



# Pro Bono List Application

Non-Profit Organization

- 1 Application Type
- 2 Immigration Court
- 3 Applicant Location Information
- 4 Specialties & Limitations
- 5 Representative Information
- 6 Attachments Declaration
- 7 Review



Contact OLAP

## 1. Application Type for Non-Profit Organization

What type of application are you submitting?

- Initial Application
- Renewal Application  
*(Every 3 Years)*

CONTINUE →



# Pro Bono List Application

Non-Profit Organization

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Contact OLAP

## 2. Immigration Court

### Select Immigration Court

Indicate below the name(s) of each immigration court where the applicant intends to provide at least 50 hours of pro bono legal services annually. Pro bono legal services are those uncompensated legal services performed for indigent individuals or the public good without any expectation of either direct or indirect remuneration, including referral fees (other than filing fees or photocopying and mailing expenses), although a representative may be regularly compensated by the firm, organization, or pro bono referral service with which he or she is associated. Every three years, upon renewal, applicants will be required to submit a list of alien registration numbers (A#s) for clients to whom they have provided pro bono legal services, totaling 50 hours per year per immigration court. Providers may only count hours spent on cases before EOIR where the attorney or representative has filed an E-28. Those hours may include both in-court and out-of-court preparation time.

Add Immigration Court +



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# Pro Bono List Application

Non-Profit Organization

- Application Type
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- 3 Applicant Location Information**
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 **Contact OLAP**

## 3. Applicant Location Information

### Select information to display on the Pro Bono List for the [Immigration Court Name]:

INFORMATION POPULATED FROM PROFILE. [CLICK HERE TO UPDATE](#)

#### Location #1

Full Address

Phone Number #1

Email Address

#### Location #2

Full Address

Phone Number #1

Email Address

#### Location #3

Full Address

Phone Number #1

Email Address

Display website for this court

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# Pro Bono List Application

Non-Profit Organization

- Application Type
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- 4** Specialties & Limitations
- 5 Representative Information
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Contact OLAP

## 4. Specialties & Limitations

If applicable, add specialties and limitations to the following location(s):

Select All

Location #1

Full Address

Location #2

Full Address

Location #3

Full Address

Add Specialties & Limitations

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# Pro Bono List Application

Non-Profit Organization

- Application Type
- Immigration Court
- Applicant Location Information
- 4** Specialties & Limitations
- 5 Representative Information
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- 7 Review

 **Contact OLAP**

### 4. Specialties and Limitations

Select location(s) to add specialties and limitations:

#### Select Specialties & Limitations

- Will not represent individuals in detention
- Detention facility speed dial code
- Will not represent individuals with criminal cases
- Languages spoken
- No walk-ins
- Please call for an appointment
- Intake hours
- Specialize in
- Representation limited to residents of
- Other

SAVE

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# Pro Bono List Application

Non-Profit Organization

- Application Type
- Immigration Court
- Applicant Location Information
- Specialties & Limitations
- 5 Representative Information**
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 **Contact OLAP**

## 5. Representative Information

Provide the following information for the attorney(s) and/or fully accredited representative(s) who will be providing pro bono legal services to meet the 50-hour requirement.

**Representative #1** Representative #2

Type \*

Full Name

Salutation

First Name \*

Middle Name

Last Name \*

EOIR ID

EOIR ID \*

*This field auto-populates from eRegistry*

Jurisdiction

Bar #

[+Add Another Representative](#)

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# Pro Bono List Application

Non-Profit Organization

- ✓ Application Type
- ✓ Immigration Court
- ✓ Applicant Location Information
- ✓ Specialties & Limitations
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- 6 Attachments Declaration**
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Contact OLAP

## 6. Attachments | Declaration

### Attachments

If necessary, attach any additional documentation in support of your application here.

(Note: Max file size is 2MB and only pdf format allowed)

[+Add Attachment](#)

### Declaration

By signing this form, the non-profit organization hereby certifies its eligibility to be included on the List. The applicant organization affirms that:

- It will provide annually at least 50 hours of pro bono legal services through its attorneys or fully accredited representatives to individuals in proceedings in each immigration court listed in Part 2.
- Every attorney and accredited representative who will represent clients pro bono before EOIR on behalf of the organization is eRegistered with EOIR.
- No attorney or accredited representative who will provide pro bono legal services on behalf of the organization in cases pending before EOIR is under an order of suspension, disbarment, or other restriction limiting his/her practice of law.
- It will update its contact information or eligibility status within ten days pursuant to 8 C.F.R. § 1003.66.

Under penalty of perjury, I declare: I am the authorized officer of [PLACE HOLDER FOR PROVIDER NAME]; I have examined this form, including the affirmations and accompanying attachments, if any; and, to the best of my knowledge and belief, it is true, correct, and complete.

