

TABLE OF CHANGES – FORM
Form G-28, Notice of Entry of Appearance as Attorney of Accredited Representative
OMB Number: 1615-0105
5/26/2021

Reason for Revision: Revision
Project Phase: 60-Day

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 05/31/2021
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Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1. Information About Attorney or Accredited Representative	<p>[Page 1]</p> <p>Part 1. Information About Attorney or Accredited Representative</p> <p>1. USCIS Online Account Number (if any)</p> <p><i>Name of Attorney or Accredited Representative</i></p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p><i>Address of Attorney or Accredited Representative</i></p> <p>3.a. Street Number and Name 3.b. Apt./Ste./Flr. [Fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>...</p>	<p>[Page 1]</p> <p>Part 1. Information About Attorney or Accredited Representative</p> <p>1. USCIS Online Account Number (if any)</p> <p><i>Name of Attorney or Accredited Representative</i></p> <p>2. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><i>Address of Attorney or Accredited Representative</i></p> <p>3. Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p>...</p>
Page 1, Part 2. Eligibility Information for Attorney or Accredited Representative	<p>[Page 1]</p> <p>Part 2. Eligibility Information for Attorney or Accredited Representative</p> <p>Select all applicable items:</p> <p>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</p>	<p>[Page 1]</p> <p>Part 2. Eligibility Information for Attorney or Accredited Representative</p> <p>Select all applicable items:</p> <p>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</p>

	<p>District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.</p> <p>Licensing Authority [fillable field]</p> <p>1.b. Bar Number (if applicable)</p> <p>1.c. I (select only one box) <input type="checkbox"/> am not <input type="checkbox"/> am subject to any order suspending, enjoining, restraining, disbaring, 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.</p> <p>1.d. Name of Law Firm or Organization (if applicable)</p> <p>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 part 1292.</p> <p>2.b. Name of Recognized Organization</p> <p>2.c. Date of Accreditation (mm/dd/yyyy)</p> <p>3. I am associated with [Fillable field], 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.</p> <p>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).</p> <p>4.b. Name of Law Student or Law Graduate</p>	<p>District of Columbia. If you need to provide information for more than three jurisdictions, use the space provided in Part 6. Additional Information.</p> <p>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]</p> <p>B. I (select only one box) <input type="checkbox"/> am not <input type="checkbox"/> am subject to any order suspending, enjoining, restraining, disbaring, 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.</p> <p>C. Name of Law Firm or Organization (if applicable)</p> <p>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 part 1292.</p> <p>B. Name of Recognized Organization</p> <p>C. Date of Accreditation (mm/dd/yyyy)</p> <p>3. I am associated with [Fillable field], 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 their request.</p> <p>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).</p> <p>B. Name of Law Student or Law Graduate</p>
<p>Page 2, Part 3. Notice of Appearance as Attorney or Accredited Representative</p>	<p>[Page 2]</p> <p>...</p> <p>1.a. <input type="checkbox"/> U.S. Citizenship and Immigration Services (USCIS) 1.b. List the form numbers or specific matter in which appearance is entered.</p> <p>2.a. <input type="checkbox"/> U.S. Immigration and Customs Enforcement (ICE) 2.b. List the specific matter in which appearance is entered.</p>	<p>[Page 2]</p> <p>...</p> <p>1.A. <input type="checkbox"/> U.S. Citizenship and Immigration Services (USCIS) B. List the form numbers or specific matter in which appearance is entered.</p> <p>2.A. <input type="checkbox"/> U.S. Immigration and Customs Enforcement (ICE) B. List the specific matter in which appearance is entered.</p>

