

	<p>1.A. <input type="checkbox"/> 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 Part 6. Additional Information.</p> <p>Jurisdiction [fillable field] License Number (if applicable) [fillable field]</p> <p>B. I (select only one 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 Part 6. Additional Information to provide an explanation.</p> <p>C. Name of Law Firm or Organization (if applicable)</p> <p>2. <input type="checkbox"/> 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 their request.</p>	
<p>Page 2,</p> <p>Part 3. Notice of Appearance as Attorney Admitted to Practice Outside the United States</p>	<p>[Page 2]</p> <p>Part 3. Notice of Appearance as Attorney Admitted to Practice Outside the United States</p> <p>If you need extra space to complete this section, use the space provided in Part 6. Additional Information.</p> <p>This appearance relates to immigration matters before (select only one box):</p> <p>1.A. <input type="checkbox"/> U.S. Citizenship and Immigration Services (USCIS) B. List the form numbers or specific matter in which appearance is entered.</p> <p>2.A. <input type="checkbox"/> U.S. Immigration and Customs Enforcement (ICE) B. List the specific matter in which appearance is entered.</p> <p>3.A. <input type="checkbox"/> U.S. Customs and Border Protection (CBP) B. List the specific matter in which appearance is entered.</p> <p>4. Receipt Number (if any)</p> <p>5. I enter my appearance as an attorney at the request of the (select only one box): Applicant Petitioner Beneficiary/Derivative</p>	

	<p>Respondent</p> <p>Information About Client (Applicant, Petitioner, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)</p> <p>6. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>7. Name of Entity (if applicable) 8. Title of Authorized Signatory for Entity (if applicable)</p> <p>9. Client's USCIS Online Account Number (if any) 10. Client's Alien Registration Number (A-Number) (if any)</p> <p>Client's Contact Information</p> <p>11. Daytime Telephone Number 12. Mobile Telephone Number (if any) 13. Email Address (if any)</p> <p>Mailing Address of Client</p> <p>NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney unless it serves as the safe mailing address on the application or petition being filed with this Form G-28I.</p> <p>14. Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town Province Postal Code Country</p>	
<p>Page 3,</p> <p>Part 4. Client's Consent to Representation and Signature</p>	<p>[Page 3]</p> <p>Part 4. Client's Consent to Representation and Signature</p> <p>Consent to Representation and Release of Information</p> <p>I have requested the representation of and consented to being represented by the attorney 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 of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.</p> <p>Options Regarding Receipt of USCIS Notices</p> <p>USCIS will send notices to both a represented</p>	

	<p>party (the client) and their attorney either through mail or electronic delivery. If you want to have notices sent to your attorney rather than to you, please select Item Number 1. below. You may change this election by submitting a new Form G-28I to USCIS.</p> <p>1. <input type="checkbox"/> I request that USCIS send original notices on an application or petition to the business address of my attorney as listed in this form.</p> <p>Signature of Client or Authorized Signatory for an Entity</p> <p>2. Signature of Client or Authorized Signatory for an Entity Date of Signature (mm/dd/yyyy)</p>	
<p>Page 3,</p> <p>Part 5. Signature of Attorney</p>	<p>[Page 3]</p> <p>Part 5. Signature of Attorney</p> <p>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.</p> <p>1. Signature of Attorney Date of Signature (mm/dd/yyyy)</p>	
<p>Page 4,</p> <p>Part 6. Additional Information</p>	<p>[Page 4]</p> <p>Part 6. Additional Information</p> <p>If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>3.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p>	

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