Instructions

What Is the Purpose of This Form?

An attorney or accredited representative appearing before the Department of Homeland Security (DHS) must file Form G-28 in each case. Form G-28 must be properly completed and signed by the petitioner, applicant, or respondent to authorize representation for the appearance to be recognized by U.S. Citizenship and Immigration Services (USCIS), U.S. Customs and Border Protection (CBP), and U.S. Immigration and Customs Enforcement (ICE). Under 8 CFR 103.2(a)(3), a beneficiary of a petition is not a recognized party in a proceeding before USCIS. Form G-28 will be recognized by USCIS, CBP, or ICE until the conclusion of the matter for which it was entered. This does not change the requirement that a new Form G-28 must be filed with the Administrative Appeals Office when filing an appeal to that office on Form I-290B, Notice of Appeal or Motion.

Who May Use This Form?

Appearances for Immigration Matters

This form is used only by attorneys and accredited representatives (as defined in 8 CFR 1.1(f) and 292.1(a)(4)).

Attorneys admitted to the practice of law in countries other than the United States must use Form G-28I and may only represent individuals in matters filed in DHS offices outside the geographical confines of the United States.

An attorney or accredited representative who seeks to withdraw his or her appearance in a proceeding before DHS must file a written request with the DHS office with jurisdiction over the pending matter. An attorney or accredited representative who seeks to be recognized by DHS as the new representative for an applicant, petitioner, or respondent must file a properly completed Form G-28 with the DHS office with jurisdiction over the pending matter. An attorney or accredited representative who is appearing for a limited purpose at the request of the attorney or accredited representative of record must file a properly completed Form G-28 as noted on the form.

When a person acts in a representative capacity, his or her personal appearance or signature shall constitute a representation under the provisions of 8 CFR 103.2(a)(3) and 292.1(a)(1) or 292.1(a)(4) that he or she is authorized and qualified to represent the individual. Further proof of authority to act in a representative capacity may be required.

General Instructions

Part 1. Notice of Appearance as Attorney or Accredited Representative

- A. Check one block to indicate the DHS agency where the matter is filed. If it is USCIS, list the form number(s) filed with Form G-28. If it is CBP or ICE, list the specific matter in which the appearance is entered.
- **B.** Fill in all information. The mailing address of the applicant, petitioner, or respondent is required in this part of the form, except when filed under the Violence Against Women Act (VAWA). The applicant, petitioner, or respondent must sign the form, preferably in dark blue or black ink.

Part 2. Information about Attorney or Accredited Representative

A. Attorneys admitted to practice in the United States, as defined in 8 CFR 1.1(f):

Check the box and fill in required information regarding the State bar(s) of admission. If you are subject to any order of any court suspending, enjoining, restraining, disbarring, or otherwise restricting you in the practice of law, you must disclose this information on Form G-28. Attorneys are required to notify DHS of convictions or discipline pursuant to 8 CFR 292.3.

B. Accredited representatives of recognized organizations, as defined in 8 CFR 292.1(a)(4):

Check the box and fill in the name of the organization recognized by the Board of Immigration Appeals (BIA) under 8 CFR 292.2 and provide the expiration date of your accreditation.

C. Attorneys or accredited representatives associated with the attorney or accredited representative with Form G-28 previously filed in this matter:

Check the box and fill in the name of the attorney or accredited representative who has previously filed Form G-28 in this matter. A new Form G-28 must be filed by each attorney associated with that attorney or accredited representative.

You must also check Box A or B and provide the required information.

Part 3. Name and Signature of Attorney or Accredited Representative

Fill in all information and sign the form, preferably in dark blue or black ink.

Warning

Individuals appearing as attorneys or accredited representatives are subject to the rules of Professional Conduct for Practitioners found in 8 CFR 292.3.

Freedom of Information/Privacy Act

This form may not be used to request records under the Freedom of Information Act or the Privacy Act 5 USC 552 & 552a. The procedures for requesting such records are contained in 6 CFR 5.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 20 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, 111 Massachusetts Avenue, NW, 3rd Floor, Suite 3008, Washington, DC 20529-2210, OMB No. 1615-0105. **Do not mail your application to this address.**

Part 1.	Notice of Appear	rance as Attorney	or Accredited	Representative			
A. This	appearance is in rega	ard to immigration m	atters before:				
USCIS - List the form number(s):				CBP - List the specific matter in which appearance is entered:			
	E - List the specific matte	er in which appearance is	entered:				
B. I here	eby enter my appeara	ance as attorney or ac	ccredited represe	ntative at the request o	of:		
				ess of Petitioner, Applican	t, or Respondent being re	presented, and	
not the	e address of the attorney	or accredited representat	ive, except when the	ed uilder VAWA.			
Principal Petitioner, Applicant, or Respondent					A Number or Receipt	Petitioner	
Name: Last		First	N	Middle	Number, if any		
						Applicant	
						Respondent	
Address:	Street Number and Stree	et Name Apt. No.	Ci	ty	State	Zip Code	
Pursuant t	o the Privacy Act of 197	4 and DHS policy I here	by consent to the dis	sclosure to the named Atto	rney or Accredited Repre	sentative of any	
record per	taining to me that appear	rs in any system of record			rney of recreation repre	sentative of any	
Signature	e of Petitioner, Applicar	nt, or Respondent			Date		
Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)							
A	am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies),						
	commonwealth(s), or the District of Columbia: I am not or am subject to any order of any court or administrative agency disbarring, suspending, enjoining,						
	restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).						
в. 🗆	I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:						
	Provide name of organ	ization and expiration da	te of accreditation:				
a \Box							
С	I am associated with The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or						
	accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is						
	appropriate).						
		ture of Attorney					
before the		and Security. I declare		CFR 103.2 and 292 gover erjury under the laws of			
Name of Attorney or Accredited Representative					Attorney Bar Number(s), if any		
Signature of Attorney or Accredited Representative					Date		
Complete	Address of Attorney or 0	Organization of Accredite	ed Representative (S	treet Number and Street N	Jame, Suite No., City, Sta	te, Zip Code)	
Dhon - N	mahan (In alud 1	Ear Number :f /I	aluda ana I - \	E Mail Address :f			
rnone Nui	mber (inciuae area code)	Fax Number, if any (In	ciuae area coae)	E-Mail Address, if any			
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