>2.a.</b> Signature of Client or Authorized Signatory for an Entity</p> <p><b>2.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p>Page 3,</p> <p><b>Part 5. Signature of Attorney or</b></p>	<p>[Page 3]</p> <p><b>Part 5. Signature of Attorney or Accredited Representative</b></p>	<p>[Page 3]</p> <p><b>Part 5. Signature of Attorney or Accredited Representative</b></p>

<p><b>Accredited Representative</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>Signature of Attorney or Accredited Representative</p> <p>Signature of Law Student or Law Graduate Date of Signature (mm/dd/yyyy)</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 or Accredited Representative <b>1.b.</b> Date of Signature (mm/dd/yyyy)</p> <p><b>2.a.</b> Signature of Law Student or Law Graduate <b>2.b.</b> Date of Signature (mm/dd/yyyy)</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., 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>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.</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 <b>5.c.</b> Item Number <b>5.d.</b> [Fillable field]</p> <p><b>6.a.</b> Page Number <b>6.b.</b> Part Number <b>6.c.</b> Item Number <b>6.d.</b> [Fillable field]</p>

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