

**Notice of Entry of Appearance as Attorney or
Representative Before the Board of Immigration Appeals**

(Type or Print) NAME AND ADDRESS OF REPRESENTED PARTY <table style="width: 100%; border: none;"><tr><td style="width: 33%; border-bottom: 1px solid black; text-align: center;">(First)</td><td style="width: 33%; border-bottom: 1px solid black; text-align: center;">(Middle Initial)</td><td style="width: 33%; border-bottom: 1px solid black; text-align: center;">(Last)</td></tr><tr><td colspan="2" style="border-bottom: 1px solid black; text-align: center;">(Number and Street)</td><td style="border-bottom: 1px solid black; text-align: center;">(Apt. No.)</td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;">(City)</td><td style="border-bottom: 1px solid black; text-align: center;">(State)</td><td style="border-bottom: 1px solid black; text-align: center;">(Zip Code)</td></tr></table>	(First)	(Middle Initial)	(Last)	(Number and Street)		(Apt. No.)	(City)	(State)	(Zip Code)	A-NUMBER (Provide Alien ("A") number of the represented party) USCIS Visa Appeal (Provide beneficiary name and A number) Fine (Provide fine number) Discipline or Contempt case (Provide docket or case number)
(First)	(Middle Initial)	(Last)								
(Number and Street)		(Apt. No.)								
(City)	(State)	(Zip Code)								
Attorney or Representative (please check one of the following): I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following states(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary), and I am not subject to any order disbaring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse). Full Name of Court _____ Bar Number (if applicable) _____ I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization: _____ I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2). I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3) and I have included a statement demonstrating that I meet the required criteria. I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from _____ (country). I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).										
Attorney or Representative (please check one of the following): I hereby enter my appearance as attorney or representative for, and at the request of, the party named above. EOIR has ordered the provision of a Qualified Representative for the party named above and I appear in that capacity. I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representations before the Board of Immigration Appeals. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 <i>et seq.</i> I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. <table style="width: 100%; border: none;"><tr><td style="width: 50%;">SIGNATURE OF ATTORNEY OR REPRESENTATIVE</td><td style="width: 25%;">EOIR ID NUMBER</td><td style="width: 25%;">DATE</td></tr><tr><td style="height: 40px; vertical-align: bottom;">X _____</td><td></td><td></td></tr></table>		SIGNATURE OF ATTORNEY OR REPRESENTATIVE	EOIR ID NUMBER	DATE	X _____					
SIGNATURE OF ATTORNEY OR REPRESENTATIVE	EOIR ID NUMBER	DATE								
X _____										
NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & EMAIL ADDRESS Name: _____ <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: center;">(First)</td><td style="width: 33%; text-align: center;">(Middle Initial)</td><td style="width: 33%; text-align: center;">(Last)</td></tr></table> Address: _____ <table style="width: 100%; border: none;"><tr><td style="width: 60%; text-align: center;">(Number and Street)</td><td style="width: 40%; text-align: center;">(Suite)</td></tr></table> Law Firm: _____ <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: center;">(City)</td><td style="width: 33%; text-align: center;">(State)</td><td style="width: 33%; text-align: center;">(Zip Code)</td></tr></table> Telephone: _____ Facsimile: _____ Email: _____ Check here if new address		(First)	(Middle Initial)	(Last)	(Number and Street)	(Suite)	(City)	(State)	(Zip Code)	
(First)	(Middle Initial)	(Last)								
(Number and Street)	(Suite)									
(City)	(State)	(Zip Code)								

Indicate Type of Appearance:

Primary Attorney/Representative

Non-Primary Attorney/Representative

Note: You must designate primary or non-primary. Only the primary attorney/representative will receive mailings from the BIA. All attorneys/representatives regardless of type of appearance are practitioners of record and are individually responsible as representatives for the respondent. Circumstances may arise that require the BIA to designate a primary and/or switch service of mailings from the primary to a non-primary.