	<p>3.a. <input type="checkbox"/> U.S. Customs and Border Protection (CBP)</p> <p>3.b. List the specific matter in which appearance is entered.</p> <p>...</p> <p>5. I enter my appearance as an attorney or accredited representative at the request of the (select only one box):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant <input type="checkbox"/> Petitioner <input type="checkbox"/> Requestor <input type="checkbox"/> Beneficiary/Derivative <input type="checkbox"/> Respondent (ICE, CBP) <p>6.a. Family Name (Last Name)</p> <p>6.b. Given Name (First Name)</p> <p>6.c. Middle Name</p> <p>7.a. Name of Entity (if applicable)</p> <p>7.b. Title of Authorized Signatory for Entity (if applicable)</p> <p>8. Client's USCIS Online Account Number (if any)</p> <p>9. Client's Alien Registration Number (A-Number) (if any)</p> <p><i>Client's Contact Information</i></p> <p>10. Daytime Telephone Number</p> <p>11. Mobile Telephone Number (if any)</p> <p>12. Email Address (if any)</p> <p>...</p> <p>13.a. Street Number and Name</p> <p>13.b. Apt./Ste./Flr. [Fillable field]</p> <p>13.c. City or Town</p> <p>13.d. State</p> <p>13.e. ZIP Code</p> <p>13.f. Province</p> <p>13.g. Postal Code</p> <p>13.h. Country</p>	<p>3.A. <input type="checkbox"/> U.S. Customs and Border Protection (CBP)</p> <p>B. List the specific matter in which appearance is entered.</p> <p>...</p> <p>5. I enter my appearance as an attorney or accredited representative at the request of the (select only one box):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant <input type="checkbox"/> Petitioner <input type="checkbox"/> Requestor <input type="checkbox"/> Beneficiary/Derivative <input type="checkbox"/> Respondent <p>6. Family Name (Last Name)</p> <p>Given Name (First Name)</p> <p>Middle Name</p> <p>7. Name of Entity (if applicable)</p> <p>8. Title of Authorized Signatory for Entity (if applicable)</p> <p>9. Client's USCIS Online Account Number (if any)</p> <p>10. Client's Alien Registration Number (A-Number) (if any)</p> <p><i>Client's Contact Information</i></p> <p>11. Daytime Telephone Number</p> <p>12. Mobile Telephone Number (if any)</p> <p>13. Email Address (if any)</p> <p>...</p> <p>14. Street Number and Name</p> <p>Apt./Ste./Flr. [Fillable field]</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Province</p> <p>Postal Code</p> <p>Country</p>
<p>Pages 2-3, Part 4. Client's Consent to Representation and Signature</p>	<p>[Page 3]</p> <p>...</p> <p>USCIS will send notices to both a represented party (the client) and his, her, or its 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.</p> <p>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.</p>	<p>[Page 3]</p> <p>...</p> <p>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.</p> <p>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.</p>

	<p>You may change these elections through written notice to USCIS.</p> <p>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.</p> <p>1.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)).</p> <p>...</p> <p>1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.</p> <p><i>Signature of Client or Authorized Signatory for an Entity</i></p> <p>2.a. Signature of Client or Authorized Signatory for an Entity 2.b. Date of Signature (mm/dd/yyyy)</p>	<p>You may change these elections by submitting a new Form G-28 to USCIS.</p> <p>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.</p> <p>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)).</p> <p>...</p> <p>C. I request that USCIS send my notice containing Form I-94, Arrival-Departure Record, to me at my U.S. mailing address.</p> <p><i>Signature of Client or Authorized Signatory for an Entity</i></p> <p>2. Signature of Client or Authorized Signatory for an Entity Date of Signature (mm/dd/yyyy)</p>
<p>Page 3, Part 5. Signature of Attorney or Accredited Representative</p>	<p>[Page 3]</p> <p>...</p> <p>1.a. Signature of Attorney or Accredited Representative 1.b. Date of Signature (mm/dd/yyyy)</p> <p>2.a. Signature of Law Student or Law Graduate 2.b. Date of Signature (mm/dd/yyyy)</p>	<p>[Page 3]</p> <p>...</p> <p>1. Signature of Attorney or Accredited Representative Date of Signature (mm/dd/yyyy)</p> <p>2. Signature of Law Student or Law Graduate Date of Signature (mm/dd/yyyy)</p>
<p>Page 4, Part 6. Additional Information</p>	<p>[Page 4]</p> <p>...</p> <p>1.a. Family Name (Last Name) [Auto-populated field from Part 3] 1.b. Given Name (First Name) [Auto-populated field from Part 3] 1.c. Middle Name [Auto-populated field from Part 3]</p> <p>2.a. Page Number 2.b. Part Number 2.c. Item Number 2.d. [Fillable field]</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p>	<p>[Page 4]</p> <p>...</p> <p>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]</p> <p>2.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>3.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p>

	<p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]</p>	<p>4.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>5.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>6.A. Page Number B. Part Number C. Item Number D. [Fillable field]</p>
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