

**TABLE OF CHANGES – FORM**  
**Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the**  
**Geographical Confines of the United States**  
**OMB Number: 1615-0105**  
**9/16/2021**

**Reason for Revision: Revision**  
**Project Phase: 30-Day**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Edition Date 05/23/2018  
Expires 05/31/2021

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1,</b> <b>Part 1. Information About Attorney</b>	<p>[Page 1]</p> <p>...</p> <p>2.a. Family Name (Last Name)  2.b. Given Name (First Name)  2.c. Middle Name</p> <p><i>Address of Attorney</i></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>...</p>	<p>[Page 1]</p> <p>...</p> <p><b>2.</b> Family Name (Last Name)  Given Name (First Name)  Middle Name</p> <p><i>Address of Attorney</i></p> <p><b>3.</b> Street Number and Name  Apt./Ste./Flr. [Fillable field]  City or Town  Province  Postal Code  Country</p> <p>...</p>
<b>Page 1,</b> <b>Part 2. Eligibility Information for Attorney</b>	<p>[Page 1]</p> <p><b>Part 2. Eligibility Information for Attorney</b></p> <p>Select <b>all applicable</b> items.</p> <p><b>1.a.</b> 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 <b>Part 6. Additional Information.</b></p> <p>Licensing Authority</p> <p><b>1.b.</b> License Number (if applicable)</p>	<p>[Page 1]</p> <p><b>Part 2. Eligibility Information for Attorney</b></p> <p>Select <b>all applicable</b> items.</p> <p><b>1.A.</b> 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 <b>Part 6. Additional Information.</b></p> <p><b>Jurisdiction [fillable field] License Number (if applicable) [fillable field]</b></p>

	<p><b>1.c.</b> I (select <b>only one</b> box) am not/am subject to any order suspending, enjoining, restraining, disbaring, 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 for a limited purpose is at his or her request.</p>	<p><b>B.</b> I (select <b>only one</b> box) am not/am subject to any order suspending, enjoining, restraining, disbaring, 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>C.</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 for a limited purpose is at <b>their</b> request.</p>
<p><b>Pages 1-2, Part 3. Notice of Appearance as Attorney Admitted to Practice Outside the United States</b></p>	<p><b>[Page 1]</b></p> <p>...</p> <p><b>1.a.</b> U.S. Citizenship and Immigration Services (USCIS) <b>1.b.</b> List the form numbers or specific matter in which appearance is entered.</p> <p><b>2.a.</b> U.S. Immigration and Customs Enforcement (ICE) <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) <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 an attorney at the request of the (select <b>only one</b> box): Applicant Petitioner Beneficiary/Derivative Respondent (ICE, CBP)</p> <p><b>Information About Client (Applicant, Petitioner, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)</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>[Page 1]</b></p> <p>...</p> <p><b>1.A.</b> U.S. Citizenship and Immigration Services (USCIS) <b>B.</b> List the form numbers or specific matter in which appearance is entered.</p> <p><b>2.A.</b> U.S. Immigration and Customs Enforcement (ICE) <b>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) <b>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 an attorney at the request of the (select <b>only one</b> box): Applicant Petitioner Beneficiary/Derivative <b>Respondent</b></p> <p><b>Information About Client (Applicant, Petitioner, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)</b></p> <p><b>6.</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>7.</b> Name of Entity (if applicable) <b>8.</b> Title of Authorized Signatory for Entity (if applicable)</p> <p><b>9.</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>Client’s Contact Information</b></p> <p><b>10.</b> Daytime Telephone Number  <b>11.</b> Mobile Telephone Number (if any)  <b>12.</b> Email Address (if any)</p> <p>...</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> Province  <b>13.e.</b> Postal Code  <b>13.f.</b> Country</p>	<p><b>10.</b> Client’s Alien Registration Number (A-Number) (if any)</p> <p><b>Client’s Contact Information</b></p> <p><b>11.</b> Daytime Telephone Number  <b>12.</b> Mobile Telephone Number (if any)  <b>13.</b> Email Address (if any)</p> <p>...</p> <p><b>14.</b> Street Number and Name  Apt./Ste./Flr. [Fillable field]  City or Town  Province  Postal Code  Country</p>
<p><b>Page 2,</b>  <b>Part 4. Client’s Consent to Representation and Signature</b></p>	<p>[Page 2]</p> <p>...</p> <p>USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. 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>...</p> <p><b>2.a.</b> Signature of Client or Authorized Signatory for an Entity  <b>2.b.</b> Date of Signature (mm/dd/yyyy)</p>	<p>[Page 2]</p> <p>...</p> <p>USCIS will send notices to both a represented party (the client) and <b>their attorney either</b> through mail or electronic delivery. 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 <b>by submitting a new Form G-28I</b> to USCIS.</p> <p>...</p> <p><b>2.</b> Signature of Client or Authorized Signatory for an Entity  Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 3,</b>  <b>Part 5. Signature of Attorney</b></p>	<p>[Page 3]</p> <p>...</p> <p><b>1.a.</b> Signature of Attorney  <b>1.b.</b> Date of Signature (mm/dd/yyyy)</p>	<p>[Page 3]</p> <p>....</p> <p><b>1.</b> Signature of Attorney  Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 4,</b>  <b>Part 6. Additional Information</b></p>	<p>[Page 4]</p> <p>...</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</p>	<p>[Page 4]</p> <p>...</p> <p><b>1.</b> Family Name (Last Name) [Auto-populated field]  Given Name (First Name) [Auto-populated field]  Middle Name [Auto-populated field]</p> <p><b>2.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>3.A.</b> Page Number</p>

	<p><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>	<p><b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>4.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>5.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>6.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p>
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