Form G-28, Notice of Entry of Appearance as Attorney of Accredited Representative

OMB No. 1615-0105 Expires 05/31/2021 Edition Date 9/17/2018

[Page 1]

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

Name of Attorney or Accredited Representative

2. Family Name (Last Name) Given Name (First Name) Middle Name

Address of Attorney or Accredited Representative

3. Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country

Contact Information of Attorney or Accredited Representative

- 4. Daytime Telephone Number
- **5.** Mobile Telephone Number (if any)
- **6.** Email Address (if any)
- 7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

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 courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need to provide information for more than three jurisdictions, use the space provided in Part 6. Additional Information.

```
Jurisdiction [fillable field] Bar Number (if applicable) [fillable field] Jurisdiction [fillable field] Bar Number (if applicable) [fillable field] Jurisdiction [fillable field] Bar Number (if applicable) [fillable field]
```

- **B.** [] 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.
- C. Name of Law Firm or Organization (if applicable)

0	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 ccordance with 8 CFR part 1292.
B. Name o	of Recognized Organization
C. Date of	f Accreditation (mm/dd/yyyy)
fi	am associated with [Fillable field], the attorney or accredited representative of record who previously iled Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited surpose is at their request.
	am a law student or law graduate working under the direct supervision of the attorney or accredited epresentative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).
B. Name o	of Law Student or Law Graduate
[Page 2]	
Part 3. N	otice of Appearance as Attorney or Accredited Representative
If you need extra space to complete this section, use the space provided in Part 6. Additional Information.	
This appearance relates to immigration matters before (select only one box):	
1.A. [] U.S. Citizenship and Immigration Services (USCIS)B. List the form numbers or specific matter in which appearance is entered.	
2.A. [] U.S. Immigration and Customs Enforcement (ICE)B. List the specific matter in which appearance is entered.	
	S. Customs and Border Protection (CBP) especific matter in which appearance is entered.
4. Receipt	Number (if any)
[] App [] Petit [] Requ [] Bend	tioner
•	on About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized for an Entity)
6. Family Name (Last Name) Given Name (First Name) Middle Name	
7. Name of Entity (if applicable)8. Title of Authorized Signatory for Entity (if applicable)	
9. Client's USCIS Online Account Number (if any)10. Client's Alien Registration Number (A-Number) (if any)	

Client's Contact Information

- 11. Daytime Telephone Number
- 12. Mobile Telephone Number (if any)
- 13. 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.

14. Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code 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.

[Page 3]

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and their 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 by submitting a new Form G-28 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.
- **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.**

C. [] I request that USCIS send my notice containing Form I-94, Arrival-Departure Record, to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2. Signature of Client or Authorized Signatory for an Entity

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

[Page 4]

Part 6. Additional Information

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.

- 1. Family Name (Last Name) [Auto-populated field from Part 3] Given Name (First Name) [Auto-populated field from Part 3] Middle Name [Auto-populated field from Part 3]
- **2.A.** Page Number
- B. Part Number
- C. Item Number
- **D.** [Fillable field]
- **3.A.** Page Number
- B. Part Number
- C. Item Number
- D. [Fillable field]
- **4.A.** Page Number
- B. Part Number
- C. Item Number
- D. [Fillable field]
- **5.A.** Page Number
- B. Part Number
- C. Item Number
- D. [Fillable field]
- **6.A.** Page Number
- B. Part Number
- C. Item Number
- D. [Fillable field]