## Notice of Entry of Appearance Attorney or Accredited Representative

DHS

· ·	Homeland Security  FORM G-28  OMB No. 1615-0105  Expires 05/31/2021
Part 1. Information About Attorney or	Part 2. Eligibility Information for Attorney or
Accredited Representative  USCIS Online Account Number (if any)	Accredited Representative  Select all applicable items.
<b>▶</b>	<b>1.a.</b> I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest
Name of Attorney or Accredited Representative  2.a. Family Name	courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the
(Last Name)  2.b. Given Name (First Name)	space provided in <b>Part 6. Additional Information</b> .  Licensing Authority
2.c. Middle Name	1 h Bar Number (if applicable)
Address of Attorney or Accredited Representative	1.b. Bar Number (if applicable)
S.a. Street Number and Name	<b>1.c.</b> I (select <b>only one</b> box) am not am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of
3.b.	law. If you are subject to any orders, use the space provided in <b>Part 6. Additional Information</b> to provide
3.e. ZIP Code (USPS ZIP Code Lookup)	an explanation.  1.d. Name of Law Firm or Organization (if applicable)
3.f. Province	2.a. I am an accredited representative of the following
3.g. Postal Code 3.h. Country	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
Contact Information of Attorney or Accredited Representative	
Daytime Telephone Number	2.c. Date of Accreditation (mm/dd/yyyy)
Mobile Telephone Number (if any)	3. I am associated with
6. Email Address (if any)	the attorney or accredited representative of record who previously filed Form G-28 in this case, and my
7. Fax Number (if any)	appearance as an attorney or accredited representative for a limited purpose is at his or her request.
	<b>4.a.</b> 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). <b>4.b.</b> Name of Law Student or Law Graduate
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Part 3. Notice of Appearance as Attorney or	Client's Contact Information
Accredited Representative  f you need extra space to complete this section, use the space	10. Daytime Telephone Number
provided in <b>Part 6. Additional Information</b> .  This appearance relates to immigration matters before	11. Mobile Telephone Number (if any)
select <b>only one</b> box):  La. U.S. Citizenship and Immigration Services (USCIS)	12. Email Address (if any)
.b. List the form numbers or specific matter in which appearance is entered.	
I I S Immigration and Contains Enforcement (ICE)	Mailing Address of Client  NOTE: Provide the client's mailing address. Do not provide
2.a. U.S. Immigration and Customs Enforcement (ICE) 2.b. List the specific matter in which appearance is entered.	<b>NOTE:</b> Provide the client's mailing address. <b>Do not</b> provide the business mailing address of the attorney or accredited representative <b>unless</b> it serves as the safe mailing address on the
B.a. U.S. Customs and Border Protection (CBP)	application or petition being filed with this Form G-28.  13.a. Street Number
B.b. List the specific matter in which appearance is entered.	and Name  13.b.
Receipt Number (if any)	13.c. City or Town
5. I enter my appearance as an attorney or accredited	13.d. State 13.e. ZIP Code
representative at the request of the (select <b>only one</b> box):  Applicant Petitioner Requestor  Requestor	13.f. Province  13.g. Postal Code
Beneficiary/Derivative Respondent (ICE, CBP)  Information About Client (Applicant Petitioner	13.h. Country
Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)	
5.a. Family Name (Last Name)	Part 4. Client's Consent to Representation and Signature
(Last Name)  6.b. Given Name (First Name)	Consent to Representation and Release of Information
S.c. Middle Name  (a. Name of Entity (if applicable)	I have requested the representation of and consented to being represented by the attorney or accredited representative named
7.a. Name of Entity (if applicable)	in <b>Part 1.</b> of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I
7.b. Title of Authorized Signatory for Entity (if applicable)	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.
Client's USCIS Online Account Number (if any)	
Client's Alien Registration Number (A-Number) (if any)	
► A-	
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Part 4. Client's Consent to Representation and	Part 5. Signature of Attorney or Accredited
Signature (continued)  Options Regarding Receipt of USCIS Notices and	Representative  I have read and understand the regulations and conditions
Documents  USCIS will send notices to both a represented party (the client)	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
and his, her, or its attorney or accredited representative either hrough mail or electronic delivery. USCIS will send all secure	provided on this form is true and correct.  1. a. Signature of Attorney or Accredited Representative
dentity documents and Travel Documents to the client's U.S. nailing address.	2 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
f you want to have notices and/or secure identity documents ent to your attorney or accredited representative of record rather han to you, please select <b>all applicable</b> items below. You may	<ul><li>1.b. Date of Signature (mm/dd/yyyy)</li><li>2.a. Signature of Law Student or Law Graduate</li></ul>
chan to you, please select <b>all applicable</b> items below. You may change these elections through written notice to USCIS.  La.   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	<b>2.b.</b> Date of Signature (mm/dd/yyyy)
form.  I.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)). <b>NOTE:</b> 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 <b>Item Number 1.c.</b>	
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	
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2.a. 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)	
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1.c.	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.  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.						
Sign Ent	nature of Client or Authorized Signatory for an						
2.a.	·						
2.b.	Date of Signature (mm/dd/yyyy)						
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TOTH	G-20 07/17/10						1 age 3 614
Par	t 6. Additional Information	4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
within than compaper indic	u need extra space to provide any additional information in this form, use the space below. If you need more space what is provided, you may make copies of this page to blete and file with this form or attach a separate sheet of r. Type or print your name at the top of each sheet; ate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> nich your answer refers; and sign and date each sheet.	4.d.					
1.a 1.b. 1.c.	Family Name (Last Name)  Given Name (First Name)  Middle Name						
2.a. 2.d.	Page Number 2.b. Part Number 2.c. Item Number						
2.u.		5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
		5.d.					
3.a.	Page Number 3.b. Part Number 3.c. Item Number						
3.d.		6.a. 6.d.	Page Number	6.b.	Part Number	6.c.	Item Number
		v.u.					
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