I have read and understood these statements

Signature of Authorized Officer \*

Title of Authorized Officer \*

Date \*

Email \*

Phone Number \*

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# Pro Bono List Application

Non-Profit Organization

- ✓ Application Type
- ✓ Immigration Court
- ✓ Applicant Location Information
- ✓ Specialties & Limitations
- ✓ Representative Information
- ✓ Attachments Declaration
- 7** Review

 **Contact OLAP**

## 7. Review

### Review Your Application

#### PROVIDER TYPE

Non-Profit Organization - Initial Application

#### APPLICANT INFORMATION

Name	--
Name Previously Applied Under	--

#### REPRESENTATIVE INFORMATION

Type	--
Full Name	--
EOIR ID	--

#### DECLARATION

Signed by: --  
Signed on: --

#### INFORMATION AS IT WILL APPEAR ON THE PRO BONO LIST

*\* Non-Profit Organization*

STATE | [Name of Immigration Court]

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SUBMIT



# Pro Bono List Application

Private Attorney

- 1 Application Type**
- 2 Eligibility Requirements
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Contact OLAP

## 1. Application Type for Private Attorney

What type of application are you submitting?

- Initial Application**
- Renewal Application**  
*(Every 3 Years)*

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# Pro Bono List Application

Private Attorney

- ✓ Application Type
- 2 Eligibility Requirements**
- 3 Immigration Court
- 4 Applicant Location Information
- 5 Specialties & Limitations
- 6 Attachments Declaration
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Contact OLAP

## 2. Eligibility Requirements

Attorneys in private practice are not eligible to be included on the List unless they establish that they cannot provide pro bono legal services through or in association with a non-profit organization or pro bono referral service. They must declare under penalty of perjury that such organizations or referral services are unavailable, or that the range of services provided by the existing organizations or referral services is insufficient to address the needs of the community.

Attorneys must also describe the good-faith, but unsuccessful, efforts that they have made to volunteer and work through, or in association with, a non-profit organization or referral service. A “good-faith-efforts” declaration should include the phone number, email, physical address, and website for the organizations/referral services contacted by the attorney, the name of the individual(s) spoken with at the organization(s), and dates and times of those communications. If the organizations/referral programs are unable to accept a private attorney as a volunteer or refer pro bono immigration court cases to him or her, the declaration should explain why the organizations/referral programs will not accept his or her assistance.

*These fields auto-populate from your profile*

I have read and understood these eligibility requirements.

CONTINUE →



# Pro Bono List Application

Private Attorney

- ✓ Application Type
- ✓ Eligibility Requirements
- 3 **Immigration Court**
- 4 Applicant Location Information
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Contact OLAP

## 3. Immigration Court

### Select Immigration Court

Indicate below the name(s) of each immigration court where the applicant intends to provide at least 50 hours of pro bono legal services annually. Pro bono legal services are those uncompensated legal services performed for indigent individuals or the public good without any expectation of either direct or indirect remuneration, including referral fees (other than filing fees or photocopying and mailing expenses), although a representative may be regularly compensated by the firm, organization, or pro bono referral service with which he or she is associated. Every three years, upon renewal, applicants will be required to submit a list of alien registration numbers (A#s) for clients to whom they have provided pro bono legal services, totaling 50 hours per year per immigration court. Providers may only count hours spent on cases before EOIR where the attorney or representative has filed an E-28. Those hours may include both in-court and out-of-court preparation time.

Add Immigration Court +

State \* ▼

Court \* ▼

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# Pro Bono List Application

Private Attorney

- Application Type
- Eligibility Requirements
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 **Contact OLAP**

## 4. Applicant Location Information

### Select information to display on the Pro Bono List for the [Immigration Court Name]:

INFORMATION POPULATED FROM PROFILE. [CLICK HERE TO UPDATE](#)

#### Location #1

<input type="checkbox"/> Full Address	<input type="checkbox"/> Phone Number #1
<input type="checkbox"/> Email Address	

#### Location #2

<input type="checkbox"/> Full Address	<input type="checkbox"/> Phone Number #1
<input type="checkbox"/> Email Address	

#### Location #3

<input type="checkbox"/> Full Address	<input type="checkbox"/> Phone Number #1
<input type="checkbox"/> Email Address	

Display website for this court

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# Pro Bono List Application

Private Attorney

- Application Type
- Eligibility Requirements
- Immigration Court
- Applicant Location Information
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Contact OLAP

## 5. Specialties & Limitations

If applicable, add specialties and limitations to the following location(s):

Select All

Location #1

Full Address

Location #2

Full Address

Location #3

Full Address

Add Specialties & Limitations

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# Pro Bono List Application

Private Attorney

- ✓ Application Type
- ✓ Eligibility Requirements
- ✓ Immigration Court
- ✓ Applicant Location Information
- ✓ Specialties & Limitations
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 **Contact OLAP**

## 6. Attachments | Declaration

### Attachments

All attorney applicants must submit a good-faith-effort declaration with their application. See Part 2 and 8 C.F.R. § 1003.63(d)(3) for more information. Attach, at a minimum, such a declaration and any additional documentation in support of your application here.

*(Note: Max file size is 2MB and only pdf format allowed)*

[+Add Attachment](#)

### Declaration

By signing this form, the attorney hereby certifies his or her eligibility to be included on the List. The attorney affirms that:

- He or she will provide annually at least 50 hours of pro bono legal services to individuals in proceedings in each immigration court listed in Part 3.
- He or she is unable to provide pro bono legal services through or in association with a non-profit organization or pro bono referral service because any such organization or referral service is unavailable or the range of services provided by available organization(s) or referral service(s) is insufficient to address the needs of the community.
- He or she has submitted with this application a description of the good faith efforts he or she made to provide pro bono legal services through an organization or pro bono referral service to individuals appearing before each immigration court listed in Part 3.
- He or she will update his or her contact information or eligibility status within ten days pursuant to 8 C.F.R. § 1003.66.

