

## 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 - 0005 <input type="checkbox"/> b. NONE <input type="checkbox"/>																																			
<b>3. TYPE OF INFORMATION COLLECTION (X one)</b> <i>(For b. - f., note Item A2 of Supporting Statement instructions)</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		<b>4. TYPE OF REVIEW REQUESTED (X one)</b> <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> Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals																																					
<b>8. AGENCY FORM NUMBER(S) (if applicable)</b> EOIR-27																																					
<b>9. KEYWORDS</b> Immigration, Attorney, Representative, Appearance, Board of Immigration Appeals																																					
<b>10. ABSTRACT</b> This information is used to allow attorneys or representatives to file their entry of appearance for each matter before the Board of Immigration Appeals and to notify the Department of Homeland Security of their representation.																																					
<b>11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> P a. INDIVIDUALS OR HOUSEHOLDS</td> <td style="border: none;"><input type="checkbox"/> d. FARMS</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> X b. BUSINESS OR OTHER FOR-PROFIT</td> <td style="border: none;"><input checked="" type="checkbox"/> X e. FEDERAL GOVERNMENT</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> X c. NOT-FOR-PROFIT INSTITUTIONS</td> <td style="border: none;"><input checked="" type="checkbox"/> X f. STATE, LOCAL OR TRIBAL GOVERNMENT</td> </tr> </table>		<input type="checkbox"/> P a. INDIVIDUALS OR HOUSEHOLDS	<input type="checkbox"/> d. FARMS	<input checked="" type="checkbox"/> X b. BUSINESS OR OTHER FOR-PROFIT	<input checked="" type="checkbox"/> X e. FEDERAL GOVERNMENT	<input checked="" type="checkbox"/> X c. NOT-FOR-PROFIT INSTITUTIONS	<input checked="" type="checkbox"/> X f. STATE, LOCAL OR TRIBAL GOVERNMENT	<b>12. OBLIGATION TO RESPOND (X one)</b> <input type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input checked="" type="checkbox"/> c. MANDATORY																													
<input type="checkbox"/> P a. INDIVIDUALS OR HOUSEHOLDS	<input type="checkbox"/> d. FARMS																																				
<input checked="" type="checkbox"/> X b. BUSINESS OR OTHER FOR-PROFIT	<input checked="" type="checkbox"/> X e. FEDERAL GOVERNMENT																																				
<input checked="" type="checkbox"/> X c. NOT-FOR-PROFIT INSTITUTIONS	<input checked="" type="checkbox"/> X f. STATE, LOCAL OR TRIBAL GOVERNMENT																																				
<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b> <table style="width: 100%; border: none;"> <tr><td>a. NUMBER OF RESPONDENTS</td><td style="text-align: right;">20,669</td></tr> <tr><td>b. TOTAL ANNUAL RESPONSES</td><td style="text-align: right;">20,669</td></tr> <tr><td>(1) Percentage of these responses collected electronically</td><td style="text-align: right;">99.50 %</td></tr> <tr><td>c. TOTAL ANNUAL HOURS REQUESTED</td><td style="text-align: right;">2,066</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: right;">2,654</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: right;">-588</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td></td></tr> <tr><td>    (1) Program change (+, -)</td><td></td></tr> <tr><td>    (2) Adjustment (+, -)</td><td style="text-align: right;">decrease</td></tr> </table>		a. NUMBER OF RESPONDENTS	20,669	b. TOTAL ANNUAL RESPONSES	20,669	(1) Percentage of these responses collected electronically	99.50 %	c. TOTAL ANNUAL HOURS REQUESTED	2,066	d. CURRENT OMB INVENTORY	2,654	e. DIFFERENCE (+, -)	-588	f. EXPLANATION OF DIFFERENCE:		(1) Program change (+, -)		(2) Adjustment (+, -)	decrease	<b>14. ANNUALIZED COST TO RESPONDENTS (in thousands of dollars)</b> <table style="width: 100%; border: none;"> <tr><td>a. TOTAL CAPITAL/STARTUP COSTS</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. TOTAL ANNUAL COSTS (O&amp;M)</td><td style="text-align: right;">0.00</td></tr> <tr><td>c. TOTAL ANNUALIZED COST REQUESTED</td><td style="text-align: right;">0.00</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: right;">0.00</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: right;">0 0.00</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td></td></tr> <tr><td>    (1) Program change (+, -)</td><td style="text-align: right;">0 0.00</td></tr> <tr><td>    (2) Adjustment (+, -)</td><td style="text-align: right;">0 0.00</td></tr> </table>		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 (+, -)	0 0.00	(2) Adjustment (+, -)	0 0.00
a. NUMBER OF RESPONDENTS	20,669																																				
b. TOTAL ANNUAL RESPONSES	20,669																																				
(1) Percentage of these responses collected electronically	99.50 %																																				
c. TOTAL ANNUAL HOURS REQUESTED	2,066																																				
d. CURRENT OMB INVENTORY	2,654																																				
