

## Notice of Entry of Appearance as Attorney or Accredited Representative

DHS Form G-28

OMB No. 1615-0105 Expires 05/31/2021

## **Department of Homeland Security**

Part 1. Information About Attorney or Accredited Representative		Part 2. Eligibility Information for Attorney or Accredited Representative	
1.	USCIS Online Account Number (if any)	Selec	t <b>all applicable</b> items.
		1.a.	I am an attorney eligible to practice law in, and a
Name of Attorney or Accredited Representative			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
2.a.	Family Name (Last Name)		need extra space to complete this section, use the space provided in <b>Part 6. Additional Information</b> .
2.b.	Given Name (First Name)		Licensing Authority
2.c.	Middle Name		
		1.b.	Bar Number (if applicable)
Add	ress of Attorney or Accredited Representative		
3.a.	Street Number and Name	1.c.	I (select <b>only one</b> box) am not am
3.b.	Apt. Ste. Flr.		
3.c.	City or Town		
3.d.	State 3.e. ZIP Code (USPS ZIP Code Lookup)	1.d.	Name of Law Firm or Organization (if applicable)
3.f.	Province		
3.g.	Postal Code	2.a.	I am an accredited representative of the following qualified nonprofit religious, charitable, social
3.h.	Country		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
	tact Information of Attorney or Accredited resentative		
-	Daytime Telephone Number	2.c.	Date of Accreditation (mm/dd/yyyy)
••	Suyume Telephone Tumeer		
5.	Mobile Telephone Number (if any)	3.	I am associated with
	Moone receptione realises (if any)		,
6.	Email Address (if any)		the attorney or accredited representative of record
<b>U.</b>	Email Address (II ally)		who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative
_	E. N. alex (Com.)		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