



Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 03/31/2018

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

▶

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

**Address of Attorney or Accredited Representative**

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

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (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 **extra space to complete this section**, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. 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.

1.d. Name of Law Firm or Organization (if applicable)

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 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (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 for a limited purpose is at his or her request.

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 or Accredited Representative**

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

1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

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

3.a. ☐ U.S. Customs and Border Protection (CBP)

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

4. Receipt Number (if any)

► 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

**Information About Applicant, Petitioner, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity**

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. USCIS Online Account Number (if any) 

► 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Alien Registration Number (A-Number) (if any) 

► A- 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Contact Information of Applicant, Petitioner, Beneficiary or Derivative, or Respondent**

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

**Mailing Address of Applicant, Petitioner, Beneficiary or Derivative, or Respondent**

**NOTE:** Provide the mailing address of the applicant, petitioner, beneficiary or derivative, or respondent. 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.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town

13.d. State  13.e. ZIP Code

13.f. Province

13.g. Postal Code

13.h. Country

**Part 4. Applicant, Petitioner, Beneficiary or Derivative, or Respondent Consent to Representation, Contact Information, and Signature**

**Consent to Representation and Release of Information**

1. ☐ 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 record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

**Part 4. Applicant, Petitioner, Beneficiary or Derivative, or Respondent Consent to Representation, Contact Information, and Signature (continued)**

**Options Regarding Receipt of USCIS Notices and Documents**

When you (the applicant, petitioner, beneficiary or derivative, or respondent) are represented, USCIS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to you (the applicant, petitioner, beneficiary or derivative, or respondent) at your U.S. mailing address.

If you do not want to receive original notices and/or secure identity documents directly, but would rather have such notices and documents sent to your attorney or accredited representative of record, please select all applicable items below:

- 2.a. ☐ I request that USCIS send any original notice on an application or petition to the U.S. business address of my attorney or accredited representative of record as listed in this form. I understand that I may change this election at any future date through written notice to USCIS.
- 2.b. ☐ I request that USCIS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney or accredited representative of record as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity documents sent to my attorney or accredited representative of record's U.S. business address. I understand that I may request, at any future date and through written notice to USCIS, that USCIS send any secure identity document to me directly.

**NOTE:** If the original notice contains Form I-94, Arrival-Departure Record, USCIS will send the original notice and Form I-94 to the U.S. business address of your attorney or accredited representative of record as listed in this form. If you would rather have original notices containing Form I-94 sent directly to you, select **Item Number 2.c.**

- 2.c. ☐ I request that USCIS send any original notice containing Form I-94 to me at my U.S. mailing address. I understand that I may change this election at any future date and through written notice to USCIS.

**Signature of Applicant, Petitioner, Beneficiary or Derivative, or Respondent**

- 3.a. Signature of Applicant, Petitioner, Beneficiary or Derivative, or Respondent



- 3.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)

## 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number  2.b. Part Number  2.c. Item Number

2.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_