



**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.  
Form I-539
- 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) Rastogi
- 6.b. Given Name (First Name) Anupriya
- 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- 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Client's Contact Information

10. Daytime Telephone Number  
(469) 505-2608
11. Mobile Telephone Number (if any)
12. Email Address (if any)  
ibarnes@balglobal.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 1370 Whistle Way
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr. 324
- 13.c. City or Town Zionsville
- 13.d. State IN 13.e. ZIP Code 46077
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country  
United States

### 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 U.S. 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 09/30/2021

For USCIS Use Only		Fee Stamp		Action Block	
Returned					
Resubmitted					
Relocated	Received Sent				
Remarks:	<input type="checkbox"/> <b>Granted</b>		<input type="checkbox"/> <b>Denied</b>		<input type="checkbox"/> <b>Applicant interviewed on</b> _____
	New Class _____		<input type="checkbox"/> Still within period of stay		
	Dates:	From ____/____/____	<input type="checkbox"/> S/D to: _____		
		To ____/____/____	<input type="checkbox"/> Place under docket control		

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) Texas 24078195	Attorney or Accredited Representative USCIS Online Account Number (if any)

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

## Part 1. Information About You

### Your Full Name

1.a. Family Name (Last Name)   
1.b. Given Name (First Name)   
1.c. Middle Name

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

3. USCIS Online Account Number (if any)  
▶

### U.S. Mailing Address

4.a. In Care Of Name (if any)  
  
4.b. Street Number and Name   
4.c. ☐ Apt. ☒ Ste. ☐ Flr.   
4.d. City or Town   
4.e. State  4.f. ZIP Code

### U.S. Physical Address

5.a. Street Number and Name   
5.b. ☒ Apt. ☐ Ste. ☐ Flr.   
5.c. City or Town   
5.d. State  5.e. ZIP Code

### Other Information About You

6. Country of Birth   
7. Country of Citizenship or Nationality   
8. Date of Birth (mm/dd/yyyy)   
9. U.S. Social Security Number (if any) ▶   
10. Date of Last Arrival Into the United States (mm/dd/yyyy)

Provide Information About Your Most Recent Entry Into the United States

11. Form I-94 Arrival-Departure Record Number  
▶   
12. Passport Number



**Part 1. Information about You (continued)**13. Travel Document Number 

14.a. Country of Passport or Travel Document Issuance

14.b. Passport or Travel Document Expiration Date  
(mm/dd/yyyy)

15.a. Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.)

15.b. Expiration Date (mm/dd/yyyy)

16. ☐ Select this box if you were granted Duration of Status (D/S).**Part 2. Application Type**I am applying for (select **only one** box):

1. ☐ Reinstatement to student status.
2. ☒ An extension of stay in my current status.
- 3.a. ☐ A change of status.
- 3.b. New status and effective date of change (mm/dd/yyyy)

3.c. The change of status I am requesting is:

Number of people included in this application (select **only one** box):

4. ☒ I am the only applicant.
- 5.a. ☐ Members of my family are filing this application with me.
- 5.b. The total number of people (including me) in the application is: (Complete the supplement for each co-applicant.)

**Part 3. Processing Information**

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy):

2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent?

☐ Yes ☒ No

2.b. If you answered "Yes" to Item Number 2.a., provide USCIS Receipt Number.



3.a. 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).

3.b. If pending with USCIS, provide USCIS Receipt Number.



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

4. First and Last Name of Petitioner or Applicant

5. Date Filed (mm/dd/yyyy)

**Part 4. Additional Information About the Applicant**

Provide Your Current Passport Information (if different from Part 1.)

1.a. Passport Number

1.b. Country of Passport Issuance

1.c. Passport Expiration Date (mm/dd/yyyy)

**Physical Address Abroad**

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. Province

2.e. Postal Code

2.f. Country

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.

#### Part 4. Additional Information About the Applicant (continued)

3. Are you, or any other person included on the application, an applicant for an immigrant visa? ☐ Yes ☒ No
4. Has an immigrant petition **EVER** been filed for you or for any other person included in this application? ☐ Yes ☒ No
5. Has Form I-485, Application to Register Permanent Residence or Adjust Status, **EVER** been filed by you or by any other person included in this application? ☐ Yes ☒ No
6. Have you, or any other person included in this application, **EVER** been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☒ No

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

10. Have you, or any other person included in this application, **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? ☐ Yes ☒ No
11. Have you, or any other person included in this application, **EVER** received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No
12. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? ☐ Yes ☒ No
13. Are you, or any other person included in this application, now in removal proceedings? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 13.**, provide the following information concerning the removal proceedings in the space provided in **Part 8. Additional Information**. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

14. Have you, or any other person included in this application, 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 the employment in **Part 8. Additional Information**. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

15. Are you, or any other person included in this application, 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 Statement, Contact Information, Declaration, Certification and Signature

**NOTE:** Read the **Penalties** section of the Form I-539 Instructions before completing this section.

### *Applicant's Statement*

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 7.**, 

Ingrid Barnes

, prepared this application for me based only upon information I provided or authorized.

### *Applicant's Contact Information*

3. Applicant's Daytime Telephone Number 

(469) 505-2608
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any) 

ibarnes@balglobal.com

### *Applicant's Declaration and Certification*

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

### *Applicant's Signature*

6.a. Applicant's Signature



6.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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

Provide the following information about the interpreter.

### *Interpreter's Full Name*

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)





**Part 6. Interpreter's Contact Information, Statement, Certification, and Signature**  
(continued)

**Interpreter's Mailing Address**

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

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

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

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)   
Barnes

1.b. Preparer's Given Name (First Name)   
Ingrid

2. Preparer's Business or Organization Name   
Berry Appleman & Leiden LLP

**Preparer's Mailing Address**

3.a. Street Number and Name   
2400 N Glenville Drive, Building A

3.b. ☐ Apt. ☒ Ste. ☐ Flr.   
100

3.c. City or Town   
Richardson

3.d. State  TX 3.e. ZIP Code   
75082

3.f. Province

3.g. Postal Code

3.h. Country   
United States

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number   
(469) 505-2608

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)   
ibarnes@balglobal.com



**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  
(continued)

***Preparer's Statement***

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case extends ☒ does not extend ☐ beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

- 8.a. Preparer's Signature

- 8.b. Date of Signature (mm/dd/yyyy)



## 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.a.** Family Name (Last Name)

**1.b.** Given Name

1.c. Middle Name

**2.** A-Number (if any) ► A-

**3.a.** Page Number **3.b.** Part Number **3.c.** Item Number

**4.a.** Page Number **4.b.** Part Number **4.c.** Item Number

**5.a.** Page Number **5.b.** Part Number **5.c.** Item Number

**6.a.** Page Number **6.b.** Part Number **6.c.** Item Number

7.a. Page Number	7.b. Part Number	7.c. Item Number

