OMB No. XXXX-XXXX; Expires 00/00/00

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

Instructions

What Is the Purpose of This Form?

An attorney or accredited representative appearing before the Department of Homeland Security (DHS) must file Form G-28 in each case. Form G-28 **must be properly completed and signed by the petitioner, applicant, or respondent** to authorize representation for the appearance to be recognized by U.S. Citizenship and Immigration Services (USCIS), U.S. Customs and Border Protection (CBP), and U.S. Immigration and Customs Enforcement (ICE). Under 8 CFR 103.2(a)(3), a beneficiary of a petition is not a recognized party in a proceeding before USCIS. Form G-28 will be recognized by USCIS, CBP, or ICE until the conclusion of the matter for which it was entered, including any applicable administrative appeal proceeding.

Who May Use This Form?

Appearances for Immigration Matters

This form is used **only** by attorneys and accredited representatives (as defined in 8 CFR 1.1(f) and 292.1(a)(4)).

Attorneys admitted to the practice of law in countries other than the United States **must** use Form G-28I and may only represent individuals in matters filed in DHS offices outside the geographical confines of the United States.

An attorney or accredited representative who seeks to withdraw his or her appearance in a proceeding before DHS must file a written request with the DHS office with jurisdiction over the pending matter. An attorney or accredited representative who seeks to be recognized by DHS as the new representative for an applicant, petitioner, or respondent must file a properly completed Form G-28 with the DHS office with jurisdiction over the pending matter. An attorney or accredited representative who is appearing for a limited purpose at the request of the attorney or accredited representative of record must file a properly completed Form G-28 as noted on the form.

When a person acts in a representative capacity, his or her personal appearance or signature shall constitute a representation under the provisions of 8 CFR 103.2(a)(3) and 292.1(a)(1) or 292.1(a)(4) that he or she is authorized and qualified to represent the individual. Further proof of authority to act in a representative capacity may be required.

General Instructions

Part 1. Notice of Appearance as Attorney or Accredited Representative

- A. Check one block to indicate the DHS agency where the matter is filed. If it is USCIS, then fill in the form number(s) filed with Form G-28. If it is CBP or ICE, then state specific matter in which appearance is entered.
- **B.** Fill in all information. The mailing address of the applicant, petitioner, or respondent is required in this part of the form, except when filed under the Violence Against Women Act (VAWA). The applicant, petitioner, or respondent must sign the form, preferably in dark blue or black ink.

Part 2. Information about Attorney or Accredited Representative

A. Attorneys admitted to practice in the United States, as defined in 8 CFR 1.1(f):

Check the box and fill in required information regarding the State bar(s) of admission. If you are subject to any order of any court suspending, enjoining, restraining, disbarring, or otherwise restricting you in the practice of law, you must disclose this information on Form G-28. Attorneys are required to notify DHS of convictions for serious crimes, disciplinary sanctions for professional misconduct, or a resignation with an admission of misconduct pursuant to 8 CFR 292.3.

B. Accredited representatives of recognized organizations, as defined in 8 CFR 292.1(a)(4):

Check the box and fill in the name of the organization recognized by the Board of Immigration Appeals (BIA) under 8 CFR 292.2 and provide the expiration date of your accreditation. **C.** Attorneys or accredited representatives associated with the attorney or accredited representative with a Form G-28 previously filed in this matter:

Check the box and fill in the name of the attorney or accredited representative who has previously filed a Form G-28 in this matter. A new Form G-28 must be filed by each attorney associated with the attorney or accredited representative.

You must also check Box A or B and provide the required information.

Part 3. Name and Signature of Attorney or Accredited Representative

Fill in all information and sign the form, preferably in dark blue or black ink.

Warning

Individuals appearing as attorneys or accredited representatives are subject to the rules of Professional Conduct for Practitioners found in 8 CFR 292.3.

Freedom of Information/Privacy Act

This form may not be used to request records under the Freedom of Information Act or the Privacy Act 5 USC 552 & 552a. The procedures for requesting such records are contained in 6 CFR 5.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 20 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, NW, 3rd Floor, Suite 3008, Washington, DC 20529, OMB No. XXXX-XXXX. **Do not mail your application to this address.**

Department of Homeland Security

Part 1. Notice of Appearance as Attorney or Accredited Representative

A. This appearance is in regard to immigration matters before:

USCIS - Form(s) :

CBP (State specific matter in which appearance is entered):

ICE (State specific matter in which appearance is entered):

B. I hereby enter my appearance as attorney or accredited representative at the request of:

List principal Petitioner, Applicant, or Respondent first. Add additional sheet(s) of paper, if necessary, for others being represented. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and **not** the address of the attorney or accredited representative, except when filed under VAWA.

Princip	al Petitioner, Applicant, or Re	A Number or	Petitioner			
Name:	Last	First		Middle	Receipt Number, if any	
						Respondent
Addres	s: Street Number and Street Na	ime	Apt. No.	City	State	Zip Code

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.
Signature of Petitioner, Applicant, or Respondent Date

Pai	rt 2.	Information about Atte	orney or Accredited Representativ	e (Check applicable items(s) below)			
A.		I am an attorney and a member	in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies),			
		commonwealth(s), or the Distric	et of Columbia:				
		I am not 🗌 or 🗌 am subje	e agency disbarring, suspending, enjoining,				
		restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).					
B.		I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:					
C.		I am associated with					
				n this case, and my appearance as an attorney or <i>pplete item A or B above in Part 2, whichever is</i>			
Par	Part 3. Name and Signature of Attorney or Accredited Representative						
befo	re the		rity. I declare under penalty of perjury und	nd 292 governing appearances and representation er the laws of the United States that the information I			
Nan	ne of A	Attorney or Accredited Representa	Attorney Bar Number(s)				
Sign	ature	of Attorney or Accredited Repres	Date				
Con	plete	Address of Attorney or Organizat	ion of Accredited Representative (Street Numb	er and Street Name, City, State, Zip Code)			
Phor	ne Nur	mber (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any			