I hereby en	ter my appearance as a	ttorney or represent	ative for and at the request o	f, DATE (mm/dd/yy):	
I hereby enter my appearance as attorney or representative for, and at the request of, DATE (mm/dd/yy): the following named person: ALIEN NUMBER(S) and					
				NAME(S) (List lead alien number	
NAME:	(First)	(Middle Initial)	(Last)	and all family member alien numbers and names, if applicable. Continue on next page as needed.)	
ADDRESS				_	
	(Number and Street)		(Apt. No.)		
	(City)	(State)	(Zip Code)	-	
		Please check of	ne of the following:		
1.	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.)				
	I am not (or am - explain fully 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 licensed to practice law.				
2.	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 Executive Office for Immigration Review pursuant to 8 C.F.R. § 1292.2 (provide name of organization and expiration date of accreditation):				
3.	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 an	nd understand the statement	ts provided on the revers	e side of this form that set forth th	e regulations and conditions	
	pearances and representation of America that the foregoin		n Court. I declare under penalty o	f perjury under the laws of the	
		-			
SIGNATURE C	OF ATTORNEY OR REPRESE	ENTATIVE	EOIR ID#	DATE (mm/dd/yy)	
X					
NAME OF ATT	CORNEY OR REPRESENTAT	TIVE (type or print)	ADDRESS	Check here if new address	
PHONE NUMBER (with area code)			FAX NUMBER (with area code)		

Proof of Service					
I mailed (Name)	or delivered a copy of the foregoing Form EOIR-28 on(Date-mm/dd/yy)				
to the DHS (U.S. Immigration and Customs Enforcement - ICI	E) at (Number and Street, City, State, Zip Code)				
X					
Signatur	re of Attorney or Representative				

APPEARANCES - An appearance shall be filed on a Form EOIR-28 by the attorney or representative appearing in each case before an Immigration Judge (see 8 C.F.R. § 1003.17). 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 Immigration Judge of a request by the attorney or representative of record in accordance with 8 C.F.R. § 1003.17(b). Please note that appearances for limited purposes are not permitted, unless specifically authorized by the Immgration Judge. A separate appearance form (Form EOIR-27) must be filed with an appeal to the Board of Immigration Appeals (see 8 C.F.R. § 1003.38(g)). Further proof of authority to act in a representative capacity may be required.

Indicate type of appearance

I am entering an appearance as attorney or representative in this Form EOIR-28 in the capacity of:

Primary Attorney or Representative D Non-primary Attorney or Representative On behalf of _

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

AVAILABILITY OF RECORDS - During the time a case is pending, a party to a proceeding or his/her attorney or representative shall be permitted to examine the Record of Proceeding in the Immigration Court having administrative control over the Record of Proceeding, in accordance with the standard procedures of the Court.

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 proved 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.