



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)



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)

7. Fax Number (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, 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)

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-539/H-4 application
- 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 ☐ 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) JAYABARATHY
- 6.b. Given Name (First Name) ELAMARAN
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- 1 4 1 1 0 1 8 5 0

Client's Contact Information

10. Daytime Telephone Number
4253896995
11. Mobile Telephone Number (if any)
12. Email Address (if any)
jalamaran@gmail.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 14925 44TH AVE W
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. B6
- 13.c. City or Town LYNNWOOD
- 13.d. State WA 13.e. ZIP Code 98087
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country
USA

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 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

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.

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. You may change these elections through written notice to USCIS.

- 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.
- 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)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☒ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity



- 2.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. _____



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-539
OMB No. 1615-0003
Expires 03/31/2027

For USCIS Use Only		Fee Stamp		Action Block	
Returned					
Resubmitted					
Relocated	Received				
	Sent				
Remarks:		<input type="checkbox"/> Granted	<input type="checkbox"/> Denied	<input type="checkbox"/> Applicant interviewed on _____	
New Class _____		<input type="checkbox"/> Still within period of stay	<input type="checkbox"/> S/D to: _____		
Dates:	From ____ / ____ / ____	<input type="checkbox"/> Place under docket control			
	To ____ / ____ / ____				
To be completed by an Attorney or Accredited Representative (if any).		<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 5950068 / 4899563 / 5978234	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

► **START HERE** - Type or print in black ink.

Part 1. Information About You

- 1. Your Full Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

JAYABARATHY

ELAMARAN

- 2. Alien Registration Number (A-Number) (if any)**

► A-

- 3. USCIS Online Account Number (if any)**

►

- 4. Your U.S. Mailing Address (Safe Address, if applicable)**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

14925 44TH AVE W

□ □ □

B6

City or Town

State

ZIP Code

LYNNWOOD

WA

98087

- 5.** Is your mailing address the same as your physical address?

☒ Yes ☐ No

If you answered “Yes” to **Item Number 5**, skip to **Item Number 7**. If you answered “No” to **Item Number 5**., provide information on your physical address in **Item Number 6**.

- ## 6. Your Current Physical Address

Street Number and Name

Apt.	Ste.	Flr.	Number
1	1	1	1
1	1	2	2
1	1	3	3
1	1	4	4
1	1	5	5
1	1	6	6
1	1	7	7
1	1	8	8
1	1	9	9
1	1	10	10
1	1	11	11
1	1	12	12
1	1	13	13
1	1	14	14
1	1	15	15
1	1	16	16
1	1	17	17
1	1	18	18
1	1	19	19
1	1	20	20
1	1	21	21
1	1	22	22
1	1	23	23
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1	1	25	25
1	1	26	26
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1	1	28	28
1	1	29	29
1	1	30	30
1	1	31	31
1	1	32	32
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1	1	34	34
1	1	35	35
1	1	36	36
1	1	37	37
1	1	38	38
1	1	39	39
1	1	40	40
1	1	41	41
1	1	42	42
1	1	43	43
1	1	44	44
1	1	45	45
1	1	46	46
1	1	47	47
1	1	48	48
1	1	49	49
1	1	50	50
1	1	51	51
1	1	52	52
1	1	53	53
1	1	54	54
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1	1	57	57
1	1	58	58
1	1	59	59
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1	1	62	62
1	1	63	63
1	1	64	64
1	1	65	65
1	1	66	66
1	1	67	67
1	1	68	68
1	1	69	69
1	1	70	70
1	1	71	71
1	1	72	72
1	1	73	73
1	1	74	74
1	1	75	75
1	1	76	76
1	1	77	77
1	1	78	78
1	1	79	79
1	1	80	80
1	1	81	81
1	1	82	82
1	1	83	83
1	1	84	84
1	1	85	85
1	1	86	86
1	1	87	87
1	1	88	88
1	1	89	89
1	1	90	90
1	1	91	91
1	1	92	92
1	1	93	93
1	1	94	94
1	1	95	95
1	1	96	96
1	1	97	97
1	1	98	98
1	1	99	99
1	1	100	100

City or Town

State

ZIP Code



Part 1. Information About You (continued)

Other Information About You

7. Country of Birth
India
8. Country of Citizenship or Nationality
India
9. Date of Birth (mm/dd/yyyy)
08/05/1989
10. U.S. Social Security Number (if any)
▶ 5 7 4 8 1 5 0 3 6
11. Provide Information About Your Most Recent Entry Into the United States
- | Date of Last Arrival Into the United States (mm/dd/yyyy) | Form I-94 Arrival-Departure Record Number | Passport Number (if any) |
|--|---|--|
| 03/04/2024 | ▶ 5 6 0 8 9 7 2 2 4 A 3 | J8084925 |
| Travel Document Number (if any) | Country of Passport or Travel Document Issuance | Passport or Travel Document Expiration Date (mm/dd/yyyy) |
| | India | 08/29/2021 |
12. Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.)
F-1
- Date Status Expires (mm/dd/yyyy)
12/30/1899
- ☐ Select this box if you were granted Duration of Status (D/S).

