

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 Part 2. Eligibility Information for Attorney or **Accredited Representative Accredited Representative** USCIS Online Account Number (if any) 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, Name of Attorney or Accredited Representative commonwealths, or the District of Columbia. If you Family Name need extra space to complete this section, use the (Last Name) space provided in Part 6. Additional Information. Given Name 2.b. Licensing Authority (First Name) **2.c.** Middle Name **1.b.** Bar Number (if applicable) Address of Attorney or Accredited Representative Street Number **1.c.** I (select **only one** box) am not am and Name subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of Apt. Ste. | Flr. law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide 3.c. City or Town an explanation. 3.e. ZIP Code (USPS ZIPCode Lookup) 3.d. State **1.d.** Name of Law Firm or Organization (if applicable) 3.f. Province **2.a.** I am an accredited representative of the following Postal Code qualified nonprofit religious, charitable, social service, or similar organization established in the **3.h.** Country 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 Date of Accreditation (mm/dd/yyyy) 4. Daytime Telephone Number 3. I am associated with 5. Mobile Telephone Number (if any) the attorney or accredited representative of record Email Address (if any) 6. 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. 7. Fax Number (if any) **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