

Notice of Entry of Appearance as Attorney or Accredited Representative

Form G-28

DHS

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

Department of Homeland Security

			art 2. Eligibility Information for Attorney or ccredited Representative	
1.	USCIS Online Account Number (if any)	Selec	et all applicable items.	
Name of Attorney or Accredited Representative		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	
	Family Name (Last Name)		need extra space to complete this section, use the space provided in Part 6. Additional Information .	
2.b.	Given Name (First Name)		Licensing Authority	
2.c.	Middle Name	4.1		
Ada	dress of Attorney or Accredited Representative	1.0.	Bar Number (if applicable)	
3.a.	Street Number and Name	1.c.	I (select only one box) am not am subject to any order suspending, enjoining, restraining,	
3.b.	Apt. Ste. Flr.		disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space	
3.c.	City or Town		provided in Part 6. Additional Information to provide an explanation.	
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.	
Cor	ntact Information of Attorney or Accredited	2.b.	Name of Recognized Organization	
Representative				
4.	Daytime Telephone Number	2.c.	Date of Accreditation (mm/dd/yyyy)	
5.	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 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	