I am providing pro bono representation. Check one: yes no

Proof of Service

I (Name) _____ provided a copy of this Form EOIR-27 on (Date) _____ to the
DHS (U.S. Immigration and Customs Enforcement – ICE) at _____
DHS (U.S. Citizenship and Immigration Services – USCIS) at _____
EOIR Disciplinary Counsel at _____
EOIR General Counsel (Contempt case) at _____

No service needed. I electronically filed this document, and the opposing party is participating in ECAS.

X _____

Signature of Person Serving

APPEARANCES - A practitioner of record is authorized and required to appear on behalf of a respondent, to file all documents on behalf of a respondent, and to accept service of process of all documents filed in the proceedings before the Board of Immigration Appeals (BIA). See 8 C.F.R. §§ 1003.38(g)(1)(ii), 1292.5(a). To perform the functions of and become the practitioner of record, the practitioner must file a separate Form EOIR-27 for each represented party in each appeal or motion before the BIA (8 C.F.R. § 1003.2(g)(1), 1003.3(a)(3), 1003.38(g)(1)), even though the practitioner may have appeared in the case before the Immigration Judge or U.S. Citizenship and Immigration Services. For information on how to file a Form EOIR-27 with the BIA, see the BIA Practice Manual at www.justice.gov/eoir. If information is omitted from the Form EOIR-27 or is not properly completed, the appearance may not be recognized, and the accompanying filing may be rejected. When an appearance as a practitioner of record is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102. Thereafter, substitution or withdrawal may be permitted upon approval by the BIA of a request of the practitioner of record in accordance with *Matter of Rosales*, 19 I&N Dec. 655 (1988). Appearances for limited purposes other than for document assistance to an unrepresented or *pro se* respondent are not permitted. 8 C.F.R. § 1003.2(g)(1), 1003.38(g)(2); *Matter of Velasquez*, 19 I&N Dec. 377, 384 (BIA 1986). A Form EOIR-60, not a Form EOIR-27, is required for the entry of a limited appearance for document assistance on an appeal, brief, motion, or other document. Note: Attorneys and Accredited Representatives (with full accreditation) must register with the EOIR eRegistry to practice before the BIA. 8 C.F.R. § 1292.1(f). Registration must be completed online at www.justice.gov/eoir. Attorneys and Accredited Representatives (with full accreditation) must first update their address in eRegistry before filing a Form EOIR-27 that reflects a new address.

FREEDOM OF INFORMATION ACT - This form may not be used to request records under the Freedom of Information Act (FOIA) or the Privacy Act. See 28 C.F.R. § 16.1-16.11 and appendices. For information about FOIA requests, see How to File a Freedom of Information Act (FOIA) Request With the Executive Office for Immigration Review, at <https://www.justice.gov/eoir>.

PRIVACY ACT NOTICE - The information requested on this form is authorized by 8 U.S.C. § 1362 and 8 C.F.R. § 1003.3 in order to enter an appearance to represent a party before the BIA. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to represent a party or receive notices of actions in a proceeding. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice, EOIR-001, Records and Management Information System, 69 Fed. Reg. 26,179 (May 11, 2004), and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999), or their successors. Furthermore, the submission of this form acknowledges that an attorney or representative will be subject to the disciplinary rules and procedures at 8 C.F.R. § 1003.101 et seq., including, pursuant to 8 C.F.R. §§ 292.3(h)(3), 1003.108(c), publication of the name of the attorney or representative and findings of misconduct should the attorney or representative be subject to any public discipline by EOIR.

CASES BEFORE EOIR - Automated information about cases before EOIR is available by calling (800) 898-7180 or (304) 625-2050 or by checking online at <https://acis.eoir.justice.gov>.

ADDITIONAL INFORMATION:

PAPERWORK REDUCTION ACT NOTICE - A person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose minimal burden on you to provide us with information. The estimated average time to complete this form is six (6) 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.