**U.S. Department of Justice**Executive Office for Immigration Review Board of Immigration Appeals

# OMB #1125-0002 Notice of Appeal from a Decision of an

**Immigration Judge** 

1. List Names and Alien Numbers (A-Numbers) of all Respondents/Applicants.	
<b>WARNING:</b> Names and A-Numbers for everyone appealing the Immigration Judg decision must be written in item #1. The names and A-Numbers listed will be the ones considered to be the subjects of the appeal.	ge's only
Staple check or money order here. Include name and A-Number for the lead Respondent/Applicant on the face of the check or money order.	
EOD OFFICIAL LIGE ONLY	
FOR OFFICIAL USE ONLY	

Page 1 of 8 Form EOIR-26 Rev. Jun. 2025

**U.S. Department of Justice** Executive Office for Immigration Review Board of Immigration Appeals

### OMB #1125-0002 Notice of Appeal from a Decision of an **Immigration Judge**

2.	I am	(Mark only one box.)
3.	I am DETAINED NOT DETAINED	(Mark only one box).
4.	My last hearing was at:	(Location, City, State)
5.	What decision are you appealing?	
	Mark only one box below. If you want to appeal more than one de more than one Notice of Appeal (Form EOIR-26).	
	I am filing an appeal from the Immigration Judge's decision (example: removal, deportation, exclusion, asylum, etc.) dated	in <b>merits</b> proceedings
	I am filing an appeal from the Immigration Judge's decision dated (For DHS use only: Did DH stay provision before the Immigration Court? Yes	
	I am filing an appeal from the Immigration Judge's decision reopen or a motion to reconsider dated	denying a motion to
	I am filing an <i>interlocutory appeal</i> from the Immigration Judecision dated	lge's
	(Please attach a copy of the Immigration Judge's decision that yo	u are appealing.)

Page 2 of 8 Form EOIR-26 Rev. Jun. 2025

Executive Office for Immigration Review Board of Immigration Appeals

## OMB #1125-0002 Notice of Appeal from a Decision of an

**Immigration Judge** 

0.	F for further guidance. You are not limited to the space provided below; use more sheets of paper if necessary. Write your name(s) and A-Number(s) on every additional sheet.

(Attach additional sheets if necessary)

WARNING: You must clearly explain the specific facts and law on which you base your appeal of the Immigration Judge's decision. The Board may summarily dismiss your appeal if it cannot tell from this Notice of Appeal, or any statements attached to this Notice of Appeal, why you are appealing.

Page 3 of 8 Form EOIR-26 Rev. Jun. 2025

**U.S. Department of Justice**Executive Office for Immigration Review Board of Immigration Appeals

# OMB #1125-0002 Notice of Appeal from a Decision of an

**Immigration Judge** 

7.	Do you desire oral argument before the Board of Immigration Appeals?
	<b>WARNING:</b> If you mark "Yes" in item #7, you should also include in your statement in item #6 why you believe your case warrants review by a three-member panel. The Board ordinarily will not grant a request for oral argument unless you also file a brief.
8.	Do you intend to file a separate written brief or statement after filing this Notice of Appeal?  Yes No
	<b>WARNING:</b> If you mark "Yes" in Item #8, you will be expected to file a written brief or statement after you receive a briefing schedule from the Board. The Board may summarily dismiss your appeal if you do not file a brief or statement within the time set in the briefing schedule.
9.	Signature of Person Appealing (or attorney or representative):
	Print Name:
	Sign Here:
	Date:

Page 4 of 8 Form EOIR-26 Rev. Jun. 2025

Executive Office for Immigration Review *Board of Immigration Appeals* 

## OMB #1125-0002 Notice of Appeal from a Decision of an

Immigration Judge

10. Mailing A	Address of Respondents/Applicants:
Name:	
Street Ad	dress:
Apartmer	nt or Room Number:
City, State	e, Zip Code:
Telephon	e Number:

**NOTE:** You must notify the Board within five (5) working days if you move to a new address or change your telephone number. You must use the Change of Address Form/Board of Immigration Appeals (Form EOIR-33/BIA).

Page **5** of **8**Form EOIR-26

Rev. Jun. 2025

Executive Office for Immigration Review *Board of Immigration Appeals* 

## OMB #1125-0002 Notice of Appeal from a Decision of an

Immigration Judge

Mailing Address of Attorney or Representative for the Respondents/Applicants:
Name:
Street Address:
Suite or Room Number:
City, State, Zip Code:
Telephone Number:
Email:

**NOTE:** If an attorney or representative signs this appeal for you, he or she must file *with this appeal*, a Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals (Form EOIR-27).

Page **6** of **8**Form EOIR-26

Rev. Jun. 2025

Executive Office for Immigration Review *Board of Immigration Appeals* 

### OMB #1125-0002 Notice of Appeal from a Decision of an

Notice of Appeal from a Decision of an Immigration Judge

2. <b>PRO</b>	OF OF SERVICE
You n	nust complete this section.
I	
maile	d or delivered a copy of this Notice of Appeal on
to	
Γ	
at	
	No service needed. I electronically filed this document, and the opposing party is
partic	ipating in ECAS.
SIGN	HERE:

**NOTE:** If you are the Respondent or Applicant, the "Opposing Party" is the Assistant Chief Counsel of DHS – ICE.

**WARNING:** If you do not complete this section properly, your appeal will be rejected or dismissed. If you do not attach a fee payment receipt, fee, or a completed Fee Waiver Request (Form EOIR-26A) to this appeal, your appeal may be rejected or dismissed.

Page **7** of **8**Form EOIR-26

Rev. Jun. 2025

**U.S. Department of Justice**Executive Office for Immigration Review Board of Immigration Appeals

# OMB #1125-0002 Notice of Appeal from a Decision of an

**Immigration Judge** 

## **HAVE YOU?**

Read all of the General Instructions.
Provided all of the requested information.
Completed this form in English.
Provided a certified English translation for all non-English attachments.
Signed the form.
Served a copy of this form and all attachments on the opposing party, if applicable.
Completed and signed the Proof of Service.
Attached the required fee payment receipt, fee, or Fee Waiver Request.
Attached a completed and signed EOIR-27 for each respondent or applicant represented by
an attorney or representative.

Page 8 of 8 Form EOIR-26 Rev. Jun. 2025