**TABLE OF CHANGES – FORM**

**Form G-28, Notice of Entry of Appearance as Attorney of Accredited Representative OMB Number: 1615-0105**

**08/16/2024**

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| **Reason for Revision: Revision****Project Phase: 30 Day**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 08/31/2025Edition Date 8/17/2022 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1,****Part 1. Information About Attorney or Accredited Representative** | **[Page 1]****Part 1. Information About Attorney or Accredited Representative****1.** USCIS Online Account Number (if any)**…** | **[Page 1]****Part 1. Information About Attorney or Accredited Representative****1.** U.S. Citizenship and Immigration Services (USCIS) Online Account Number (if any)**…** |
| **Pages 1-2,****Part 2. Eligibility Information for Attorney or Accredited Representative** | **[Page 1]****Part 2. Eligibility Information for Attorney or Accredited Representative**Select **all applicable** items:**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, possessions, territories, commonwealths, or the District of Columbia. If you need to provide information for more than three jurisdictions, use the space provided in **Part 6. Additional Information**.Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]**B.** I (select **only one** box) [] am not [] am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.**…****[Page 2]****4.A.** 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).**…** | **[Page 1]****Part 2. Eligibility Information for Attorney or Accredited Representative**Select **all applicable** items:**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, possessions, territories, commonwealths, or the District of Columbia. If you need to provide information for more than three jurisdictions, use the space provided in **Part 8. Additional Information**.Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]**B.** I (select **only one** box) [] am not [] am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 8. Additional Information** to provide an explanation.**…****[Page 2]****4.A.** I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record named in **Part 1.**, **Item Number 2.**, at the law firm named in **Part 2.**, **Item Number 1.C.** on this form in accordance with the requirements in 8 CFR 292.1(a)(2).**…** |
| **New** |  | **[Page 2]****Part 3.** **Designated Paralegal for** **Limited Interaction with USCIS for Customer Service Purposes**Attorney or accredited representative of record in **Part 1.**, **Item Number 2.** to include the name of the designated paralegal working under the direct supervision of the attorney or accredited representative of record named in **Part 1.**, **Item Number 2.** and at the law firm or recognized organization named in **Part 2.**, **Item Number 1.C.** The attorney or accredited representative of record in **Part 1.**, **Item Number 2** and the client named in **Part 5.** of this form have specifically authorized the designated paralegal named in **Item Number 1.** below to engage in limited interaction with USCIS customer service channels as specified in the form instructions.***Name of Paralegal*****1.** Family Name (Last Name)Given Name (First Name)Middle Name***Contact Information of Paralegal*****2.** Daytime Telephone Number**3.** Mobile Telephone Number (if any)**4.** Email Address (if any) |
| **Pages 2-3,****Part 3. Notice of Appearance as Attorney or Accredited Representative** | **[Page 2]****Part 3. Notice of Appearance as Attorney or Accredited Representative**If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.**…** **5.** I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):[] Applicant[] Petitioner[] Requestor[] Beneficiary/Derivative[] Respondent ***Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)*****6.** Family Name (Last Name)Given Name (First Name)Middle Name**7.** Name of Entity (if applicable)**8.** Title of Authorized Signatory for Entity (if applicable)**9.** Client’s USCIS Online Account Number (if any)**10.** Client’s Alien Registration Number (A-Number) (if any)**[Page 3]*****Client’s Contact Information*** **11.** Daytime Telephone Number**12.** Mobile Telephone Number (if any)**13.** Email Address (if any)***Mailing Address of Client*****NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.**14.** Street Number and NameApt./Ste./Flr. [Fillable field]City or TownStateZIP CodeProvincePostal CodeCountry | **[Page 2]****Part 4. Notice of Appearance as Attorney or Accredited Representative**If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.**…****5.** I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):[] Applicant[] Petitioner[] Requestor[] Beneficiary/Derivative[] Respondent **[moved down to Part 5]** |
| **New** | **[Page 2]****[moved down from above]** | **[Page 3]****Part 5. Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)****1.** Family Name (Last Name)Given Name (First Name)Middle Name**2.** Name of Entity (if applicable)**3.** Title of Authorized Signatory for Entity (if applicable)**4.** Client’s USCIS Online Account Number (if any)**5.** Client’s Alien Registration Number (A-Number) (if any)***Client’s Contact Information*** **6.** Daytime Telephone Number**7.** Mobile Telephone Number (if any)**8.** Email Address (if any)***Client’s Mailing Address*****NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.**9.** Street Number and NameApt./Ste./Flr. [Fillable field]City or TownStateZIP CodeProvincePostal CodeCountry |
| **Page 3,****Part 4. Client’s Consent to Representation and Signature** | **[Page 3]****Part 4. Client’s Consent to Representation and Signature*****Consent to Representation and Release of Information***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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP. **[new]*****Options Regarding Receipt of USCIS Notices and Documents***USCIS will send notices to both a represented party (the client) and their attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address. 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 **all applicable** items below. You may change these elections by submitting a new Form G-28 to USCIS. **1.A.** I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form. **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)). **NOTE:** 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 **Item Number 1.c.****C.** I request that USCIS send my notice containing Form I-94, Arrival-Departure Record, to me at my U.S. mailing address. ***Signature of Client or Authorized Signatory for an Entity*****2.** Signature of Client or Authorized Signatory for an EntityDate of Signature (mm/dd/yyyy) | **[Page 4]****Part 6. Client’s Consent to Representation and Signature*****Consent to Representation and Release of Information*****1.A.** 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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP. **B.** I have authorized the designated paralegal named in **Part 3.** of this form to engage in limited interaction with USCIS customer service channels. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named paralegal of any records pertaining to me related to the forms or specific matter listed in **Part 4.** of this form that appear in any USCIS system of records. ***Options Regarding Receipt of USCIS Notices and Documents***USCIS will send notices to both a represented party (the client) and their attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address. 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 **all applicable** items below. You may change these elections by submitting a new Form G-28 to USCIS. **2.A.** I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form. **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)). **NOTE:** If your notice contains a 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, please select **Item Number 3.****3.** I request that USCIS send my notice containing Form I-94, Arrival/Departure Record, to me at my U.S. mailing address. ***Signature of Client or Authorized Signatory for an Entity*****4.** Signature of Client or Authorized Signatory for an EntityDate of Signature (mm/dd/yyyy) |
| **Page 4,****Part 5. Signature of Attorney or Accredited Representative** | **[Page 4]****Part 5. Signature of Attorney or Accredited Representative**I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. 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.**1.** Signature of Attorney or Accredited RepresentativeDate of Signature (mm/dd/yyyy)**2.** Signature of Law Student or Law GraduateDate of Signature (mm/dd/yyyy) | **[Page 4]****Part 7. Signature of Attorney, Accredited Representative, Law Student, or Law Graduate** I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS, I acknowledge that I am subject to the disciplinary rules and procedures at 8 CFR 292.3, including, pursuant to 8 CFR sections 292.3(h)(3), 1003.108(c), authorizing/permitting publication of my name and findings of misconduct should I be subject to any public discipline. 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.**1.** Signature of Attorney or Accredited RepresentativeDate of Signature (mm/dd/yyyy)**2.** Signature of Law Student or Law Graduate  |
| **Page 5,****Part 6. Additional Information** | **[Page 5]****Part 6. Additional Information****…** | **[Page 5]****Part 8. Additional Information****…** |