Under penalty of perjury, I declare: I am a licensed attorney with EOIR ID Number [PLACE HOLDER FOR EOIR NUMBER]; I am not under any order of suspension, disbarment, or other restriction limiting my practice of law; and I have examined this form, including the affirmations and accompanying attachment(s), and, to the best of my knowledge and belief, it is true, correct, and complete.

I have read and understood these statements

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# Pro Bono List Application

Private Attorney

- ✓ Application Type
- ✓ Eligibility Requirements
- ✓ Immigration Court
- ✓ Applicant Location Information
- ✓ Specialties & Limitations
- ✓ Attachments Declaration
- 7 Review

 **Contact OLAP**

## 7. Review

### Review Your Application

#### PROVIDER TYPE

Private Attorney - Initial Application

#### APPLICANT INFORMATION

Name	--
Name Previously Applied Under	--
EOIR ID	--

#### DECLARATION

Signed by: --  
Signed on: --

#### INFORMATION AS IT WILL APPEAR ON THE PRO BONO LIST

\*\*\* Private Attorney

**STATE** | [Name of Immigration Court]

BLANK

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**SUBMIT**



# Pro Bono List Application

Pro Bono Referral Service

- 1 Application Type
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- 5 Attachments Declaration
- 6 Review



Contact OLAP

## 1. Application Type for Pro Bono Referral Service

What type of application are you submitting?

- Initial Application
- Renewal Application  
*(Every 3 Years)*

CONTINUE →



# Pro Bono List Application

Pro Bono Referral Service

- ✓ Application Type
- 2 Immigration Court**
- 3 Applicant Location Information
- 4 Specialties & Limitations
- 5 Attachments Declaration
- 6 Review

## 2. Immigration Court

### Select Immigration Court

Indicate below the name(s) of each immigration court where the applicant intends to provide pro bono referral services.

Add Immigration Court +

State \*

Court \*

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Contact OLAP





# Pro Bono List Application

Pro Bono Referral Service

- Application Type
- Immigration Court
- 3 Applicant Location Information**
- 4 Specialties & Limitations
- 5 Attachments Declaration
- 6 Review

 **Contact OLAP**

## 3. Applicant Location Information

### Select information to display on the Pro Bono List for the [Immigration Court Name]:

INFORMATION POPULATED FROM PROFILE. [CLICK HERE TO UPDATE](#)

#### Location #1

Full Address

Phone Number #1

Email Address

#### Location #2

Full Address

Phone Number #1

Email Address

#### Location #3

Full Address

Phone Number #1

Email Address

Display website for this court

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# Pro Bono List Application

Pro Bono Referral Service

- Application Type
- Immigration Court
- Applicant Location Information
- 4** Specialties & Limitations
- 5 Attachments Declaration
- 6 Review



Contact OLAP

## 4. Specialties & Limitations

If applicable, add specialties and limitations to the following location(s):

Select All

Location #1

Full Address

Location #2

Full Address

Location #3

Full Address

Add Specialties & Limitations

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# Pro Bono List Application

Pro Bono Referral Service

- ✓ Application Type
- ✓ Immigration Court
- ✓ Applicant Location Information
- ✓ Specialties & Limitations
- 5 Attachments Declaration**
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Contact OLAP

## 5. Attachments | Declaration

### Attachments

If necessary, attach any additional documentation in support of your application here.  
*(Note: Max file size is 2MB and only pdf format allowed)*

[+Add Attachment](#)

### Declaration

The applicant pro bono referral service affirms that it will offer services to individuals in immigration court proceedings for each immigration court listed in Part 2 and update its contact information or eligibility status within ten days pursuant to 8 C.F.R. § 1003.66. By signing this form, the referral service hereby certifies its eligibility to be included on the List.

Under penalty of perjury, I declare: I am the authorized officer of [PLACE HOLDER FOR PROVIDER NAME]; I have examined this form, including the affirmations and accompanying attachments, if any; and, to the best of my knowledge and belief, it is true, correct, and complete.

I have read and understood these statements

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# Pro Bono List Application

Pro Bono Referral Service

- ✓ Application Type
- ✓ Immigration Court
- ✓ Applicant Location Information
- ✓ Specialties & Limitations
- ✓ Attachments Declaration
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Contact OLAP

## 6. Review

### Review Your Application

#### PROVIDER TYPE

Pro Bono Referral Service - Initial Application

#### APPLICANT INFORMATION

Name	--
Name Previously Applied Under	--

#### DECLARATION

Signed by: --  
Signed on: --

#### INFORMATION AS IT WILL APPEAR ON THE PRO BONO LIST

*\*\* Pro Bono Referral Service*

STATE | [Name of Immigration Court]

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SUBMIT





# Account Registration for Pro Bono List Applicants



Please specify the provider type:

- Non-Profit Organization**
- Pro Bono Referral Service**
- Private Attorney**

**More Info**

A non-profit religious, charitable, social service, or similar group established in the United States.