Part 2. Application Type

1. I am applying for (select **only one** box):
- ☐ Reinstatement to student status.
- ☐ An extension of stay in my current status.
- ☒ A change of status.
2. If you are applying for a change of status or change of employer/information medium, complete the following:
- | I am requesting to change my status or employer/information medium to: | I am requesting the change to be effective (mm/dd/yyyy) |
|--|---|
| H-4 | 06/01/2025 |
3. Number of people included in this application (select **only one** box):
- ☒ I am the only applicant.
- ☐ I am filing this application for myself and members of my family.
4. The total number of people (including me) in the application is: (Form I-539A is required for each co-applicant.) One (1)
5. The name of the school you will attend (if applicable) as an Academic Student, Vocational Student, or Exchange Visitor.
6. Your Student and Exchange Visitor Information System (SEVIS) ID Number, if applicable.

Part 3. Processing Information

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy): 03/11/2025
2. Is this application based on an extension or change of status already granted to your spouse, child, or parent? ☐ Yes ☒ No



Part 3. Processing Information (continued)

3. Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status?

☒ Yes, filed with this Form I-539.

☐ No.

☐ Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).

4. If you answered "Yes" to **Item Number 2.** or **Item Number 3.**, select the Form type below.

☐ Form I-539, Application to Extend/Change Nonimmigrant Status

☒ Form I-129, Petition for a Nonimmigrant Worker

5. If you answered "Yes" to **Item Number 2.** or **3.**, provide the USCIS Receipt Number. ►

C o n c u r r e n t

If the petition or application is pending with USCIS, also provide the following information:

6. First and Last Name of Beneficiary or Applicant

First Name of Beneficiary or Applicant

Last Name of Beneficiary or Applicant

7. Date Filed (mm/dd/yyyy)

Part 4. Additional Information About the Principal Applicant

1. Current Passport Information

If your current passport information is different from the information you provided in **Part 1.**, provide your current passport information. If your current passport information matches the information you provided in **Part 1.**, proceed to **Item Number 3.**

Passport Number

Same as Part 1

Country of Passport Issuance

Passport Expiration Date (mm/dd/yyyy)

2. Physical Address Abroad

Street Number and Name

508 Barathy Street

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Puducherry

Province

Puducherry

Postal Code

605001

Country

India

Answer the following questions. If you answer "Yes" to any of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 8. Additional Information** to provide an explanation.

3. Are you an applicant for an immigrant visa?

☐ Yes ☒ No

4. Has an immigrant petition **EVER** been filed for you?

☐ Yes ☒ No

5. Have you **EVER** filed Form I-485, Application to Register Permanent Residence or Adjust Status?

☐ Yes ☒ No



Part 4. Additional Information About the Applicant (continued)

6. Have you been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

7.a. Acts involving torture or genocide? ☐ Yes ☒ No

7.b. Killing any person? ☐ Yes ☒ No

7.c. Intentionally and severely injuring any person? ☐ Yes ☒ No

7.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? ☐ Yes ☒ No

7.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

Have you **EVER**:

8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group? ☐ Yes ☒ No

8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

9. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

10. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which, you knew or believed would be used against another person? ☐ Yes ☒ No

11. Have you **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

12. Have you **EVER** violated the terms of the nonimmigrant status you now hold? ☐ Yes ☒ No

13. Are you now in removal proceedings? ☐ Yes ☒ No

14. Have you **EVER** been employed in the United States since last admitted or granted an extension or change of status? ☒ Yes ☐ No

If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 8. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe any and all periods of employment in **Part 8. Additional Information**. Include the name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

15. Are you currently or have you **EVER** been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 8. Additional Information**.



Part 5. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

4253896995

2. Applicant's Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)

jalamaran@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

03/11/2025

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)



Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant***Preparer's Full Name***


- | | |
|---------------------------------------|------------------------------------|
| 1. Preparer's Family Name (Last Name) | Preparer's Given Name (First Name) |
| Akula / Park / Singh | Vikram / Youngwook / Shiv Prakash |
2. Preparer's Business or Organization Name
- Goel & Anderson, LLC

Preparer's Contact Information

- | | |
|--|--|
| 3. Preparer's Daytime Telephone Number | 4. Preparer's Mobile Telephone Number (if any) |
| 703-796-9898 | |
5. Preparer's Email Address (if any)
- vikram.akula@goellaw.com / christian.park@goellaw.com / shiv.singh@goellaw.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

- | | |
|--|--------------------------------|
| 6. Preparer's Signature | Date of Signature (mm/dd/yyyy) |
|  | 03/11/2025 |



Part 8. Additional Information

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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. Family Name (Last Name) JAYABARATHY Given Name (First Name) ELAMARAN Middle Name (if applicable)

2. A-Number ► A-

3. Page Number 4 Part Number 4 Item Number 14

I-539 applicant(s) will be supported by the principal
I-129 beneficiary referenced in this I-539 application.
See attached.

4. Page Number 4 Part Number 4 Item Number 14

See enclosed copies of proof of employment authorization and pay statements for period(s) of employment.

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number

