**U.S. Department of Justice** Executive Office for Immigration Review Office of Legal Access Programs

# OMB# 1125-0015 Request to Be Included on the List of Pro Bono Legal Service Providers for Individuals in Immigration Proceedings

Private Attorney	Pro Bono Referral Service	Non-profit Organization
		Name
Optional Form EOIR-56 Rev. Month/Year		For more information about the List of visit: https://www.justice.gov/eoir/l
<b>U.S. Departm</b> Executive Off		
A. When to s		
• Organ accred the im (DHS		
• An or using		
• A sep		
B. Where to		
C. How to ap		
Read all of		
• Item # contac accrec		
• Item #		

Name (a) guarding lange lind our day (if not applicable output (NI/A?)						
Part 2. Organization information, as it should appear on the List						
Number and Street			Suite			
City		State	Zip Code			
Telephone		Email				
Website						
Part 3 Type of application (choose one)						

Optional Form EOIR-56 Rev. Month/Year

U.S. Department of Justic

Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rest the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

# B. Where to submit an Op

# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o



Renewal request

#### Part 4. Immigration court locations and additional applicant information (complete Sections A and B)

Indicate the name(s) of each immigration court location where the applicant intends to provide at least 50 hours of pro bono legal services annually (if an organization or attorney) or refer individuals for pro bono legal services (if a referral service). For each court, list any specialties, limitations, or comments that should be noted on the List for the corresponding court (e.g., children's cases or asylum cases only, criminal law specialty, staff speaks Spanish, walk-in hours). Attach additional sheets if necessary.

#### 1. Immigration Court Name: \_

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

Optional Form EOIR-56 Rev. Month/Year

# **U.S. Department of Justic**

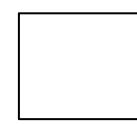
Executive Office for Immig

#### (Please r

#### A. When to submit an Opt

- Organizations are en accreditation for a re the immigration con (DHS), or before DF
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

	Specialties/Limitations/Comments:	
	-	
	-	
	-	
2.	Immigration Court Name:	
	Specialties/Limitations/Comments:	

Optional Form EOIR-56 Rev. Month/Year

# U.S. Department of Justic

Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

# B. Where to submit an Op

# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

#### Part 5. Affirmation of provision of pro bono legal services (choose one)

**<u>Organizations</u>**: By checking this box the applicant organization affirms that:

• It will provide annually at least 50 hours of pro bono legal services through its attorneys or representatives to individuals in proceedings in each immigration court location listed in Part 4.

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

Optional Form EOIR-56 Rev. Month/Year

# **U.S. Department of Justic**

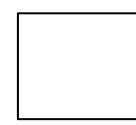
Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

- Every attorney and accredited representative who will represent clients pro bono before EOIR on behalf of the organization is registered with EOIR.
- No attorney or representative who will provide pro bono legal services on behalf of the organization in cases pending before EOIR is under an order of suspension, disbarment, or other restriction limiting his/her practice of law.

**Referral Services:** By checking this box the applicant pro bono referral service affirms that it will offer its services to individuals in immigration court proceedings for each immigration court location listed in Part 4.

**Private Attorneys:** By checking this box the applicant attorney affirms that:

• He or she will provide annually at least 50 hours of pro bono legal services to individuals in proceedings in each immigration court listed in Part 4.

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

Optional Form EOIR-56 Rev. Month/Year

**U.S. Department of Justic** 

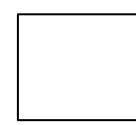
Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are en accreditation for a r the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

- He or she is unable to provide pro bono legal services through or in association with an organization or pro bono referral service because any such organization or referral service is unavailable or the range of services provided by available organization(s) or referral service(s) are insufficient to address the needs of the community.
- He or she has submitted with this application a description of the good faith efforts he or she made to provide pro bono legal services through an organization or pro bono referral service to individuals appearing before each immigration court location listed in Part 4.

Part 6. Renewal request by organization or private attorney (If initial application or renewal applicant is a pro bono referral service, skip to Part 7.)