CONTINUE TO STEP 2 →



# Account Registration for Pro Bono List Applicants



## Create a User ID

User ID \*

**User ID must have:**

- 8 to 20 characters
- letters and/or numbers

**User ID may have:**

- may contain the following special characters: ! \$ - \_

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CONTINUE TO STEP 3 →



# Account Registration for Pro Bono List Applicants



## Create Password

Password \*

Confirm Password \*

### Password must have:

- 8 to 16 characters
- At least 1 upper case character (e.g., A, B, C)
- At least 1 lower case character (e.g., a, b, c)
- At least 1 number (e.g., 1, 2, 3)
- At least one of the following special characters:  
@ # \$ % ^ \* + = !

### Password must not have:

- More than two consecutive letters of your first name, middle name, last name, or User ID
- No spaces

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CONTINUE TO STEP 4 →



# Account Registration for Pro Bono List Applicants



## Provide Account Information

### General Information

Organization Name *	Name(s) Previously Applied Under
Website	

### Location

Street Address *	Unit/Suite #	
City *	State *	Zip Code *
Phone Number *	Type *	
Email Address *		

[+Add Another Location](#)

[← BACK](#)

[CONTINUE TO STEP 5 →](#)



# Account Registration for Pro Bono List Applicants



## Review Your Registration Information

### PROVIDER TYPE

--

### USER ID

--

### ACCOUNT INFORMATION

Name --  
Name Previously Applied Under --  
Website --  
Location --

By submitting this information, I declare under penalty of perjury under the laws of the United States that the information I have provided is true and correct.

I'm not a robot   
reCAPTCHA  
Privacy - Terms

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SUBMIT



# Account Registration for Pro Bono List Applicants



Please specify the provider type:

- Non-Profit Organization
- Pro Bono Referral Service
- Private Attorney

#### More Info

Attorneys in private practice are not eligible to be included on the List unless they establish that they cannot provide pro bono legal services through or in association with a non-profit organization or pro bono referral service. Law firms are not eligible to appear on the List.

CONTINUE TO STEP 2 →



# Account Registration for Pro Bono List Applicants



## Create a User ID

User ID \*

**User ID must have:**

- 8 to 20 characters
- letters and/or numbers

**User ID may have:**

- may contain the following special characters: ! \$ - \_

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CONTINUE TO STEP 3 →



# Account Registration for Pro Bono List Applicants



## Create Password

Password \*

Confirm Password \*

### Password must have:

- 8 to 16 characters
- At least 1 upper case character (e.g., A, B, C)
- At least 1 lower case character (e.g., a, b, c)
- At least 1 number (e.g., 1, 2, 3)
- At least one of the following special characters:  
@ # \$ % ^ \* + = !

### Password must not have:

- More than two consecutive letters of your first name, middle name, last name, or User ID
- No spaces

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CONTINUE TO STEP 4 →



# Account Registration for Pro Bono List Applicants



## Provide Account Information

### General Information

<input type="text" value="Salutation"/>	<input type="text" value="First Name *"/>
<input type="text" value="Middle Name"/>	<input type="text" value="Last Name *"/>
<input type="text" value="Name(s) Previously Applied Under"/>	
<input type="text" value="EOIR ID *"/>	<small>This field auto-populates from eRegistry</small>
	<input type="text" value="Jurisdiction"/> <input type="text" value="Bar #"/>
<input type="text" value="Website"/>	

### Location

<input type="text" value="Street Address *"/>	<input type="text" value="Unit/Suite #"/>
<input type="text" value="City *"/>	<input type="text" value="State *"/> <input type="text" value="Zip Code *"/>
<input type="text" value="Phone Number *"/>	<input type="text" value="Type *"/>
<input type="text" value="Email Address *"/>	

[+Add Another Location](#)

[← BACK](#)

[CONTINUE TO STEP 5 →](#)



# Account Registration for Pro Bono List Applicants



## Review Your Registration Information

### PROVIDER TYPE

--

### USER ID

--

### ACCOUNT INFORMATION

Full Name --

Name(s) Previously Applied Under --

EOIR ID --

Website --

Location --

By submitting this information, I declare under penalty of perjury under the laws of the United States that the information I have provided is true and correct.

I'm not a robot   
reCAPTCHA  
Privacy · Terms

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SUBMIT



# Account Registration for Pro Bono List Applicants



Please specify the provider type:

- Non-Profit Organization
- Pro Bono Referral Service
- Private Attorney

#### More Info

A service offered by a non-profit group, association, or similar organization established in the United States that assists persons in locating pro bono representation by making case referrals to attorneys or organizations that are available to provide pro bono representation in immigration court proceedings. A service that refers individuals for paid legal services does not qualify.

CONTINUE TO STEP 2 →



# Account Registration for Pro Bono List Applicants



## Create a User ID

User ID \*

**User ID must have:**

- 8 to 20 characters
- letters and/or numbers

**User ID may have:**

- may contain the following special characters: ! \$ - \_

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CONTINUE TO STEP 3 →



# Account Registration for Pro Bono List Applicants



## Create Password

Password \*

Confirm Password \*

### Password must have:

- 8 to 16 characters
- At least 1 upper case character (e.g., A, B, C)
- At least 1 lower case character (e.g., a, b, c)
- At least 1 number (e.g., 1, 2, 3)
- At least one of the following special characters:  
@ # \$ % ^ \* + = !

