



**Notice of Entry of Appearance
as Attorney or Accredited Representative**

Department of Homeland Security

**DHS
Form G-28**

OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (*if any*)

►

Name and Address of Attorney or Accredited Representative

2.a. Family Name
(Last Name)

2.b. Given Name
(First Name)

2.c. Middle Name

3.a. Street Number
and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(*Select only one box*):

1.a. ☐ USCIS

1.b. List the form numbers

2.a. ☐ ICE

2.b. List the specific matter in which appearance is entered

3.a. ☐ CBP

3.b. List the specific matter in which appearance is entered

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

4. Select **only one** box:

☐ Applicant ☐ Petitioner ☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner, or Respondent

5.a. Family Name
(Last Name)

5.b. Given Name
(First Name)

5.c. Middle Name

6. Name of Company or Organization (*if applicable*)

7. USCIS ELIS Account Number (*if any*)

►

8. Alien Registration Number (A-Number) or Receipt Number

Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, or Respondent (continued)

9. Mobile Telephone Number

10. E-Mail Address

Mailing Address of Applicant, Petitioner, or Respondent

NOTE: Provide the mailing address of the petitioner, applicant, or respondent. If the applicant, petitioner, or respondent has used a safe mailing address on the application or petition being filed with this Form G-28, provide it in these spaces.

11.a. Street Number and Name

11.b. Apt. ☐ Ste. ☐ Flr. ☐

11.c. City or Town

11.d. State

11.e. ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

Part 3. 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 additional space, use **Part 6.**)

1.b. State Bar Number (if applicable)

1.c. Name of Law Firm

1.d. I (choose one) ☐ am not ☐ am

subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use **Part 6.**)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(mm/dd/yyyy) ►

3. ☐ I am associated with

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 is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3.** (whichever is appropriate).

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)(iv).

4.b. Name of Law Student or Law Graduate