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

Optional Form EOIR-56 Rev. Month/Year

U.S. Department of Justic

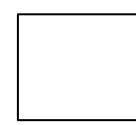
Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

# B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

List below the 50 hours of pro bono legal services per year for the past three years since the date of last approval provided in each immigration court location where the provider appears on the List. Attach additional sheets as necessary or for additional courts.

Immigration Court Location:							
Year 1 Date Range: From	to _						
Alien Number of Individual Represented	Hours of Service	Dates Service Provided to	Name of Attorney Or Representative				
For more information about the I	ist of Pro Bono Legal S	ervice Providers	Optional Form EOIR-56				

visit: https://www.justice.gov/eoir/list-pro-bono-legal-service-providers

Rev. Month/Year

# U.S. Department of Justic

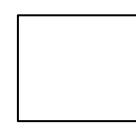
Executive Office for Immig

# (Please r

# A. When to submit an Opt

- Organizations are e accreditation for a r the immigration co (DHS), or before DI
- An organization ma ٠ using the Form EOI
- A separate application

# B. Where to submit an Op



# C. How to apply for accre

- Item #1 Provide t • contact information accreditation. The c
- Item #1 Only an o •

	 	to	 
	 	to	 
	 	to	 
	 	to	 
Total Hours Year 1:	 		 

Optional Form EOIR-56 Rev. Month/Year

U.S. Department of Justic

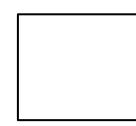
Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

# B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

Year 2 Date Range: From		to	
Alien Number of Individual Represented	Hours of Service	Dates Service Provided to	Name of Attorney Or Representative
		to	

Optional Form EOIR-56 Rev. Month/Year

# U.S. Department of Justic

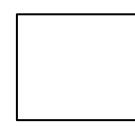
Executive Office for Immig

#### (Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

to		
Hours of Service	Dates Service Provided to	Name of Attorney Or Representative
	to	
	to	
-	Hours of	Service Provided to to

Optional Form EOIR-56 Rev. Month/Year

# U.S. Department of Justic

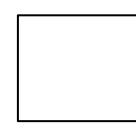
Executive Office for Immig

# (Please r

# A. When to submit an Opt

- Organizations are en accreditation for a re the immigration cou (DHS), or before DF
- An organization ma using the Form EOI
- A separate application

# B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- *Item #1* Only an o

	 to	 
	 to	 
Total Hours Year 3:	 	
Part 7. Declaration		

Optional Form EOIR-56 Rev. Month/Year

U.S. Department of Justic

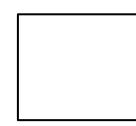
Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

# B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

This application is not considered complete without a signature. A signature is required in either Section A or Section B below, as applicable. By signing this form, the applicant hereby certifies the eligibility of the organization, referral service, or attorney to be included on the List.

#### Section A: Organization or Referral Service

Under penalty of perjury, I declare: I am the authorized officer of (organization/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

Print name of authorized officer

Print title of authorized officer

Email/Phone

Date

Date

(Please r

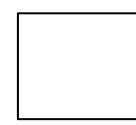
Justi

mmi

#### A. When to submit an Opt

- Organizations are e accreditation for a r the immigration co (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



#### C. How to apply for accre

Read all of these instruct

- Item #1 Provide t contact information accreditation. The c
- Item #1 Only an o

# Section B: Private Attorney

Under penalty of perjury, I declare that I am a licensed attorney registered with EOIR (number \_\_\_\_\_) 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

Print name of attorney

Email/Phone

Optional Form EOIR-56 Rev. Month/Year

U.S. Department of Justic

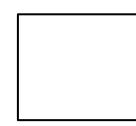
Executive Office for Immig

(Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o

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. 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.

# **U.S. Department of Justic**

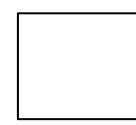
**Executive Office for Immig** 

#### (Please r

#### A. When to submit an Opt

- Organizations are end accreditation for a rist the immigration con (DHS), or before DI
- An organization ma using the Form EOI
- A separate application

#### B. Where to submit an Op



# C. How to apply for accre

- *Item #1* Provide t contact information accreditation. The c
- Item #1 Only an o