### Password must not have:

- More than two consecutive letters of your first name, middle name, last name, or User ID
- No spaces

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CONTINUE TO STEP 4 →



# Account Registration for Pro Bono List Applicants



## Provide Account Information

### General Information

Organization Name *	Name(s) Previously Applied Under
Website	

### Location

Street Address *	Unit/Suite #	
City *	State *	Zip Code *
Phone Number *	Type *	
Email Address *		

[+Add Another Location](#)

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CONTINUE TO STEP 5 →



# Account Registration for Pro Bono List Applicants



## Review Your Registration Information

### PROVIDER TYPE

--

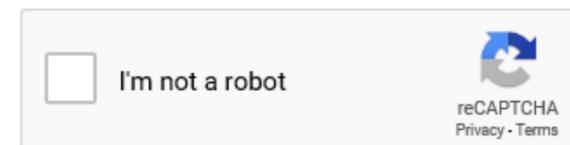
### USER ID

--

### ACCOUNT INFORMATION

Name --  
Name Previously Applied Under --  
Website --  
Location --

By submitting this information, I declare under penalty of perjury under the laws of the United States that the information I have provided is true and correct.



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SUBMIT



# Pro Bono List Application

Non-Profit Organization

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Contact OLAP

## 1. Application Type for Non-Profit Organization

What type of application are you submitting?

- Initial Application
- Renewal Application**  
*(Every 3 Years)*

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# Pro Bono List Application

Non-Profit Organization

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**Contact OLAP**

## 2. Pro Bono Client Log

List below the 50 hours per year of pro bono legal services provided in the [PLACE HOLDER FOR IMMIGRATION COURT] for the past three years. Pro bono legal services are those uncompensated legal services performed for indigent individuals or the public good without any expectation of either direct or indirect remuneration, including referral fees (other than filing fees or photocopying and mailing expenses), although a representative may be regularly compensated by the firm, organization, or pro bono referral service with which he or she is associated. You may only count hours spent on cases before the immigration court(s) where an attorney or representative has filed an EOIR-28. Those hours may include both in-court and out-of-court preparation time. Do not include clients served "low bono" or hours spent on appeals filed before the Board of Immigration Appeals.

[IMMIGRATION COURT NAME]

Year 1 - ##/##/#### → ##/##/####

Alien Number *	Dates Service Provided *	Name of Attorney or Rep *	Hours *
+ Add Individual Represented			<b>Total Hours: --</b>

Year 2 - ##/##/#### → ##/##/####

Alien Number *	Dates Service Provided *	Name of Attorney or Rep *	Hours *
+ Add Individual Represented			<b>Total Hours: --</b>

Year 3 - ##/##/#### → ##/##/####

Alien Number *	Dates Service Provided *	Name of Attorney or Rep *	Hours *
+ Add Individual Represented			<b>Total Hours: --</b>

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# Pro Bono List Application

Non-Profit Organization

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## 3. Review Applicant Information

Review and update the following information as necessary.

APPLICANT INFORMATION	
Name	--
Website	--
Location	--
<input type="button" value="EDIT"/> <input type="button" value="CONFIRM"/>	



Contact OLAP

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SUBMIT



# Pro Bono List Application

Non-Profit Organization

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Contact OLAP

## 4. Pro Bono List Information

Review and update how your information will appear on the Pro Bono List.

STATE   [Name of Immigration Court]	
BLANK	
EDIT	CONFIRM

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SUBMIT





# Pro Bono List Application

Non-Profit Organization

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Contact OLAP

## 4. Pro Bono Information List

Update and confirm how information will

### What would you like to edit?



- Applicant Location Information
- Specialties & Limitations

EDIT





# Pro Bono List Application

Non-Profit Organization

- Application Type
- Pro Bono Client Log
- Review Applicant Information
- Pro Bono List Information
- 5 Attachments Declaration**
- 6 Review

**Contact OLAP**

## 5. Attachments | Declaration

### Attachments

If necessary, attach any additional documentation in support of your application here.  
*(Note: Max file size is 2MB and only pdf format allowed)*

[+Add Attachment](#)

### Declaration

By signing this form, the non-profit organization affirms under penalty of perjury that:

- During the past three years since last approved, it has provided annually at least 50 hours of pro bono legal services through its attorneys or representatives to individuals in proceedings before each immigration court where it is included on the List.
- Every attorney and accredited representative who has represented clients pro bono before EOIR on behalf of the organization is eRegistered with EOIR.
- No attorney or representative who has provided pro bono legal services on behalf of the organization in cases pending before EOIR is under an order of suspension, disbarment, or other restriction limiting his/her practice of law.
- It remains eligible for inclusion on the Pro Bono List and will continue to provide annually at least 50 hours of pro bono legal services through its attorneys or representatives to individuals in proceedings before each immigration court where it is included on the List.
- It will update its contact information or eligibility status within ten days pursuant to 8 C.F.R. § 1003.66.

Under penalty of perjury, I declare: I am the authorized officer of [PLACE HOLDER FOR PROVIDER NAME]; I have examined this form, including the affirmations and accompanying attachments, if any; and, to the best of my knowledge and belief, it is true, correct, and complete.

