

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

Part 1. Information About Attorney or Accredited Representative	Part 2. Eligibility Information for Attorney or Accredited Representative
1. USCIS Online Account Number (if any) ▶	 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
Name of Attorney or Accredited Representative 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name	courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information . Licensing Authority
Address of Attorney or Accredited Representative	1.b. Bar Number (if applicable)
3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town	 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.
3.d. State 3.e. ZIP Code (USPS ZIP Code Lookup) 3.f. Province	1.d. Name of Law Firm or Organization (if applicable)
3.g. Postal Code 3.h. Country	2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.
Contact Information of Attorney or Accredited Representative	2.b. Name of Recognized Organization
4. Daytime Telephone Number	2.c. Date of Accreditation (mm/dd/yyyy)
5. Mobile Telephone Number (if any)	3. I am associated with ,
6. Email Address (if any)	the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.
7. Fax Number (if any)	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).
	4.b. Name of Law Student or Law Graduate

Part 3.	Notice of Appearance as Attorney of	r
Accredi	ited Representative	

u need extra space to complete this section, use the space								
ided in Part 6. Additional Information.								
appearance relates to immigration matters before ct only one box):								
U.S. Citizenship and Immigration Services (USCIS)								
List the form numbers or specific matter in which								
appearance is entered.								
U.S. Immigration and Customs Enforcement (ICE)								
List the specific matter in which appearance is entered.								
U.S. Customs and Border Protection (CBP)								
List the specific matter in which appearance is entered.								
Receipt Number (if any)								
representative at the request of the (select only one box):								
Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP)								
Applicant Petitioner Requestor								
Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP) Dermation About Client (Applicant, Petitioner, questor, Beneficiary or Derivative, Respondent,								
Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP) prmation About Client (Applicant, Petitioner, questor, Beneficiary or Derivative, Respondent, Authorized Signatory for an Entity) Family Name								
Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP) ormation About Client (Applicant, Petitioner, questor, Beneficiary or Derivative, Respondent, Authorized Signatory for an Entity) Family Name (Last Name) Given Name								
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Client's Contact Information

- 10. Daytime Telephone Number
- **11.** Mobile Telephone Number (if any)
- **12.** 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.

3.a. Street Number and Name
3.b. Apt. Ste. Flr.
3.c. City or Town
3.d. State 13.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

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.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

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. 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 through written notice 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.
- **1.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.**

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an *Entity*

2.a.	Signature of Client or Authorized Signatory for an Entity							
⇒								
2.b.	Date of Signature (mm/dd/yyyy)							

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. a. Signature of Attorney or Accredited Representative
- **1.b.** Date of Signature (mm/dd/yyyy)
- 2.a. Signature of Law Student or Law Graduate
- **2.b.** Date of Signature (mm/dd/yyyy)

Par	rt 6. Additio	onal Ir	nformation			4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
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1.a	Family Name (Last Name)										
	Given Name (First Name)										
1.c.	Middle Name										
2.a.	Page Number	2.b.	Part Number	2.c.	Item Number						
2.d.						5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
						5.d.					
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number						
3.d.						6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
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