

LEGAL

**Legal Services
Documentation**Form A-28
Rev. 04/2025**Part 1. Information About Attorney or Representative****1. Online Account Number (if any)****Name of Attorney or Representative****2.a. Family Name (Last Name)**

Smith

2.b. Given Name (First Name)

Barbara

2.c. Middle Name**Address of Attorney or Representative****3.a. Street Number and Name**

545 Bryant Street

☐ Apt. ☐ Ste. ☐ Flr.**3.c. City**

Palo Alto

3.d. State

California

**3.e. ZIP Code**

94301

3.f. Country

United States of America

Contact Information of Attorney or Representative**4. Daytime Telephone Number****5. Mobile Telephone Number (if any)**

6. Email Address (if any)

immigration@tryalma.ai

Part 2. Eligibility Information for Attorney or 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 jurisdictions. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

State Bar of California

1.b. Bar Number (if applicable)

12083456

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)

Alma Legal Services PC

- ☒ **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 representative of record on this form.

4.b. Name of Law Student or Law Graduate

Part 3. Passport Information for the Beneficiary

1.a. Last Name**1.b. First Name(s)****1.c. Middle Name(s) (if any)****2. Passport Number****3. Country of Issue****4. Nationality****5.a. Date of Birth****5.b. Place of Birth****6. Sex****7.a. Date of Issue****7.b. Date of Expiration**

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 representative named in Part 1 of this form. I consent to the disclosure to the named attorney or representative of any records pertaining to me that are relevant to this matter.

Options Regarding Receipt of Notices and Documents

Notices will be sent to both a represented party (the client) and their attorney or representative either through mail or electronic delivery. Important documents will be sent to the client's mailing address.

If you want to have notices and/or documents sent to your attorney or representative of record rather than to you, please select all applicable items below. You may change these elections through written notice at any time.

- ☒ **1.a. I request that all original notices on an application or petition be sent to the business address of my attorney or representative as listed in this form.**
- ☒ **1.b. I request that any important documents that I receive be sent to the business address of my attorney or representative.**

NOTE: If your notice contains important travel documentation, it will be sent to the business address of your attorney or representative. If you would rather have this documentation sent directly to you, select Item Number 1.c.

- ☒ **1.c. I request that important documentation be sent to me at my mailing address.**

Signature of Client or Authorized Signatory for an Entity

2. Date of Signature

mm/dd/yyyy

Part 5. Signature of Attorney or Representative

I declare under penalty of perjury that the information I have provided on this form is true and correct to the best of my knowledge.

1. Date of Signature

mm/dd/yyyy