I have read and understood these statements

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# Pro Bono List Application

Non-Profit Organization

- Application Type
- Pro Bono Client Log
- Review Applicant Information
- Pro Bono List Information
- Attachments Declaration
- 6 Review

 **Contact OLAP**

## 6. Review

### Review Your Application

#### PROVIDER TYPE

Non-Profit Organization - Renewal Application

#### APPLICANT INFORMATION

Name	--
Website	--
Location	--

#### RENEWAL APPLICATION

Year 1 - ##/##/#### → ##/##/####	--
Year 2 - ##/##/#### → ##/##/####	--
Year 3 - ##/##/#### → ##/##/####	--

#### DECLARATION

Signed by: --  
Signed on: --

#### INFORMATION AS IT WILL APPEAR ON THE PRO BONO LIST

*\* Non-Profit Organization*

STATE | [Name of Immigration Court]

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SUBMIT



# Pro Bono List Application

Private Attorney

- 1 Application Type**
- 2 Eligibility Requirements
- 3 Pro Bono Client Log
- 4 Review Applicant Information
- 5 Pro Bono List Information
- 6 Attachments Declaration
- 7 Review



Contact OLAP

## 1. Application Type for Private Attorney

What type of application are you submitting?

- Initial Application
- Renewal Application**  
*(Every 3 Years)*

CONTINUE →



# Pro Bono List Application

Private Attorney

- ✓ Application Type
- 2** Eligibility Requirements
- 3 Pro Bono Client Log
- 4 Review Applicant Information
- 5 Pro Bono List Information
- 6 Attachments Declaration
- 7 Review



Contact OLAP

## 2. Eligibility Requirements

Attorneys in private practice are not eligible to be included on the List unless they establish that they cannot provide pro bono legal services through or in association with a non-profit organization or pro bono referral service. They must declare under penalty of perjury that such organizations or referral services are unavailable, or that the range of services provided by the existing organizations or referral services is insufficient to address the needs of the community.

Attorneys must also describe the good-faith, but unsuccessful, efforts that they have made to volunteer and work through, or in association with, a non-profit organization or referral service. A “good-faith-efforts” declaration should include the phone number, email, physical address, and website for the organizations/referral services contacted by the attorney, the name of the individual(s) spoken with at the organization(s), and dates and times of those communications. If the organizations/referral programs are unable to accept a private attorney as a volunteer or refer pro bono immigration court cases to him or her, the declaration should explain why the organizations/referral programs will not accept his or her assistance.

*These fields auto-populate from your profile*

I have read and understood these eligibility requirements.

CONTINUE →



# Pro Bono List Application

Private Attorney

- ✓ Application Type
- ✓ Eligibility Requirements
- 3** Pro Bono Client Log
- 4 Review Applicant Information
- 5 Pro Bono List Information
- 6 Attachments Declaration
- 7 Review

 **Contact OLAP**

## 3. Pro Bono Client Log

List below the 50 hours per year of pro bono legal services provided in the [PLACE HOLDER FOR IMMIGRATION COURT] for the past three years. Pro bono legal services are those uncompensated legal services performed for indigent individuals or the public good without any expectation of either direct or indirect remuneration, including referral fees (other than filing fees or photocopying and mailing expenses), although a representative may be regularly compensated by the firm, organization, or pro bono referral service with which he or she is associated. You may only count hours spent on cases before the immigration court(s) where an attorney or representative has filed an EOIR-28. Those hours may include both in-court and out-of-court preparation time. Do not include clients served "low bono" or hours spent on appeals filed before the Board of Immigration Appeals.

[IMMIGRATION COURT NAME]

**Year 1 - ##/##/#### → ##/##/####**

Alien Number *	Dates Service Provided * 	Name of Attorney or Rep *	Hours *
<a href="#">+</a> Add Individual Represented			<b>Total Hours: --</b>

---

**Year 2 - ##/##/#### → ##/##/####**

Alien Number *	Dates Service Provided * 	Name of Attorney or Rep *	Hours *
<a href="#">+</a> Add Individual Represented			<b>Total Hours: --</b>

---

**Year 3 - ##/##/#### → ##/##/####**

Alien Number *	Dates Service Provided * 	Name of Attorney or Rep *	Hours *
<a href="#">+</a> Add Individual Represented			<b>Total Hours: --</b>

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# Pro Bono List Application

Private Attorney

- Application Type
- Eligibility Requirements
- Pro Bono Client Log
- 4** Review Applicant Information
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- 7 Review



Contact OLAP

## 4. Review Applicant Information

Review and update the following information as necessary.

APPLICANT INFORMATION	
Name	--
Website	--
Location	--

EDIT
CONFIRM

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SUBMIT





# Pro Bono List Application

Private Attorney

- Application Type
- Eligibility Requirements
- Pro Bono Client Log
- Review Applicant Information
- 5** Pro Bono List Information
- 6 Attachments Declaration
- 7 Review



Contact OLAP

## 5. Pro Bono List Information

Review and update how your information will appear on the Pro Bono List.