e. DIFFERENCE (+, -)	-588																																				
f. EXPLANATION OF DIFFERENCE:																																					
(1) Program change (+, -)																																					
(2) Adjustment (+, -)	decrease																																				
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 (+, -)	0 0.00																																				
(2) Adjustment (+, -)	0 0.00																																				
<b>15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")</b> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> a. APPLICATION FOR BENEFITS</td><td><input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT</td></tr> <tr><td><input type="checkbox"/> b. PROGRAM EVALUATION</td><td><input type="checkbox"/> f. RESEARCH</td></tr> <tr><td><input type="checkbox"/> c. GENERAL PURPOSE STATISTICS</td><td><input type="checkbox"/> g. REGULATORY OR COMPLIANCE</td></tr> <tr><td><input type="checkbox"/> d. AUDIT</td><td><input checked="" type="checkbox"/> P</td></tr> </table>		<input type="checkbox"/> a. APPLICATION FOR BENEFITS	<input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT	<input type="checkbox"/> b. PROGRAM EVALUATION	<input type="checkbox"/> f. RESEARCH	<input type="checkbox"/> c. GENERAL PURPOSE STATISTICS	<input type="checkbox"/> g. REGULATORY OR COMPLIANCE	<input type="checkbox"/> d. AUDIT	<input checked="" type="checkbox"/> P	<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)</b> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> a. RECORDKEEPING</td><td><input type="checkbox"/> b. THIRD PARTY DISCLOSURE</td></tr> <tr><td><input checked="" type="checkbox"/> c. REPORTING:</td><td></td></tr> <tr><td>    <input type="checkbox"/> (1) On Occasion</td><td><input type="checkbox"/> (2) Weekly</td><td><input type="checkbox"/> (3) Monthly</td></tr> <tr><td>    <input type="checkbox"/> (4) Quarterly</td><td><input type="checkbox"/> (5) Semi-Annually</td><td><input type="checkbox"/> (6) Annually</td></tr> <tr><td>    <input type="checkbox"/> (7) Biennially</td><td><input checked="" type="checkbox"/> (8) Other (Describe) as needed</td><td></td></tr> </table>		<input type="checkbox"/> a. RECORDKEEPING	<input type="checkbox"/> b. THIRD PARTY DISCLOSURE	<input checked="" type="checkbox"/> c. REPORTING:		<input type="checkbox"/> (1) On Occasion	<input type="checkbox"/> (2) Weekly	<input type="checkbox"/> (3) Monthly	<input type="checkbox"/> (4) Quarterly	<input type="checkbox"/> (5) Semi-Annually	<input type="checkbox"/> (6) Annually	<input type="checkbox"/> (7) Biennially	<input checked="" type="checkbox"/> (8) Other (Describe) as needed														
<input type="checkbox"/> a. APPLICATION FOR BENEFITS	<input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT																																				
<input type="checkbox"/> b. PROGRAM EVALUATION	<input type="checkbox"/> f. RESEARCH																																				
<input type="checkbox"/> c. GENERAL PURPOSE STATISTICS	<input type="checkbox"/> g. REGULATORY OR COMPLIANCE																																				
<input type="checkbox"/> d. AUDIT	<input checked="" type="checkbox"/> P																																				
<input type="checkbox"/> a. RECORDKEEPING	<input type="checkbox"/> b. THIRD PARTY DISCLOSURE																																				
<input checked="" type="checkbox"/> c. REPORTING:																																					
<input type="checkbox"/> (1) On Occasion	<input type="checkbox"/> (2) Weekly	<input type="checkbox"/> (3) Monthly																																			
<input type="checkbox"/> (4) Quarterly	<input type="checkbox"/> (5) Semi-Annually	<input type="checkbox"/> (6) Annually																																			
<input type="checkbox"/> (7) Biennially	<input checked="" type="checkbox"/> (8) Other (Describe) 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 (Person who can best answer questions regarding the content of this submission)</b> <table style="width: 100%; border: none;"> <tr><td>a. NAME (Last, First, Middle Initial)</td><td>b. TELEPHONE NUMBER (include area code)</td></tr> <tr><td>Baptista, Christina M</td><td>(703) 305-0992</td></tr> <tr><td>CHRISTINA BAPTISTA</td><td></td></tr> </table>		a. NAME (Last, First, Middle Initial)	b. TELEPHONE NUMBER (include area code)	Baptista, Christina M	(703) 305-0992	CHRISTINA BAPTISTA																													
a. NAME (Last, First, Middle Initial)	b. TELEPHONE NUMBER (include area code)																																				
Baptista, Christina M	(703) 305-0992																																				
CHRISTINA BAPTISTA																																					

<b>OMB CONTROL NUMBER</b> 1125 - 0005	<b>TITLE</b> Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals
--	---

**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

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

<b>(1) Signature</b>	<b>(2) Date</b> 4/25/2017
----------------------	------------------------------

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> 4/26/17
---	----------------------------