



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)

▶ 0 0 7 7 2 5 1 1 1 5 2 1

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **Szachta**

2.b. Given Name (First Name) **Christine**

2.c. Middle Name **R.**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **5250 Corporate Drive**

3.b. ☐ Apt. ☒ Ste. ☐ Flr. **300**

3.c. City or Town **Troy**

3.d. State **MI** 3.e. ZIP Code **48098**

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **United States of America**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **(248) 643-4900**

5. Mobile Telephone Number (if any) **N/A**

6. Email Address (if any) **ChristineS@employmentimmigration.com**

7. Fax Number (if any) **(248) 643-4907**

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

Michigan

1.b. Bar Number (if applicable)

P55975

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)

Fakhoury Global Immigration, USA PC

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.
I-539A
- 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)
▶ N / A
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) AMMAGARI
- 6.b. Given Name (First Name) Siddharth Reddy
- 6.c. Middle Name - - -
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ N / A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- N / A

Client's Contact Information

10. Daytime Telephone Number
512786111
11. Mobile Telephone Number (if any)
N/A
12. Email Address (if any)
Sai.Kumar.Reddy.Ammagari@ibm.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 9801 W Parmer Ln
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr. 815
- 13.c. City or Town Austin
- 13.d. State TX 13.e. ZIP Code 78717
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country
United States of America

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 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

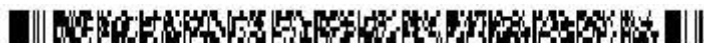
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

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

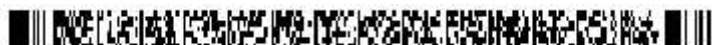
4.d

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





Supplemental Information for Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-539A
OMB No. 1615-0003
Expires 02/28/2027

To be completed by an attorney or BIA-accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) P55975	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 7 2 5 1 1 1 5 2 1
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person Filing Form I-539

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

Part 2. Information About You

Attach to Form I-539 when more than one person is included in the Form I-539 application. List each person on a separate Form I-539A. Do not include the person named in Form I-539.

1.a. Family Name (Last Name)	AMMAGARI
1.b. Given Name (First Name)	Siddharth Reddy
1.c. Middle Name	- - -

2. Date of Birth (mm/dd/yyyy)	08/15/2022
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3. Country of Birth	India
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4. Country of Citizenship or Nationality	India
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5. U.S. Social Security Number (if any)	▶ N / A
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6. Alien Registration Number (A-Number) (if any)	▶ A- N / A
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7. Date of Arrival (mm/dd/yyyy)	05/04/2024
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Provide Information About Your Most Recent Entry Into the United States

8. Form I-94 Arrival-Departure Record Number	▶ 8 8 8 9 5 7 5 9 4 A 3
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9. Passport Number	Y7411806
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10. Travel Document Number	N/A
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11.a. Country of Passport or Travel Document Issuance	India
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11.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)	08/08/2028
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12.a. Current Nonimmigrant Status	H-4
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12.b. Expiration Date (mm/dd/yyyy)	12/31/2024
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Provide Your Current Passport Information (if different from Item Number 9.)

13.a. Passport Number	N/A
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13.b. Country of Passport Issuance	N/A
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13.c. Passport Expiration Date (mm/dd/yyyy)	N/A
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14. USCIS Online Account Number (if any)	▶ N / A
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Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the **Penalties** section of the Form I-539 and Form I-539A 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. <input checked="" type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. <input type="checkbox"/> The interpreter named in Part 4. read to me every question and instruction on this form and my answer to every question in N/A, a language in which I am fluent, and I understood everything.
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2. <input checked="" type="checkbox"/> At my request, the preparer named in Part 5. , Christine R. Szachta, prepared this form for me based only upon information I provided or authorized.
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Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature (continued)

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

512786111

4. Applicant's Mobile Telephone Number (if any)

N/A

5. Applicant's Email Address (if any)

Sai.Kumar.Reddy.Ammagari@ibm.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 form, 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 form; 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 form 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 form 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 form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf.

Part 4. Interpreter's Contact Information, Statement, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-539A if he or she is different from the interpreter used to complete the Form I-539 filed on your behalf.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

N/A

- 1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address (USPS ZIP Code Lookup)

- 3.a. Street Number and Name

N/A

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

- 3.c. City or Town

N/A

- 3.d. State

N/A

- 3.e. ZIP Code

N/A

- 3.f. Province

N/A

- 3.g. Postal Code

N/A

- 3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Part 4. Interpreter's Contact Information, Statement, Certification, and Signature
(continued)

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer you used to complete Form I-539A if he or she is different from the preparer used to complete the Form I-539 filed on your behalf.

Preparer's Full Name

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

Szachta

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

Christine

2. Preparer's Business or Organization Name

Fakhoury Global Immigration, USA PC

Preparer's Mailing Address

3.a. Street Number and Name

5250 Corporate Drive

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

300

3.c. City or Town

Troy

3.d. State

MI

3.e. ZIP Code

48098

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

United States of America

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

(248) 643-4900

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

N/A

6. Preparer's Email Address (if any)

ChristineS@employmentimmigration.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this form 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 form.

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 form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant. The applicant then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this form 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 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 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 (First Name)

1.c. Middle Name

2. A-Number (if any)

► A-

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

3.d. **N/A**

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

4.d. **N/A**

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

5.d. **N/A**

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

6.d. **N/A**

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

7.d. **N/A**