STATE   [Name of Immigration Court]	
BLANK	
EDIT	CONFIRM

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SUBMIT





# Pro Bono List Application

Private Attorney

- Application Type
- Eligibility Requirements
- Pro Bono Client Log
- Review Applicant Information
- 5** Pro Bono List Information
- 6 Attachments Declaration
- 7 Review



Contact OLAP

## 5. Pro Bono Information List

Update and confirm how information will

### What would you like to edit?

- Applicant Location Information
- Specialties & Limitations

EDIT





# Pro Bono List Application

Private Attorney

- ✓ Application Type
- ✓ Eligibility Requirements
- ✓ Pro Bono Client Log
- ✓ Review Applicant Information
- ✓ Pro Bono List Information
- 6 Attachments Declaration**
- 7 Review

 **Contact OLAP**

## 6. Attachments | Declaration

### Attachments

All attorney applicants must submit a good-faith-effort declaration with their application. See Part 2 and 8 C.F.R. § 1003.63(d)(3) for more information. Attach, at a minimum, such a declaration and any additional documentation in support of your application here.

*(Note: Max file size is 2MB and only pdf format allowed)*

[+Add Attachment](#)

### Declaration

By signing this form, the attorney affirms under penalty of perjury that:

- During the past three years since last approved, he or she has provided annually at least 50 hours of pro bono legal services to individuals in proceedings before each immigration court where he or she is included on the List.
- He or she is unable to provide pro bono legal services through or in association with an organization or pro bono referral service because any such organization or referral service is unavailable or the range of services provided by the available organization(s) or referral service(s) is insufficient to address the needs of the community.
- He or she has submitted with this application a description of the good faith efforts he or she made to provide pro bono legal services through an organization or pro bono referral service to individuals appearing before each immigration court where he or she is included on the List.
- He or she remains eligible for inclusion on the Pro Bono List and will continue to provide annually at least 50 hours of pro bono legal services to individuals in proceedings before each immigration court where he or she is included on the List.
- He or she will update his or her contact information or eligibility status within ten days pursuant to 8 C.F.R. § 1003.66.

Under penalty of perjury, I declare: I am a licensed attorney with EOIR ID Number [PLACE HOLDER FOR EOIR NUMBER]; I am not under any order of suspension, disbarment, or other restriction limiting my practice of law; I have examined this form, including the affirmations and accompanying attachment(s); and, to the best of my knowledge and belief, it is true, correct, and complete.

I have read and understood these statements

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# Pro Bono List Application

Private Attorney

- ✓ Application Type
- ✓ Eligibility Requirements
- ✓ Pro Bono Client Log
- ✓ Review Applicant Information
- ✓ Pro Bono List Information
- ✓ Attachments Declaration
- 7 Review**

 **Contact OLAP**

## 7. Review

### Review Your Application

#### PROVIDER TYPE

Private Attorney - Renewal Application

#### APPLICANT INFORMATION

Name --  
 EOIR ID --  
 Website --  
 Location --

#### RENEWAL APPLICATION

Year 1 - ###/###/#### → ###/###/#### --  
 Year 2 - ###/###/#### → ###/###/#### --  
 Year 3 - ###/###/#### → ###/###/#### --

#### DECLARATION

Signed by: --  
Signed on: --

#### INFORMATION AS IT WILL APPEAR ON THE PRO BONO LIST

\*\*\* Private Attorney

STATE | [Name of Immigration Court]

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SUBMIT



# Pro Bono List Application

Pro Bono Referral Service

- 1 Application Type**
- 2 Review Applicant Information
- 3 Pro Bono List Information
- 4 Attachments Declaration
- 5 Review

## 1. Application Type for Pro Bono Referral Service

What type of application are you submitting?

- Initial Application
- Renewal Application**  
*(Every 3 Years)*



Contact OLAP

CONTINUE →





# Pro Bono List Application

Pro Bono Referral Service

- ✓ Application Type
- 2** Review Applicant Information
- 3 Pro Bono List Information
- 4 Attachments Declaration
- 5 Review

## 2. Review Applicant Information

Review and update the following information as necessary.

APPLICANT INFORMATION	
Name	--
Website	--
Location	--
<span>EDIT</span> <span>CONFIRM</span>	



Contact OLAP

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SUBMIT



# Pro Bono List Application

Pro Bono Referral Service

- ✓ Application Type
- ✓ Review Applicant Information
- 3 Pro Bono List Information**
- 4 Attachments Declaration
- 5 Review

## 3. Pro Bono List Information

Review and update how your information will appear on the Pro Bono List.

