

## PAPERWORK REDUCTION ACT SUBMISSION


Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

<b>1. AGENCY/SUBAGENCY ORIGINATING REQUEST</b> Department of Justice, Executive Office for Immigration Review		<b>2. OMB CONTROL NUMBER</b> a. 1125 - 0015 <input type="checkbox"/> b. NONE <input type="checkbox"/>	
<b>3. TYPE OF INFORMATION COLLECTION</b> ( <i>X one</i> ) (For b. - f., note Item A2 of Supporting Statement instructions)		<b>4. TYPE OF REVIEW REQUESTED</b> ( <i>X one</i> )	
<input type="checkbox"/> a. NEW COLLECTION <input checked="" type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER		<input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. DELEGATED <b>5. SMALL ENTITIES</b> Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>6. REQUESTED EXPIRATION DATE</b> <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER:			
<b>7. TITLE</b> Request to be Included on the List of Pro Bono Legal Service Providers			
<b>8. AGENCY FORM NUMBER(S)</b> ( <i>if applicable</i> ) EOIR-56			
<b>9. KEYWORDS</b> Immigration, Attorney, Representative, Organization, Pro Bono, List			
<b>10. ABSTRACT</b> The List of Pro Bono Legal Service Providers ("List") is a list of persons who have indicated their availability to represent aliens on a pro bono basis. EOIR seeks to replace the current paper version of the EOIR application Form-56, with an electronic system to make an initial application and apply for continued participation in the List. Electronic filing of the Form EOIR-56 will be mandatory, and is intended to elicit, in a uniform manner, all of the required information for EOIR to determine whether an applicant meets the eligibility requirements.			
<b>11. AFFECTED PUBLIC</b> ( <i>Mark primary with "P" and all others that apply with "X"</i> )		<b>12. OBLIGATION TO RESPOND</b> ( <i>X one</i> )	
<input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input checked="" type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input checked="" type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS		<input type="checkbox"/> d. FARMS <input checked="" type="checkbox"/> e. FEDERAL GOVERNMENT <input checked="" type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT	
<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b>		<b>14. ANNUALIZED COST TO RESPONDENTS</b> ( <i>In thousands of dollars</i> )	
a. NUMBER OF RESPONDENTS: 161 b. TOTAL ANNUAL RESPONSES: 161 (1) Percentage of these responses collected electronically: 100.00 % c. TOTAL ANNUAL HOURS REQUESTED: 161 d. CURRENT OMB INVENTORY: 129 e. DIFFERENCE (+, -): 32 f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) (2) Adjustment (+, -) increase		a. TOTAL CAPITAL/STARTUP COSTS: \$0.00 b. TOTAL ANNUAL COSTS (O&M): 0.00 c. TOTAL ANNUALIZED COST REQUESTED: 0.00 d. CURRENT OMB INVENTORY: 0.00 e. DIFFERENCE (+, -): 0 0.00 f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) (2) Adjustment (+, -) 0 0.00	
<b>15. PURPOSE OF INFORMATION COLLECTION</b> ( <i>Mark primary with "P" and all others that apply with "X"</i> )		<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING</b> ( <i>X all that apply</i> )	
<input type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> d. AUDIT		<input checked="" type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input checked="" type="checkbox"/> c. REPORTING: (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually (7) Biennially <input checked="" type="checkbox"/> (8) Other ( <i>Describe</i> ) as needed	
<b>17. STATISTICAL METHODS</b> Does this information collection employ statistical methods? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>18. AGENCY CONTACT</b> ( <i>Person who can best answer questions regarding the content of this submission</i> ) a. NAME ( <i>Last, First, Middle Initial</i> ) Baptista, Christina M CHRISTINA BAPTISTA b. TELEPHONE NUMBER ( <i>include area code</i> ) (703) 305-0992	

<b>OMB CONTROL NUMBER</b> 1125 - 0015	<b>TITLE</b> Request to be Included on the List of Pro Bono Legal Service Providers
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**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

**a. PROGRAM OFFICIAL CERTIFICATION** *(Internal DoD Use Only)*

<b>(1) Signature</b> 	<b>(2) Date</b> 5/23/2017
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On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.


NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) If applicable, it uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

**b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION**

<b>(1) Signature</b> 	<b>(2) Date</b> 5/24/17
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## PAPERWORK CERTIFICATION

In submitting this request for Office of Management and Budget (OMB) approval, I certify that the requirements of the Privacy Act and OMB directives have been complied with, including paperwork regulations, any applicable statistical standards or directives, and any other information policy directives promulgated under 5 C.F.R. § 1320.



Christina Baptista  
Senior Counsel for Immigration  
Office of the General Counsel  
Executive Office for Immigration Review

May 24, 2017  
Date