

Notice of Entry of Appearance as Attorney or Accredited Representative

Form G-28

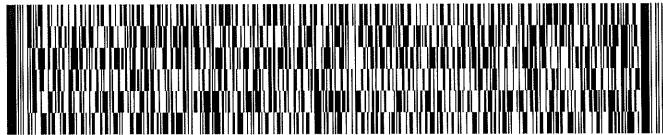
Department of Homeland Security

OMB No. 1615-0105 Expires 02/29/2016

DHS

Par	t 1. Information About Attorney or Accredited Representative	Par	rt 2.	Eligibility Information For Attorney or Accredited Representative		
			(Check applicable items(s) below)			
1.a. 1.b.	Given Name (First Name) Helen	l.	еск ар	I am an attorney eligible to practice law in, 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.		
1.c.	Middle Name			1.a. California		
2.	Name of Law Firm or Recognized Organization			1.b. I (choose one) X am not am		
3.	Community Legal Svcs in EPA Name of Law Student or Law Graduate			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 in the space below.)		
4.	State Bar Number 279535			1.b.1.		
5.a, 5.b.	Street Number 2117 Street University Avenue	2.		I am an accredited representative of the following qualified nonprofit religious, charitable, social		
J.D.	ivame			service, or similar organization established in the United States, so recognized by the Department of		
5.c.	Apt. Ste. Flr. B			Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization		
5.d.	City or Town East Palo Alto			and the expiration date of accreditation.		
5.e.	State CA 5.f. Zip Code 94303			2.a. Name of Recognized Organization		
5.g.	Postal Code			2.b. Date Accreditation expires		
5.h.	Province			(mm/dd/yvyy)		
5.i.	Country	3.		I am associated with		
	USA			3.a.		
6.	Daytime Phone Number (6 5 0) 3 2 6 - 6 4 4 0			the attorney or accredited representative of record who previously filed Form G-28 in this case, and my		
7.	E-Mail Address of Attorney or Accredited Representative helen@clsepa.org		appearance as an attorney or accredited repress at his or her request. If you check this item	appearance as an attorney or accredited representative is at his or her request. If you check this item, also complete number 1 (1.a 1.b.1.) or number 2 (2.a.		
		4.		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)(iv).		

Par	t 3.	Notice of Appearance as Attorney or	7. Provide A-Number and/or Receipt Number			
		Accredited Representative				
This (selec		earance relates to immigration matters before ie):	Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited			
1.	X	USCIS - List the form number(s)	Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.			
1.a.		All immigration matters	8.a. Signature of Applicant, Petitioner, or Respondent			
2.		ICE - List the specific matter in which appearance is entered	s.a. Signature of Applicant, Fettioner, of Respondent			
2.a.			8.b. Date (mm/dd/yyyy) ►			
3.		CBP - List the specific matter in which appearance is entered	Part 4. Signature of Attorney or Accredited			
3.a.			Representative I have read and understand the regulations and conditions			
I her repr	eby esen	enter my appearance as attorney or accredited tative at the request of:	contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true			
4.	Sele	ect only one: Applicant Petitioner	and correct.			
		Respondent (ICE, CBP)	1. Signature of Attorney or Accredited Representative			
Nam	e of	Applicant, Petitioner, or Respondent				
5.a.		mily Name (st Name)	2. Signature of Law Student or Law Graduate			
5.b.		ven Name rrst Name)	3. Date (mm/dd/yyyy) ▶			
5.c.	Mic	ddle Name	Part 5. Additional Information			
5.d.	Naı	me of Company or Organization, if applicable	1.			
Resp repre	onde esent	Provide the mailing address of Petitioner, Applicant, or ent and not the address of the attorney or accredited ative, except when a safe mailing address is d on an application or petition filed with Form G-28.				
6.a.		eet Number l Name				
6.b.	Ap	t. 🛮 Ste. 🗌 Flr. 📗				
6.c.	Cit	y or Town				
6.d.	Sta	te 6.e. Zip Code				



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