



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 1 3 1 2 1 9 0 2 6 6

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Vemuru

2.b. Given Name (First Name) Suneil

2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name 1033 Sterling Road

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 104

3.c. City or Town Herndon

3.d. State VA 3.e. ZIP Code 20170  
[\(USPS ZIP Code Lookup\)](#)

3.f. Province

3.g. Postal Code

3.h. Country United States

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 4109757575

5. Mobile Telephone Number (if any)

6. Email Address (if any) support@immiservice.com

7. Fax Number (if any) 8885204717

## 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

Maryland

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ 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.

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

Vegesna and Vemuru Associates LLC

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.

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

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)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
I-129 Withdrawals
- 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)  
▶ 

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5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☒ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Marothu
- 6.b. Given Name (First Name) Sudhakar
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)  
RNR IT Solutions Inc
- 7.b. Title of Authorized Signatory for Entity (if applicable)  
President
8. Client's USCIS Online Account Number (if any)  
▶ 

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9. Client's Alien Registration Number (A-Number) (if any)  
▶ A- 

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### Client's Contact Information

10. Daytime Telephone Number  
4694764284
11. Mobile Telephone Number (if any)
12. Email Address (if any)  
hr@rnritsolutions.com

### 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.

- 13.a. Street Number and Name 7800 Preston Rd
- 13.b. ☐ Apt. ☒ Ste. ☐ Flr. 109
- 13.c. City or Town Plano
- 13.d. State TX 13.e. ZIP Code 75024
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country  
United States

### 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.



## 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) Marothu

**1.b.** Given Name (First Name) Sudhakar

**1.c. Middle Name**

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

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<b>3.a.</b> Page Number	<b>3.b.</b> Part Number	<b>3.c.</b> Item Number
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**4.a.** Page Number **4.b.** Part Number **4.c.** Item Number

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

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

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