STATE   [Name of Immigration Court]	
BLANK	
EDIT	CONFIRM

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Contact OLAP



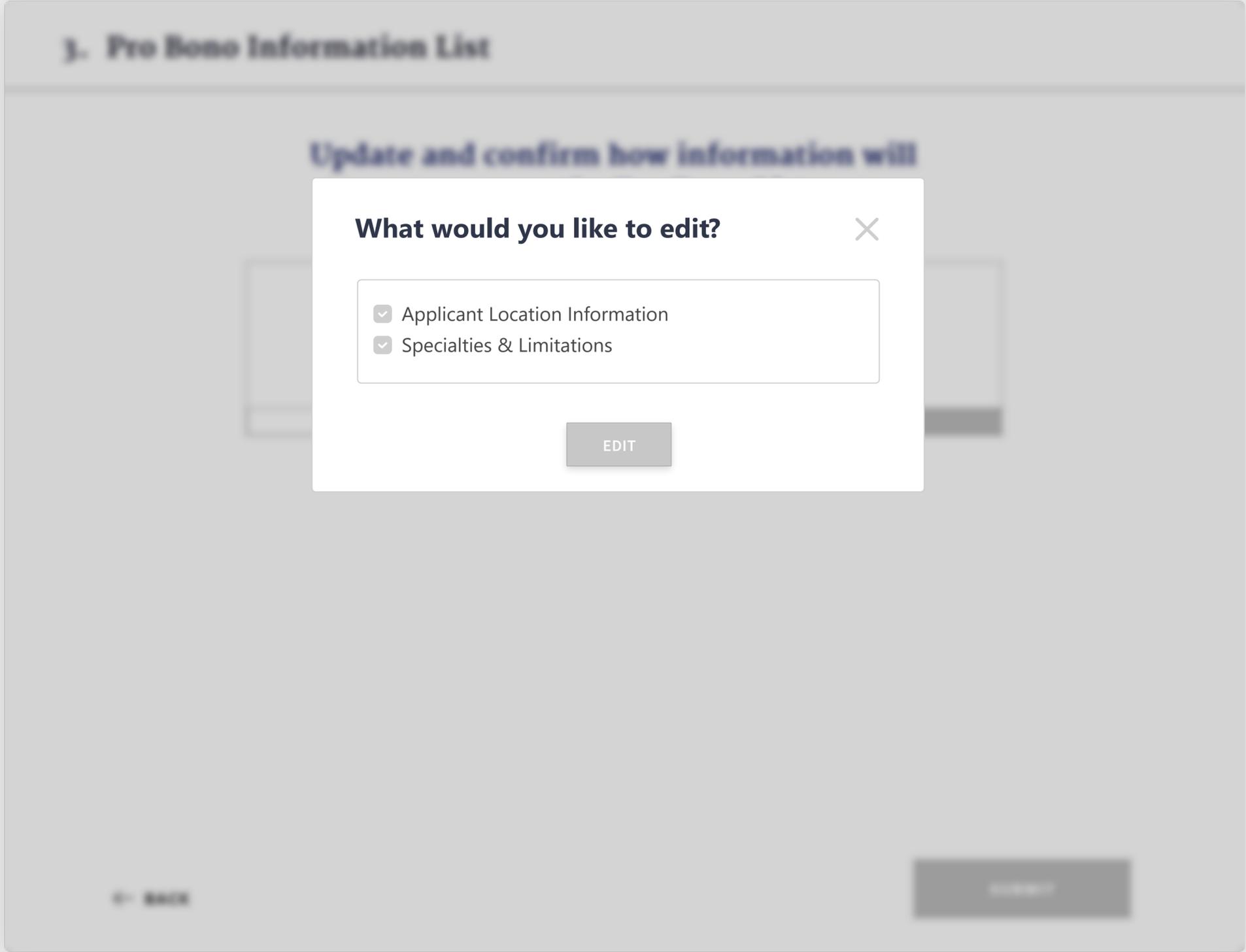


# Pro Bono List Application

Pro Bono Referral Service

- Application Type
- Review Applicant Information
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- 4 Attachments Declaration
- 5 Review

 **Contact OLAP**





# Pro Bono List Application

Pro Bono Referral Service

- Application Type
- Review Applicant Information
- Pro Bono List Information
- 4** Attachments Declaration
- 5 Review

 **Contact OLAP**

## 4. Attachments | Declaration

### Attachments

If necessary, attach any additional documentation in support of your application here.  
*(Note: Max file size is 2MB and only pdf format allowed)*

[+Add Attachment](#)

### Declaration

The applicant pro bono referral service affirms that, during the past three years since last approved, it has referred cases of respondents appearing before the immigration court(s) identified in its application to attorneys or organizations that provide pro bono legal services to individuals in removal or other proceedings. It further affirms, under penalty of perjury, that it remains eligible for inclusion on the Pro Bono List and will continue to provide such services to respondents appearing before each immigration court where it has been included on the List. The pro bono referral service will update its contact information or eligibility status within ten days pursuant to 8 C.F.R. § 1003.66.

Under penalty of perjury, I declare: I am the authorized officer of [PLACE HOLDER FOR PROVIDER NAME]; I have examined this form, including the affirmations and accompanying attachments, if any; and, to the best of my knowledge and belief, it is true, correct, and complete.

I have read and understood these statements

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**CONTINUE →**



# Pro Bono List Application

Pro Bono Referral Service

- ✓ Application Type
- ✓ Review Applicant Information
- ✓ Pro Bono List Information
- ✓ Attachments Declaration
- 5 Review**



Contact OLAP

## 5. Review

### Review Your Application

#### PROVIDER TYPE

Pro Bono Referral Service - Renewal Application

#### APPLICANT INFORMATION

Name --  
 Website --  
 Location --

#### DECLARATION

Signed by: --  
 Signed on: --

#### INFORMATION AS IT WILL APPEAR ON THE PRO BONO LIST

*\*\* Pro Bono Referral Service*

STATE | [Name of Immigration Court]

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