Executive Office for Immigration Review *Board of Immigration Appeals*

OMB#1125-0005

Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals

governing appearances and representation before the Board of Immigration Appeals. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. SIGNATURE OF ATTORNEY OR REPRESENTATIVE EOIR ID# DATE (mm/dd/yy)	NAME: (First) (Middle Initial) (Last) (Apt. No.) (City) (State) (Zip Code) Please check one of the following: 1. Lam 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: Full Name of Court State Bar No. (if applicable)	I hereby enter my appearance as attorney or representative for, and at the request of, DATE (mm/dd/yy):					
NAME: (First) (Middle Initial) (Last) (Apt. No.) (City) (State) (Zip Code) Please check one of the following: 1	NAME: (First) (Middle Initial) (Last) (Middle Initial) (Last) (Apt. No.) (City) (State) (Zip Code) Picase check one of the following: [I am 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: [Pull Name of Court State Bar No. (if applicable) [Please use space on reverse side to list additional jurisdictions.) [Please use space on reverse side) subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law and the courts listed above comprise all of the jurisdictions (other than federal courts) where I am hierased to practice law and the courts listed above comprise all of the jurisdictions (other than federal courts) where I am hierased to practice law and sequilization established in the United States, so recognized by the Executive Office for Immigration Review pursuant to 8 C.F.R. § 1292.2 (provide name of organization and expiration date of accreditation): [I am a law student or law graduate, reputable individual, accredited official, or other person authorized to represent individuals pursuant to 8 C.F.R. § 1292.1 (explain fully on reverse side). [I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representation before the Board of Immigration Appeals. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. [EOIR ID8] DATE (mm/dd/yy) [NAME OF ATTORNEY OR REPRESENTATIVE (type or print)] [ADDRESS] Check here if new address]	the following named person:					
ADDRESS: (Mumber and Street)	ADDRESS: (Number and Street) (Apt. No.) Please check one of the following: [City) (State) (Zip Code) Please check one of the following: [I am 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: Full Name of Court State Bar No. (if applicable.) (Please use space on reverse side to list additional jurisdictions.) [OPLICATION PROBLEM PROB	NAME.				NAME(S) (List lead alien number	
ADDRESS: (Number and Street) (Apt. No.) For a disciplinary case, check box and write in case number in space above. Please check one of the following: I am 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: Full Name of Court	ADDRESS: (Number and Street) (City) (State) (Zip Code) Please check one of the following: I am 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: Full Name of Court	NAME: _	(First)	(Middle Initial)	(Last)	1	
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Proof of Service				
I(Name)	mailed or delivered a copy of the foregoing Form EOIR-27 on(Date-mm/dd/yy)			
to the DHS (U.S. Immigration and Customs Enforcement - ICE) at (Number and Street, City, State, Zip Code)				
X	Signature of Attorney or Representative			

APPEARANCES - An appearance shall be filed on a Form EOIR-27 by the attorney or representative appearing in each appeal or motion to reopen or motion to reconsider before the Board of Immigration Appeals (see 8 C.F.R. § 1003.38(g)), even though the attorney or representative may have appeared in the case before the Immigration Judge or the U.S. Citizenship and Immigration Services. When an appearance is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals. Thereafter, substitution or withdrawal may be permitted upon the approval of the Board of a request by the attorney or representative of record in accordance with *Matter of Rosales*, 19 I&N Dec. 655 (1988). Please note that appearances for limited purposes are not permitted. *See Matter of Velasquez*, 19 I&N Dec. 377, 384 (BIA 1986). Further proof of authority to act in a representative capacity may be required.

Check this box if you are entering your appearance pro bono.

REPRESENTATION - A person entitled to representation may be represented by any of the following:

- (1) Attorneys in the United States as defined in 8 C.F.R. § 1001.1(f).
- (2) Law students and law graduates not yet admitted to the bar as defined in 8 C.F.R. § 1292.1(a)(2).
- (3) Reputable individuals as defined in 8 C.F.R. § 1292.1(a)(3).
- (4) Accredited representatives as defined in 8 C.F.R. § 1292.1(a)(4).
- (5) Accredited officials as defined in 8 C.F.R. § 1292.1(a)(5).

All representatives must comply with the specific requirements to represent aliens before the Board of Immigration Appeals. For more information on the requirements, see 8 C.F.R. § 1292.1 and the particular subsections referenced above as applicable. Note that law students and law graduates must submit additional materials pursuant to 8 C.F.R. § 1292.1(a)(2).

FREEDOM OF INFORMATION ACT - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 28 C.F.R. §§ 16.1 - 16.11 and appendices. For further information about requesting records from the EOIR under the Freedom of Information Act, see How to File a Freedom of Information Act (FOIA) Request With the Executive Office for Immigration Review, available through the EOIR's website at http://www.usdoj.gov/eoir.

CASES BEFORE THE EOIR - Automated information about cases before the EOIR is available by calling 1-800-898-7180.

ADDITIONAL INFORMATION:

(Please attach additional sheets of paper if necessary.)

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is six (6) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.